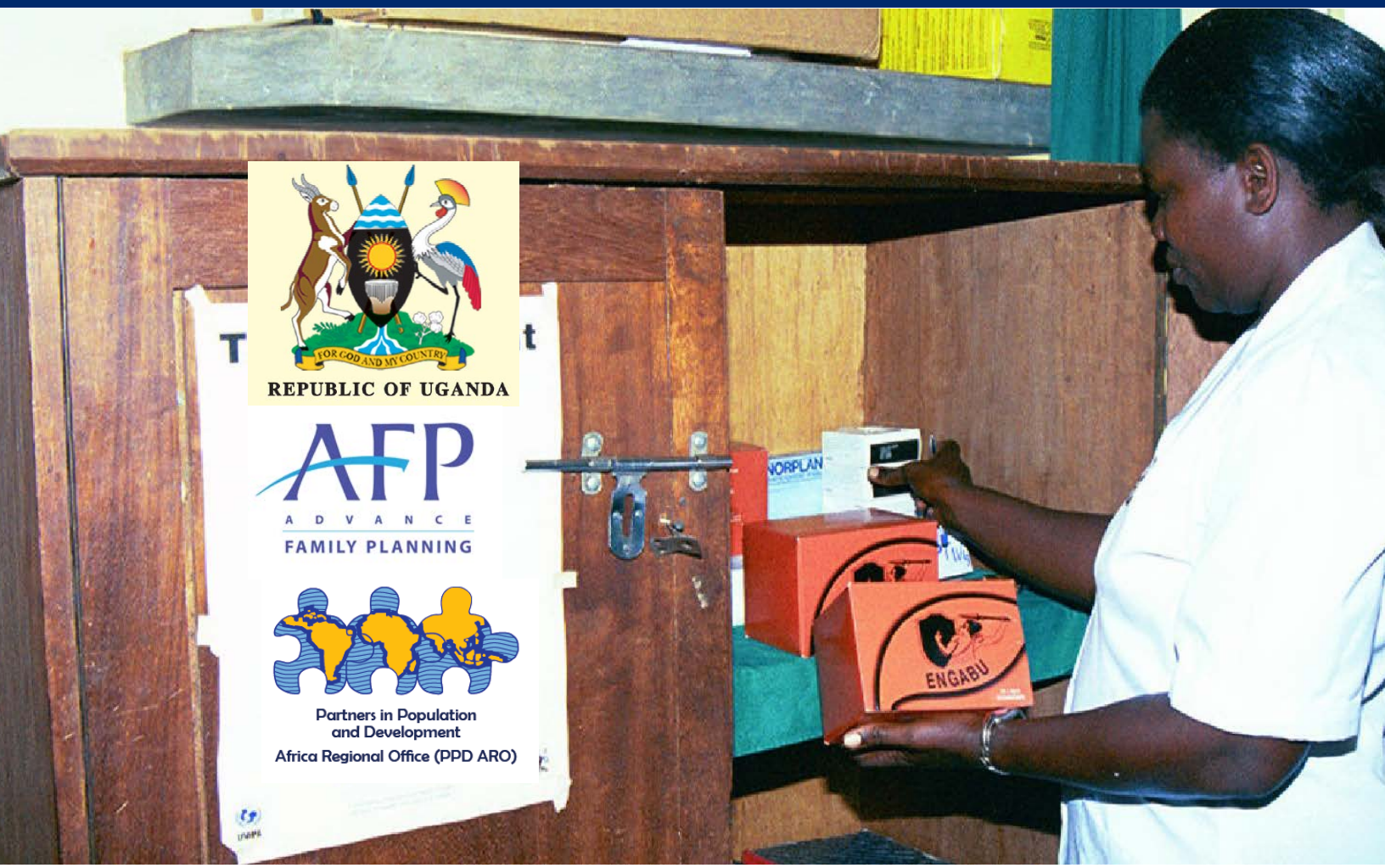
USAID | DELIVER PROJECT

Uganda: Financial Tracking of Reproductive Health Commodities



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Uganda: Financial Tracking of Reproductive Health Commodities

USAID | DELIVER PROJECT, Task Order 4
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Abstract
This report summarizes the findings and recommendations from an exercise to improve tracking of financing for subsidized contraceptives and other reproductive health commodities in Uganda and to identify entry points for advocacy. The exercise took place in Uganda on September 11–21, 2012, and was a collaborative effort between the USAID | DELIVER PROJECT, Advance Family Planning/Partners in Population and Development Africa Regional Office, the Population Secretariat of the Ministry of Finance, Planning, and Development, and the Reproductive Health Division of the Ministry of Health.

Cover photo: Health worker stocks condoms in Uganda clinic. USAID | DELIVER PROJECT.

USAID | DELIVER PROJECT
John Snow, Inc.
1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: askdeliver@jsi.com
Internet: deliver.jsi.com

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Acronyms

AFP	Advance Family Planning
CCP	Central Contraceptive Procurement
CDC	Centers for Disease Control and Prevention (U.S.)
CY	calendar year
DFID	British Department for International Development
FY	fiscal year
GOU	Government of Uganda
HIV	human immunodeficiency virus
HQ	headquarters
IPA	international procurement agency
IPPF	International Planned Parenthood Federation
IUD	intrauterine device
MOFPED	Ministry of Finance, Planning, and Economic Development
MOH	Ministry of Health
MSU	Marie Stopes Uganda
MTEF	medium-term expenditure framework
MOU	memorandum of understanding
MVA	manual vacuum aspiration
NGO	nongovernmental organization
NMS	National Medical Stores
PACE	Programme for Accessible Health, Communication and Education (PSI affiliate)
PS	Permanent Secretary
POPSEC	Population Secretariat
PPD ARO	Partners in Population and Development Africa Regional Office
PSI	Population Services International
RH	reproductive health
RHCS	reproductive health commodity security
RHI	Reproductive Health Interchange

RHU	Reproductive Health Uganda (IPPF member association)
STI	sexually transmitted infection
SURE	Securing Ugandans' Right to Essential Medicines
TWG	technical working group
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
USD	U. S. dollars

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Executive Summary

Background

This report summarizes the findings and recommendations from an exercise to improve tracking of financing for subsidized contraceptives and other reproductive health (RH) commodities in Uganda and to identify entry points for advocacy. The exercise took place in Uganda September 11–21, 2012, and was a collaborative effort between the USAID | DELIVER PROJECT, Advance Family Planning, Partners in Population and Development Africa Regional Office, the Population Secretariat of the Ministry of Finance, Planning, and Development, and the Reproductive Health Division of the Ministry of Health (MOH).

The overall goal of the activity was to improve tracking of financing as a means toward greater reproductive health commodity security in Uganda. The specific objectives were the following:

1. Review current tracking efforts and determine areas for improvement.
2. Enable local stakeholders to consistently and systematically track commitments and spending on contraceptives, with the aim of promoting a sustainable tracking activity.
3. Examine trends in donor and government financing to inform advocacy to potentially reduce the volatility and unpredictability of external financing and increase the diversity of aid.
4. Enable stakeholders to have a detailed understanding of the financing processes of the government and other principal sources of revenue.
5. Provide information to help determine any potential funding gap and advocate from an informed point of view.

