Uganda

Investment Case Priorities

- 1 Emphasize evidence-based highimpact solutions, including identifying a package of evidence-based interventions for each service delivery level.
- **2** Increase access for high-burden populations by promoting a set of service delivery mechanisms that operate synergistically, such as by:
- Strengthening district health management
- Scaling-up community-based service delivery
- Building capacity through a skills hub.
- **3** Employ geographical focusing and sequencing to determine where the package of interventions will be rolled out first (priority is given to districts with the highest RMNCAH burden).
- **4** Address the broader multisectoral context, with a particular focus on adolescent health (including the social determinants of RMNCAH and galvanizing other sectors).
- **5** Ensure mutual accountability for RMNCAH-N outcomes, including through strengthening data systems (including civil registration and vital statistics).

RMNCAH-N Data

CORE IMPACT INDICATORS

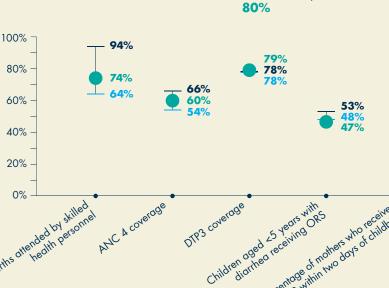
Maternal mortality	Under-five	
ratio 336 per	mortality ratio	
100,000 live	64 per 1,000	
births	live births	
Neonatal	Adolescent	
mortality ratio	birth rate 132	

27 per 1,000 per 1,000 live births women

COVERAGE INDICATORS***

67%

People living with Coverage of HIV receiving ART preanant women who receive ARV for PMTCT 95%



Percent of births

the preceding

birth 24.3%

Stunting among

children under

5 years of age

Children aged <5

symptoms taken to

vears with pneumonia

a healthcare provider 27.3%

29%

<24 months after

Moderate to

severe wasting

among children

under 5 years

of age 5%

Modern

contraceptive

prevalence rate

72%

54%

Nation

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 6.19

Ratio of government health expenditure to total government expenditures 5.61%

Identified options

for strengthening

domestic resource

mobilization **Yes**

strategies to reduce

Implemented

key drivers of

inefficiency Yes

Percent of current

on primary/

outpatient health

care **31.55%**

Taken actions

Implemented

domestic resource

mobilization Yes

reforms to address

identified drivers of

financial protection

(especially related

to RMNCAH-N)

Not available

to support

OUTPUT INDICATORS

Share of health in total government budget **7.5%**

Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No

Country has: implemented or updated a resource mapping exercise No

Identified drivers of limited financial

protection (especially In relation to **RMNCAH-N** services) Yes

EFFICIENCY

DTP3 dropout rate 17.2%

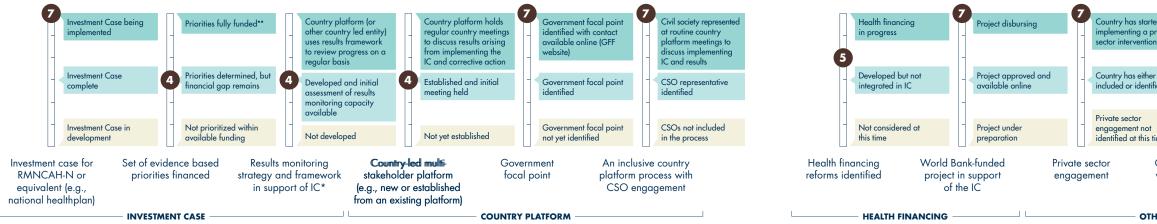
ANC dropout rate **38%**

Health budget execution rate **90%** wages & development grants 100% non-wages expenditures

World Bank-funded **Project (IDA/IBRD/GFF)**

COUNTRY	Uganda	
BOARD DATE	8/4/16	/
GFF APPROVED AMOUNT	\$30M	68 %
IDA AMOUNT	\$110M	

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Geographic Focus Areas