Methods

A team of Ugandans drawn from the public and private sectors and donor organizations worked with two international consultants from the USAID | DELIVER PROJECT to carry out the finance tracking exercise. The exercise built on ongoing efforts and drew on the approach outlined in the USAID | DELIVER PROJECT's draft guide to tracking contraceptive financing (Rosen and Sacher 2013). The team identified two main financing schemes—government and voluntary (i.e., nongovernmental organizations [NGOs] and social marketing)—and classified agents and sources according to the national health accounts framework. Using the Government of Uganda's fiscal year, which extends from July 1 to June 30, the team undertook analyses for fiscal years 2010/11, 2011/12, and 2012/13. The analysis questions focused on procurement requirements, commitments, and spending by funding source and scheme for eight contraceptives and four additional RH products.

Team members collected information through interviews and document reviews. Data on procurement requirements came mainly from national quantification exercises, which the country had conducted for contraceptives only. The commodity supply plans maintained by the

Reproductive Health Commodity Security coordinator at the Reproductive Health Division of the MOH provided most data for the commitment and spending analyses. Information from the Reproductive Health Interchange website filled in data gaps. Interviews with key informants and document review provided information on budgeting and procurement processes for the main financing sources.

Findings

Current tracking efforts. Uganda already has many of the essential elements in place to carry out an effective tracking of spending on family planning and some RH commodities. Analyses have focused on tracking stock status and adherence to the supply plan but with minimal further analysis of the type essential for meeting advocacy needs. With some relatively modest improvements, Uganda can enhance current tracking efforts and the usefulness of the information for decisionmakers and advocates.

Financing analyses. Procurement requirements have rapidly increased over the past three years to about $25 million in the current fiscal year. The cost of injectables, male condoms, and implants makes up the bulk of these requirements. The same period saw commitments at roughly the same level as requirements. In fact, in the current fiscal year, commitments outpace requirements by about $5 million. The major foreign sources of commitment include USAID, DFID, UNFPA, and the World Bank. Government commitment from internally generated funds is also an important contributor to the total. Levels of actual spending have not matched requirements or commitments. In fiscal year (FY) 2010/11, spending was about $14.5 million, approximately 99 percent of commitments but only 92 percent of requirements. In FY 2011/12, spending was $17.5 million, about 90 percent of commitments. In the current 2012/13 fiscal year, to date about $6.8 million has been spent, compared to a commitment of $30 million. Reasons that spending has not equaled required levels may include that spending information is incomplete, the country may not be spending enough, the quantification may have overstated procurement requirements, or supply chain and service delivery problems may be affecting absorption of required commodities. One encouraging trend is that the government is increasing its share of funding for the government scheme; internally generated funds as a proportion of total financing increased from 4 percent in FY 2010/11 to 31 percent in FY 2011/12.

Mapping of financing processes. The team mapped financing processes for key funding sources that include the government and external donors. These processes clearly lay out details of each of the financing steps, which include key organizations or units, how decisions are made, individuals involved in decisionmaking, and the timing of the step. Going forward, the Tracking Team will use this information to identify advocacy entry points and develop specific advocacy strategies.

Recommendations and Conclusion

To enhance current tracking efforts, the Tracking Team developed an action plan to improve RH commodity security through tracking. The plan recommends the following:

- Broadening the scope of current tracking efforts beyond the current focus on tracking shipments to include tracking of budgeted funds and expenditures;
- Tracking family planning commodities as a subset of the reproductive health commodities currently being tracked;

- Beginning with the 2013 quantification, expanding tracking of financing to include sources outside the current quantification and supply planning exercise—for example, international sources that fund some of the NGO commodity purchases;
- Following up on the initial mapping of the financing process to identify advocacy entry points;
- Modifying the monthly stock status report format to also include detailed pipeline information on shipments and delivery;
- Carrying out quarterly analyses of requirements, commitments, and spending;
- Preparing and disseminating an annual summary report of the analyses; and
- Formalizing the role of the Tracking Team with specific terms of reference and broadening the group to include representatives of civil society.

The Tracking Team made the following recommendations to address data gaps it identified during the exercise:

- Modify the monthly stock status report format to also include detailed pipeline information on shipments and delivery.
- Improve forecast of requirements for other selected non-contraceptive RH commodities.
- Modify the spreadsheet currently used to track shipments.
- Complete the mapping of finance processes.

The presentation of the preliminary results of the exercise to the Family Planning Technical Working Group generated a variety of recommendations for using the tracking information, particularly for advocacy. Recommendations include the following:

- Keep the focus of the tracking and associated advocacy on the ultimate goal, which is to improve the well-being of Ugandan men, women, and children.
- Keep the analyses simple for advocacy purposes.
- Tie the process mapping to the tracking of shipments to ensure a smooth and adequate flow of funds.
- Feed the tracking results into other national tracking exercises, such as the recent national health accounts RH subaccounts exercise.
- Disseminate the tracking data more widely as a way to encourage finance sources and agents to be more forthcoming in providing data on commitments and spending.

Globally, a number of efforts are under way to help countries better track spending on reproductive health. The work in Uganda can inform these broader efforts.

Introduction

This report summarizes the findings and recommendations from an exercise to improve tracking of financing for subsidized contraceptives and other reproductive health (RH) commodities in Uganda and to identify entry points for advocacy. The exercise took place in Uganda September 11–21, 2012, and was a collaborative effort between the USAID | DELIVER PROJECT, Advance Family Planning (AFP)/Partners in Population and Development Africa Regional Office (PPD ARO), the Population Secretariat of the Ministry of Finance, Planning, and Development, and the Reproductive Health Division of the Ministry of Health (MOH) .

Background and Purpose of Exercise

Understanding the financing landscape in-country is critical to ensuring contraceptive security (the ability of each person to choose, obtain, and use quality contraceptives whenever needed). The various and often fragmented financial elements—each with their own procedures and rules—hamper a full understanding of the contraceptive financing situation, identification of funding gaps, and determination of appropriate solutions to financing problems. Family planning advocates can better target their efforts with step-by-step information on how to navigate these funding processes. Knowing where, to whom, and when to advocate is key to ensuring a smooth and adequate flow of funds at both the national and subnational levels.

In Uganda, as in other developing countries, finding the money to fund contraceptives and other RH products remains challenging. Contraceptive funding needs are projected to rise steadily as the number of women of reproductive age increases and as a larger proportion of these women use family planning. Meeting these funding requirements will require additional contributions from the government, donors, and individuals.

The most recent quantification indicated that Uganda would need $91 million to cover contraceptive requirements between 2011 and 2015, including about $4 million annually for storage, handling, and distribution. Several million dollars are also needed for other critical RH commodities, such as safe delivery kits and manual vacuum aspiration (MVA) kits for treatment of unsafe abortion. Mobilizing these resources and ensuring that commitments translate to actual spending remain a constant challenge for family planning program managers and advocates in Uganda.

One recent analysis of health financing in developing countries notes that "government spending on health from domestic sources is an important indicator of a government's commitment to the health of its people, and is essential for the sustainability of health programmes" (Lu et al. 2010). Although government spending in Uganda for reproductive health is reportedly on the upswing, it is too soon to know if such a trend will continue. Moreover, the country remains highly dependent on donor funding flows, a source that is more uncertain than ever in the current unsettled global economic climate.

Family planning clients in Uganda obtain subsidized contraceptives through a large variety of public and private non-profit and for-profit channels. Uganda finances these commodities through a complex combination of mechanisms that includes funds from general tax revenues, World Bank credits, donor budget support, and in-kind contributions from USAID, UNFPA, Global Fund, and

other international donors. Particularly as the government financing role has increased, tracking spending has become more complex. One of the big contraceptive security challenges in Uganda is knowing how much money the government will allocate, release, and ultimately spend, and being able to track the path that money takes, to identify key choke points, and advocate accordingly. This knowledge is most important with regard to spending through the National Medical Stores (NMS), the designated procurement agent for government-funded purchases of contraceptives.

This activity aimed to address this increasing complexity by complementing and enhancing ongoing tracking efforts, which are guided by the 2009–2014 Uganda Reproductive Health Commodity Security Strategic Plan (Ministry of Health 2008). The Reproductive Health Commodity Security (RHCS) coordinator at the MOH leads the multi-stakeholder supply tracking mechanism, summarizes commitments from the various financing sources for a two-year period, and takes note of stock status and related concerns for key subsidized commodities in the public and private sector. In addition, several recent reports have examined the country's broader health financing processes (German Foundation for World Population and Reproductive Health Uganda 2011) and financing for reproductive health supplies specifically (PPD ARO 2011). A Landscape Analysis carried out by an Advance Family Planning consultant in 2010 also touched on some of the broader contraceptive financing issues (Advance Family Planning 2010). A Population Action International study on reproductive health commodities also examines the financing environment for contraceptives (Leahy and Akitobi 2009). Although each provides important insights, none of these has taken a systematic, comprehensive, and in-depth look at the processes underlying the financing and at categorizing the spending.

Goal and Objectives

The overall goal of the activity was to improve tracking of financing as a means toward greater reproductive health commodity security in Uganda. The specific objectives were the following:

1. Review current tracking efforts and determine areas for improvement.
2. Enable local stakeholders to consistently and systematically track commitments and spending on contraceptives, with the aim of promoting a cost-effective and sustainable tracking activity.
3. Examine trends in donor and government financing to inform advocacy and potentially reduce the volatility and unpredictability of external financing and increase the diversity of aid.
4. Enable stakeholders to have a detailed understanding of the financing processes of the government and other principal sources of revenue.
5. Provide information to help determine any potential funding gap and advocate from an informed point of view.

Methodology

A team of Ugandans drawn from the public and private sectors and donor organizations worked with two international consultants from the USAID | DELIVER PROJECT to carry out the finance tracking exercise (see Appendix A for a list of the Tracking Team members). During two initial half-day meetings, the team discussed current tracking efforts and how this exercise could enhance these efforts by collecting additional information, categorizing supply and finance information by funding schemes and sources, and sharing the results of various analyses. The exercise built on ongoing efforts and drew on the approach outlined in the USAID | DELIVER PROJECT's draft guide on tracking contraceptive financing (Rosen and Sacher 2013).

Defining Which Commodities to Track

The team decided that, along with collecting information about eight contraceptives, it would also aim to collect information about the four other reproductive health products that the RHCS coordinator tracks via the supply plans. These additional products include safe delivery kits (known as "Mama kits"), MVA kits for postabortion care, misoprostol for postpartum hemorrhage and postabortion care, and gynecological gloves. Table 1 lists the commodities included in the exercise.

Table 1. Commodities Included in the Tracking Exercise

Contraceptives
Condom, male (for HIV/STI prevention and pregnancy prevention)
Condom, female (for HIV/STI prevention and pregnancy prevention)
Implant: Implanon and Jadelle
Injectable: Depo-Provera (medroxyprogesterone acetate 150 mg/ml)
Intrauterine device: copper-containing device TCU380A
Oral pill, combined: Microgynon
Oral pill, progestin only: Microlut
Oral pill, emergency: levonorgestrel 750 mcg tab

Other Reproductive Health Commodities
Safe delivery kit: Mama kit
Misoprostol: 200 mcg tabs
MVA kits
Gynecological gloves

Categorizing Funding According to Schemes, Sources, and Agents

The Tracking Team categorized funding for contraceptives and the selected RH commodities by using the schemes, sources, and agents framework borrowed from the national health accounts approach (

Table 2).

Schemes are the main building blocks of the structure of a country's health financing system through which people can obtain contraceptives and other RH commodities. Schemes can include the following:

- Government and compulsory contributory health care financing,
- Voluntary health care payment (including nongovernmental organizations [NGOs], social marketing, and corporate health insurance), and
- Household out-of-pocket payment.

Funding sources can include the following:

- Public funds (government internally generated funds, funds given to the government from foreign origin, social insurance contributions),
- Private funds (employers, households, NGOs), and
- Direct foreign transfers of funds or products to non-government entities.

Financing agents are the institutions that manage and operate the financing schemes; they collect revenues and purchase commodities. For a given scheme, funding sources provide funding via the financing agents.

Table 2. Sources and Agents by Scheme in Uganda

Scheme	Source	Financing Agent	
		For revenue collection	**For purchasing commodities**
Government			
Central government (MOH)	• Internally generated funds (via Vote 116) • DFID non-earmarked foreign revenues (to health sector budget support) • World Bank loans • In-kind donations from external donors - UNFPA (including from DFID funding), Global Fund, USAID, Chinese donations	Ministry of Finance	• NMS • USAID | DELIVER PROJECT and StarEC (in-kind USAID donations) • UNFPA (with its own funds and with DFID funds) • Global Fund • Baylor (for Mama kits, through in-kind CDC donations)
Voluntary			
NGOs			
Reproductive Health Uganda (RHU)	IPPF	RHU/IPPF	IPPF
PACE	PSI and potentially others		
MSU (NGO and social marketing)	USAID, DFID, UNFPA, Global Fund in-kind donations		International Procurement Agency: IPA (from DFID funds), USAID | DELIVER PROJECT, UNFPA, Global Fund
Social Marketing			
Uganda Health Marketing Group (UHMG)	In-kind donations from USAID, DFID		For public sector channel storage and distribution: NMS, UNFPA, USAID (through USAID | DELIVER PROJECT) For private sector channel: International Procurement Agency (for DFID), USAID
Corporate health insurance	Employer and employee contributions		
Out-of-pocket	**Households**	**Households**	**Households**

Determining Analyses to Conduct

The Tracking Team agreed to undertake analyses for three fiscal years: 2010/11, 2011/12, and the current fiscal year 2012/13; these were based on the Government of Uganda (GOU) fiscal year (July 1–June 30.) Table 3 shows the specific tracking questions and quantitative and qualitative analyses the team aimed to undertake. Quantitative analyses focus on commitments and spending, while qualitative analyses look at funding processes. Both types of analysis aim to enhance advocacy efforts.

Table 3. Analysis Questions

	Question	Data Needed/Analyses to Conduct
Quantitative		
1	How much funding is required to cover contraceptive procurement and procurement of selected RH commodities?	Total procurement requirements[a]
2	How much funding has been committed for contraceptives and selected RH commodities by each source?	Amount of funds[a] committed for commodities by source, trends over time
3	How much has been spent on contraceptives and selected RH commodities by each source, over time?	Actual spending according to source and funding scheme, trends over time[a] - Amount of funds spent on contraceptive procurement, by source of funds[a] - Amount of in-kind donations from foreign sources provided to various financing schemes (government, NGO, social marketing)[a]
4	To what extent is the government taking responsibility for funding its own commodity requirements for contraceptives and selected RH commodities?	Government share of commitment on contraceptives for the government scheme (i.e., public sector)[a] Government share of spending on contraceptives for the government scheme (i.e., public sector)[a]
5	Has each of the various funders lived up to their commitments? Have the budgeted amounts been spent?	Spending as a proportion of commitment, by funding source[a]
6	Has funding covered procurement requirements?	Spending as a proportion of procurement requirements[a]
Qualitative		
7	To what extent is forecasting done on time so that funds will be available when needed to purchase the commodities?	Timeliness of forecasting in relation to financing processes
8	When is advocacy needed to ensure adequate funding and to overcome any funding bottlenecks? What is the best timing given the funding processes? What are the gaps?	Funding process analysis to determine optimal timing of advocacy activities
9	For each funding source, what is the lead time between release of funds and delivery of commodities at the national warehouses?	Comparative lead times for various funding sources

[a]Analyses included both quantities and costs of commodities. This report focuses on costs. However, the analysis spreadsheets also include information on quantities.

Data Sources and Limitations

Quantitative Information

The quantitative information needed for these analyses required the team to collect information on procurement requirements, available funding, commitments, and spending. The sections below provide further details on each type of data and its limitations, and a summary is provided in Table 4.

Requirements

Data on procurement requirements come mainly from national quantification exercises. Formal exercises were conducted for contraceptives only. The quantification report for 2010 (conducted in 2009) included specific dates on shipments to meet contraceptive commodity requirements, thus facilitating the categorization of procurement requirements by fiscal year. However, the quantification report for 2011–2015 (conducted in 2010) reported only aggregate annual procurement requirements by calendar year (Ministry of Health 2011).[1] The team converted this information to the fiscal years by allotting half of each calendar year's quantification to each of the associated fiscal years. For example, half of the procurement requirements for calendar year 2011 was allotted to FY 2010/11 and half to FY 2011/12. Procurement requirement data were organized by the two broad schemes that were analyzed: government and voluntary.

Available Funding

The team defined available funding as the overall amount of funding that sources said they had available for RH products. In this definition, available funding fell one step short of a hard commitment. In other words, available funding refers to when a funding source has stated it will make a specific amount available but has not yet committed to a specific procurement in the supply plan. Knowing available funding can make it easier to quickly identify potential funding sources in case a need arises for emergency shipments. Most of the information on available funding was obtained from meeting notes of the RHSC Working Group. When these notes were not clear on whether available funding was for the fiscal year or the calendar year, the fiscal year was assumed. Information for FY 2010/11 was not available. When information was provided from a funding source for one of the remaining analysis years, but not the other, it was assumed that the same amount of funding was also available for the other year. In addition, if a lump sum was noted, it was assumed that the source would spend equally each year. The information obtained is incomplete in that it does not cover all funding sources nor all available funds from the funding sources included.

Commitments and Spending

The most recently updated commodity supply plans maintained by the RHCS coordinator at the MOH RH Division provided much of the raw data needed for the analyses of commitments and spending (Ministry of Health 2012). The team defined a commitment as the quantity and cost associated with a specific planned shipment. Spending was defined as the quantity and cost of a shipment that arrived in Uganda.

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[1] During the dissemination workshop at the end of the exercise, there was considerable discussion on the accuracy or inaccuracy of the 2011–2015 quantification exercise. A recommendation was made to incorporate findings from the recently released Uganda Demographic and Health Survey in the next quantification exercise. See Appendix C for a list of workshop attendees and Appendix D for the workshop agenda.

The RHCS coordinator maintains supply plans in two spreadsheets. The public sector supply plan contains shipment information for products to be stored in NMS and distributed through government facilities, while the private sector supply plan contains shipment information for products to be stored in UHMG's warehouse and distributed at NGOs or through social marketing. The private sector supply plan does not include procurements conducted outside of the supply planning process. For example, some NGOs procure or receive products directly from funding sources; such procurements are not part of the forecast and supply planning process. In general, however, the amounts are small relative to the total spent on subsidized commodities. The team's analyses used the public sector plan to provide information about the government scheme and the private sector supply plan to provide information about the voluntary scheme. Within the voluntary scheme, data were organized by specific NGOs and social marketing organizations.

In the analyses, a shipment was considered as having arrived (and thus qualifying as spending) only when the RHCS coordinator officially noted its arrival in the supply plan. In some cases (particularly for shipments funded by government internally generated funds), funding sources (such as the NMS) had not officially provided information on shipment status. For this reason, the analyses likely underestimate spending.

Supply plans were not available for the full three years covered by the analysis. To fill that gap, shipment information from the Reproductive Health Interchange (RHI)[2] was used, and it was assumed that the amount spent equaled the commitment. RHI itself is incomplete: it includes information for contraceptives only and typically does not include information on government-funded procurements.

Table 4. Data Sources for Quantitative Data by Calendar Year

	CY 2010	CY 2011	CY 2012	CY 2013
Procurement Requirements	Quantification conducted in 2009 (Includes information for contraceptives only. Does not include information for emergency contraceptives.)	Quantification conducted in 2010 (Includes information for contraceptives only. Does not include information for emergency contraceptives.)	Quantification conducted in 2010 (Includes information for contraceptives only. Does not include information for emergency contraceptives.)	Quantification conducted in 2010 (Includes information for contraceptives only. Does not include information for emergency contraceptives.)
Available Funding	Data not available	Most of the information was noted by funding sources during an RHSC Working Group meeting in April 2012. Information was obtained from the meeting minutes. It was not always clear whether the available funding noted was for the fiscal year or the calendar year. Notes by funding source follow. <u>Internally generated funds (through Vote 116)</u> Meeting minutes noted 8 billion Uganda shillings ($3.2 million) for FY 2011/12; the team assumed the same amount for 2012/13. <u>USAID</u> Meeting minutes included $6 million for the current year; the team assumed the same amount for the other analysis year.		

[2]The RHI website provides access to data on shipments of contraceptive supplies for many countries.

	CY 2010	CY 2011	CY 2012	CY 2013
		<u>UNFPA</u> Meeting minutes noted $2.5–$3 million annually, so the team included the average ($2.75 million). UNFPA also noted another facility earmarked for implants only but did not note the amount, so this amount could not be included in the analysis. <u>World Bank loans</u> Meeting minutes included information that $17,931,473 would be available over the next four years. The team included a quarter of this amount for each analysis year. <u>DFID</u> The team used the information provided during an interview with DFID representatives (2.5 million euros[or $4 million]). The team had no information on available funds for the following funding sources: - Global Fund - PSI		
Commitments	RHI (Commitment information is assumed to be the same as the shipment information in RHI. Also, RHI includes information for contraceptives only. It does not typically include government-funded shipments.)	For public sector: last supply plan from 2010 For private sector: RHI (Commitment information is assumed to be the same as the shipment information in RHI. Also, RHI includes information for contraceptives only. It does not typically include government-funded shipments.)	For public sector: last supply plan from 2011 For private sector: columns labeled "expected" in current (2012) supply plan	Current supply plans (from 2012) *Note: Public sector supply plan only includes one commitment for 2013.*
Spending	RHI (Includes information for contraceptives only. It does not typically include government-funded shipments.)	For public sector: current supply plan (includes 2011 and 2012 information) For private sector: RHI. (RHI includes information for contraceptives only. It does not typically include government-funded shipments.)	Current supply plans (from 2012). *Note: Spending not complete since year is still in progress as of September 2012.*	*Note: Not available; analysis was conducted in 2012.*

Note: The information is presented by calendar year (CY) because most of the data sources organized their information by calendar year.

Qualitative Information

For information on funding processes, the team conducted interviews and/or referred to existing documentation (see Appendix B for the list of interviewees).

Findings

Current Tracking Efforts

As noted previously, one of the objectives of the exercise in September was to examine current tracking efforts and determine areas for improvement. The analysis found that Uganda already has many of the essential elements in place to carry out an effective tracking of spending on family planning and RH commodities and, indeed, is ahead of many other countries in the attention paid to tracking of supplies and the sophistication of its tracking efforts. The MOH RHCS coordinator leads current tracking efforts, which focus primarily on tracking stock status, supply plans, and individual shipments, however, rather than focusing on financing.

An unofficial tracking team includes the main development partners, the two principal national warehouses, and the Pharmacy Division and RH Division of the MOH. The team reports to the Family Planning/RHCS Working Group, which is a formal structure of the MOH. Notably missing from the team are representatives of civil society organizations and advocacy groups. The effort already tracks contraceptives and four other selected RH commodities (Mama safe delivery kits, misoprostol, gynecological gloves, and MVA kits). Although the main players in the funding framework have been identified, knowledge on the details of the financing processes is mostly not documented or compartmentalized and not widely understood by all stakeholders.

The collection of data on stock status, supply plans, and individual shipments is generally good, but problems remain in getting official data from the NMS. A parallel activity funded by AFP and supported by PPD ARO was able to obtain indicative information on NMS shipments and spending. Such information flowed through unofficial channels, however, so the official tracking effort led by the MOH could not officially use or report on the data.

Quantification is done for contraceptives, and supply plans are regularly updated, but the last full quantification exercise was conducted in 2010. Quantification is not conducted for the other RH commodities. The focus has been on tracking stock status and adherence to the supply plan, but minimal further analysis has occurred of the type essential to meet advocacy needs. For the information already collected and analyzed, an official dissemination channel already exists, which goes through the Family Planning and RHCS Working Group, with a summary posted on the MOH website and shared with the appropriate technical working groups of the MOH. With some relatively modest improvements, Uganda can enhance current tracking efforts and the usefulness of the information for decisionmakers and advocates. The *Recommendations and Conclusion* section further discusses specific improvements.

Results from Financing Analyses

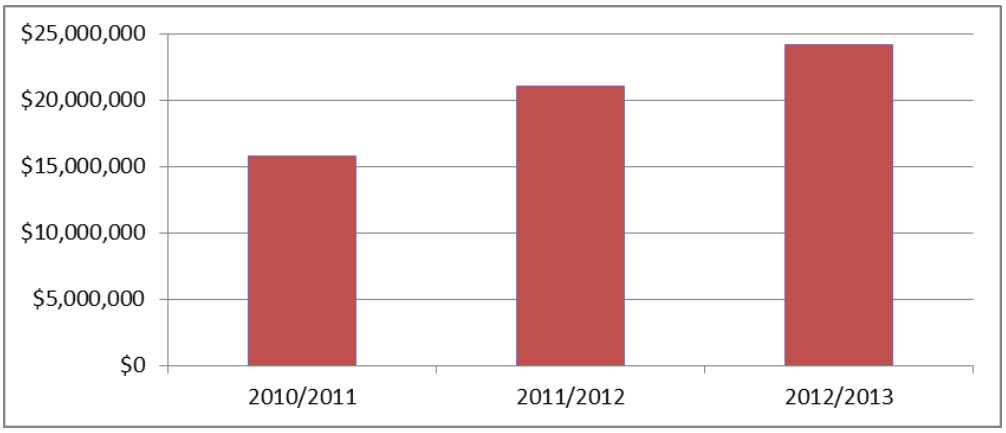
The following subsections present analyses on procurement requirements, available funding, commitments, and spending.

Procurement Requirements

The starting point for the analysis is determining the funding required for commodity procurement. Figure 1 shows a procurement requirement of approximately $15 million for contraceptives for FY

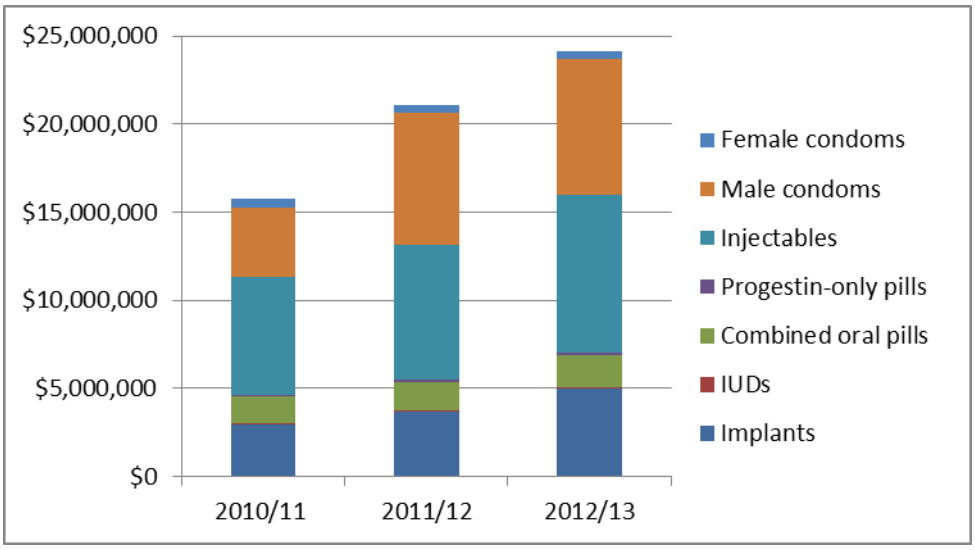
2010/11, increasing to almost $25 million for FY 2012/13. This likely reflects projected trends in population growth and demand for family planning. Note that these totals do not include requirements for the other RH commodities, for which no quantification was done.

Figure 1. Total Procurement Requirements for Contraceptives



For each year, the largest projected cost comes from injectables, followed by male condoms and then implants, as can be seen in Figure 2.

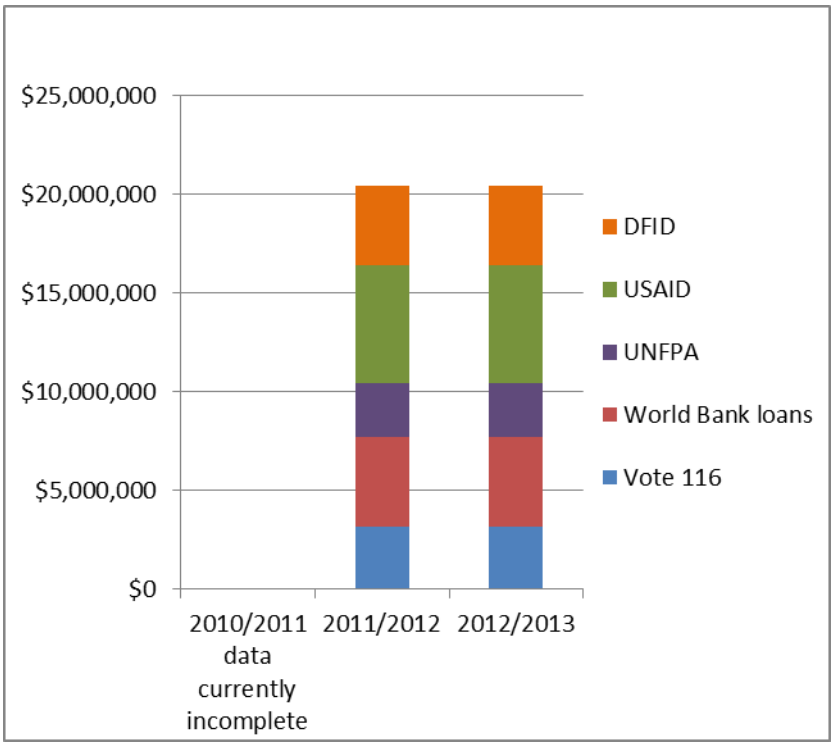
Figure 2. Procurement Requirements, by Contraceptive Method



Available Funding

Figure 3 shows a total of approximately $20 million in available funds for FY 2011/12 and FY 2012/13. These figures are very close to the procurement requirements for FY 2011/12 but are a few million dollars below those for FY 2012/13. Complete information was not available for FY 2010/11.

Figure 3. Available Funding, by Funding Source



Commitments

As described above, commitment was defined as the amount associated with a specific planned shipment. As Figure 4 shows, commitments increased from approximately $15 million for FY 2010/11 to approximately $22 million for FY 2011/12 to more than $30 million for FY 2012/13.

Figure 4. Commitments

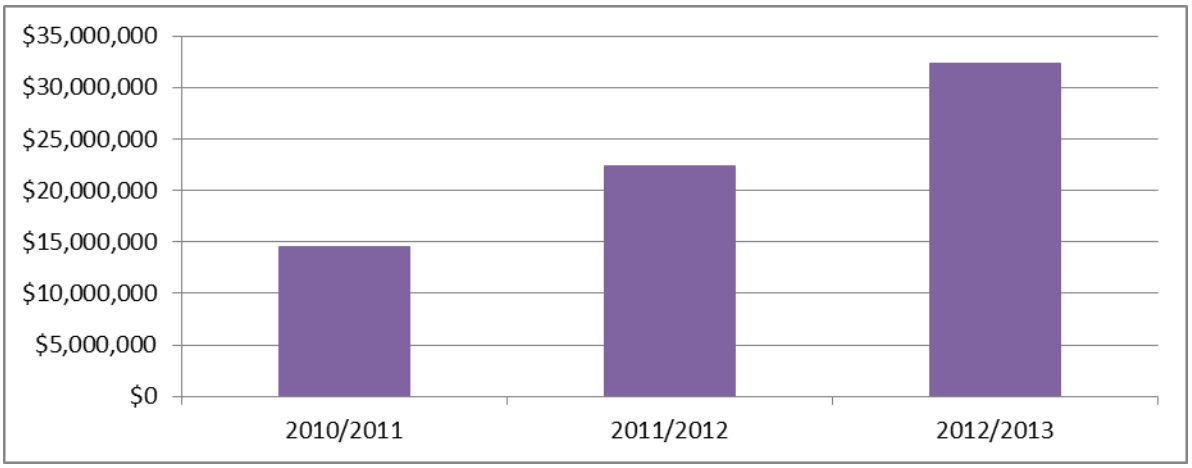


Figure 5 shows commitments by funding source. In FY 2010/11, the largest commitment was from USAID, followed by DFID. In FY 2011/12, USAID's commitment was followed closely by UNFPA and by government internally generated funds. Commitments for FY 2012/13 were largest from USAID, followed closely by World Bank loans. These amounts may underestimate the commitments of internally generated funds for FY 2010/11 because RHI, the main source of information for that period, typically does not capture government-funded shipments.

Figure 5. Commitments by Source

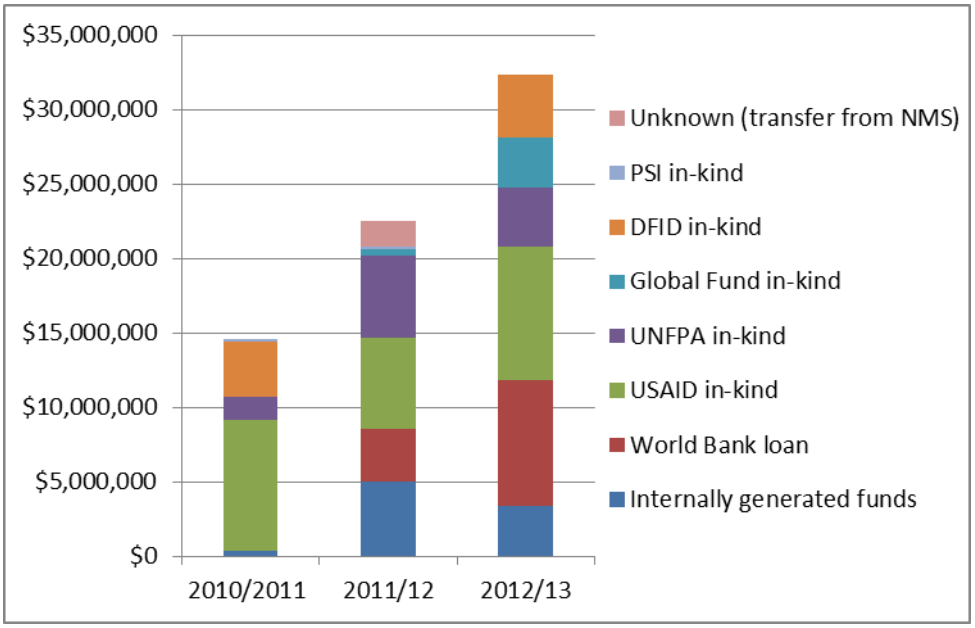
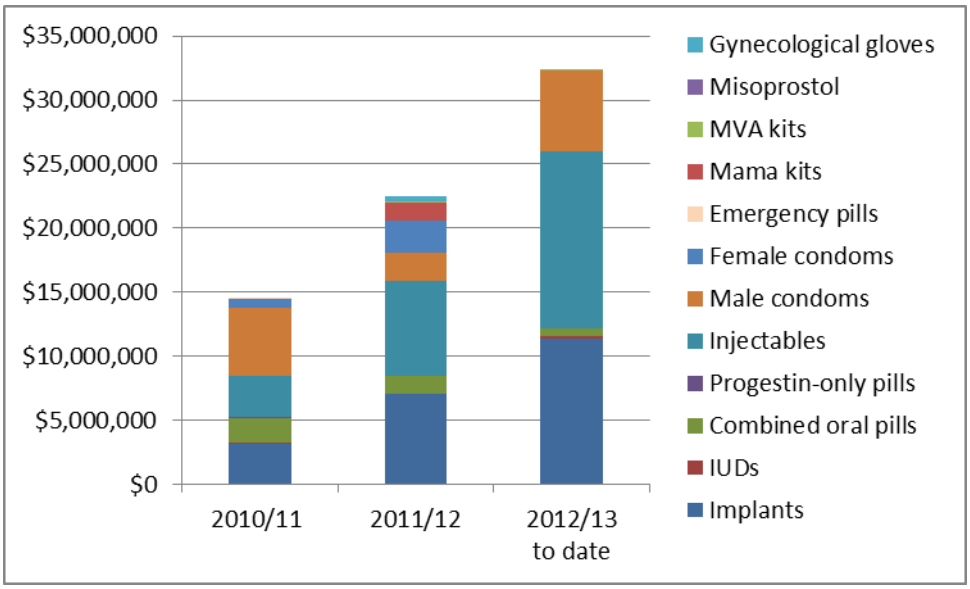


Figure 6 shows commitments by commodity, with the highest proportion of commitments being for male condoms for FY 2010/2011 and injectables for FY 2011/12 and FY 2012/13. Large sums of money were also committed for implants.

Figure 6. Commitments by Commodity



Spending

Figure 7 shows that spending in FY 2010/11 was approximately $14.5 million and rose to $17.5 million in FY 2011/12. $6.8 million has been spent so far in FY 2012/13, which began July 1, 2012.

Figure 7. Spending

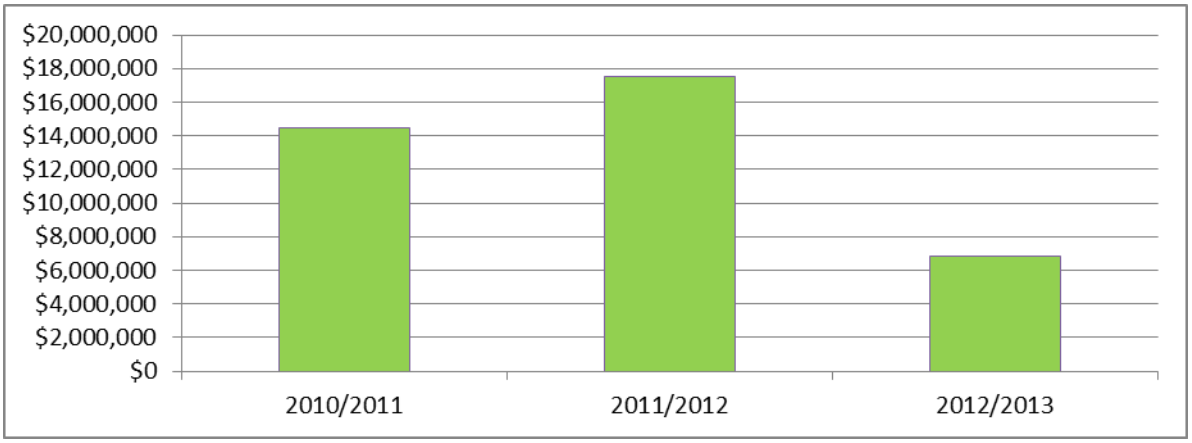
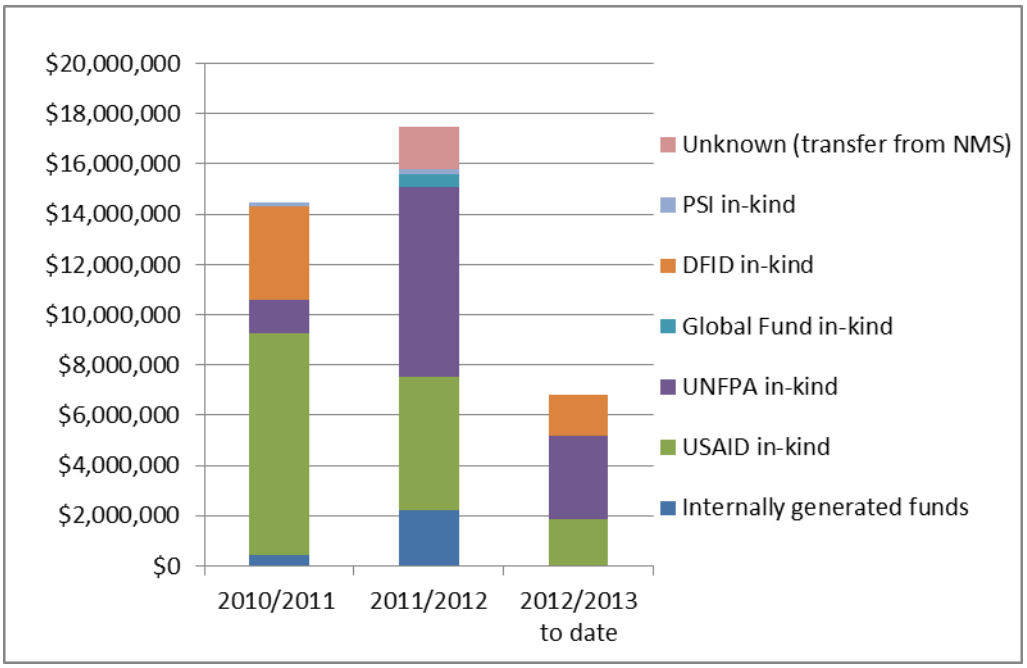


Figure 8 shows that USAID and UNFPA have been the largest sources of funding for these RH commodities over the years, followed by DFID.

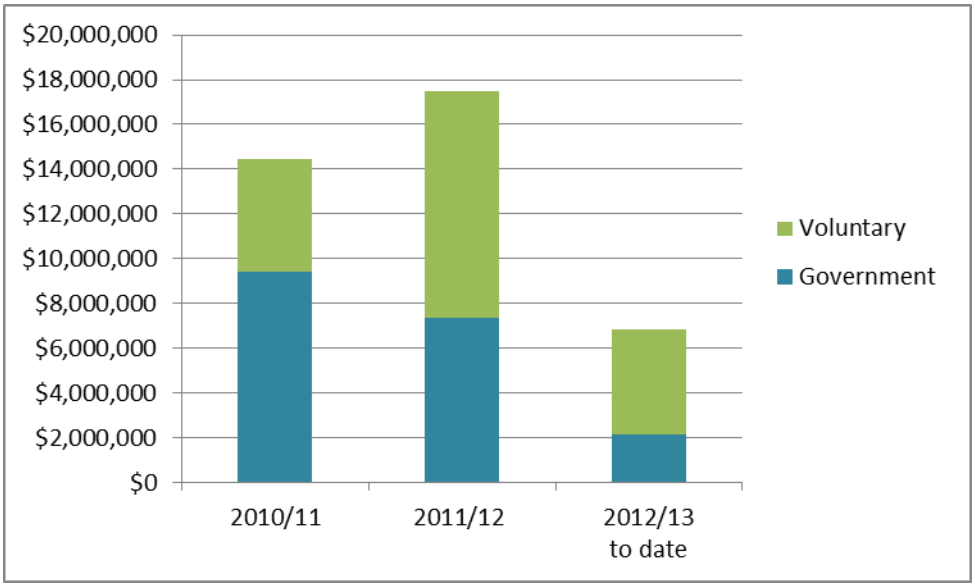
Figure 8. Spending by Source



The figures likely underestimate spending from government internally generated funds for two reasons. First, RHI, the primary source of data for FY 2010/2011, typically does not capture government-funded shipments. Second, recall that the analysis counted spending only when the RHCS coordinator received official confirmation of a shipment's arrival. Obtaining this official confirmation from the NMS was problematic despite constant calls and reminders to the NMS officials.

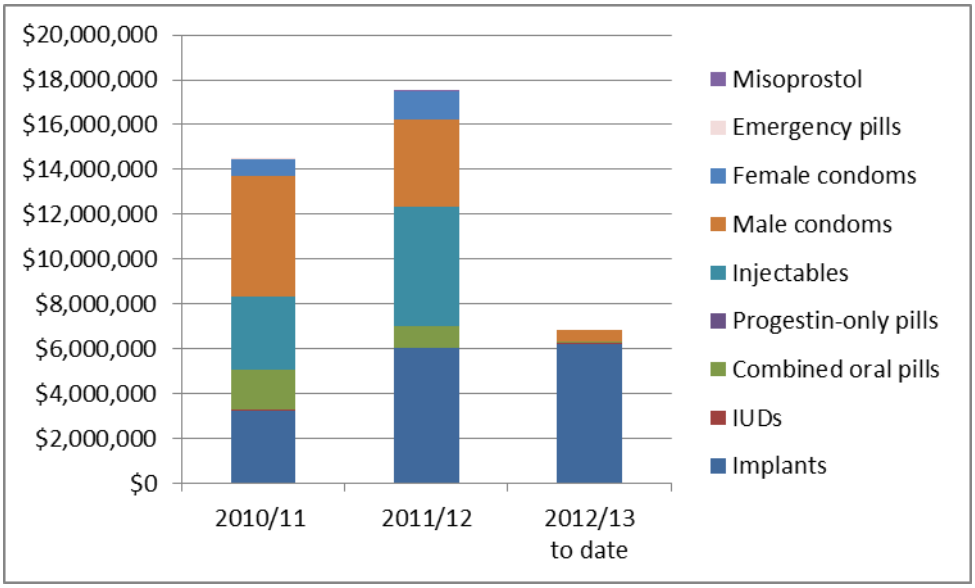
Figure 9 shows spending by scheme (government or voluntary). The government scheme includes shipments sent to the NMS, while the voluntary scheme includes shipments sent to the UHMG warehouse for distribution through the Programme for Accessible Health, Communication, and Education (PACE), MSU, UHMG social marketing, or other NGOs. Spending was higher in the government scheme in FY 2010/2011 and higher in the voluntary scheme in the other time periods analyzed.

Figure 9. Spending by Scheme



Purchases of implants, male condoms, and injectables account for the largest proportion of spending (Figure 10). The data does not show any spending so far on Mama kits, MVA kits, or gynecological gloves.

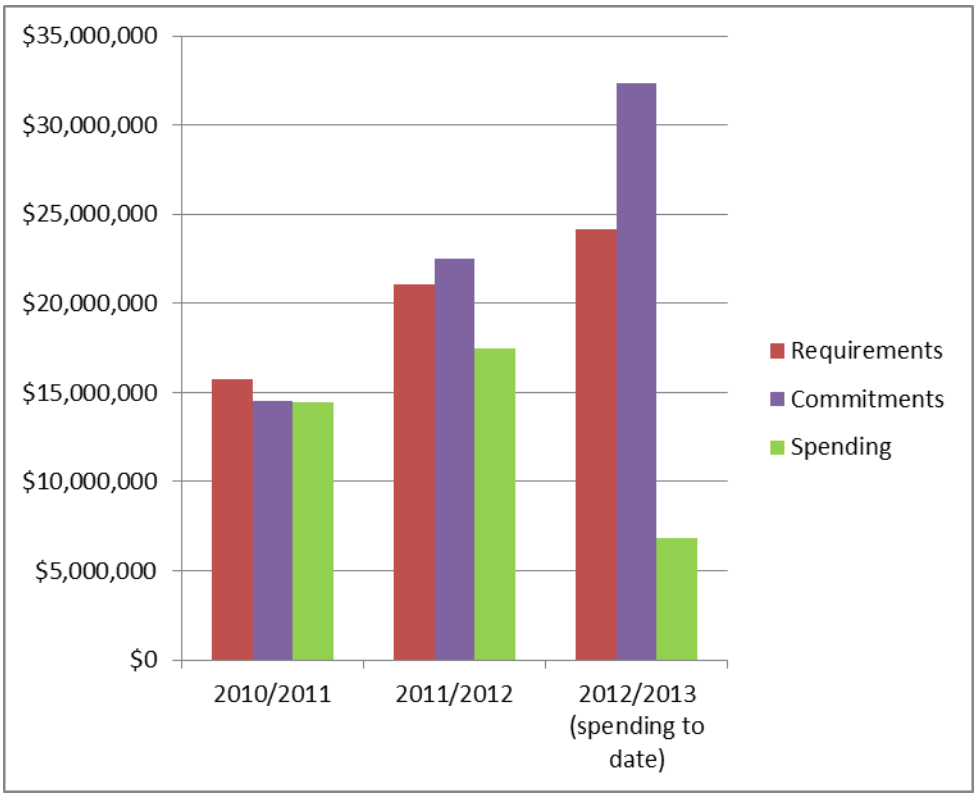
Figure 10. Spending by Commodity



Comparing Procurement Requirements, Commitments, and Spending

Figure 11 compares procurement requirements, commitments, and spending. (See Appendix F for selected analysis tables for procurement requirement, commitment, and spending.)

Figure 11. Comparison of Procurement Requirements, Commitments, and Spending



Commitments versus requirements

Commitments are similar to procurement requirements for FY 2010/11 and 2011/12, while they exceed the quantified requirements for FY 2012/13. In other words, funding sources have committed to meeting the procurement requirements, which is an important step toward ensuring product availability and reproductive health commodity security. One reason that commitments appear higher than procurement requirements for FY 2012/13 is that the data may be inaccurate and/or incomplete. Actual procurement requirements for FY 2012/13 may be higher than projected at the time of the last quantification exercise in 2010. Moreover, the timing of procurement requirements and commitments may not match perfectly; some sources may have made commitments for a previous fiscal year that then carried over to FY 2012/13. This was likely the case for World Bank commitments, for which procurement has been delayed.

Spending versus requirements

Spending did not reach required levels in either of the two analysis years for which complete data were obtained. One or more of the following might explain why this is the case:

1. *Spending information is incomplete (particularly for the NMS).* According to a 2011 paper by PPD ARO, in FY 2010/11 the government spent 7.2 billion Uganda shillings (approximately $2.7 million) of internally generated funds on RH commodities. According to NMS's submission for the annual budget performance report, NMS spent 6.67 billion Uganda shillings (approximately $2.9 million) for RH commodities from July 2011 to May 2012. These figures are significantly higher than found in the Tracking Team's analysis.

2. *The country is not spending enough in relation to procurement requirements.* If true, this is a serious contraceptive security problem.
3. *The quantification overstated procurement requirements.* In this case, spending could be below projected procurement requirements but still be sufficient to help ensure contraceptive security.
4. *Problems with the supply chain or service delivery are affecting absorption of commodities.* For example, lack of space in the NMS central warehouse may be preventing planned ordering. Similarly, lack of providers trained to insert intrauterine devices (IUDs) may be resulting in expiry of IUDs despite client demand, apparent overstock at the central warehouse, and underprocurement of planned purchases. If these problems exist, they threaten adequate product availability.

Spending versus commitment by funding source

Table 5 presents spending as a percentage of commitment by funding source. The results are quite variable and difficult to interpret. In the case for which the quantification may have overestimated procurement requirements, it is not a problem if a funding source has not met its commitments. A low percentage may, however, signal significant procurement bottlenecks or delays requiring advocacy to address.

Table 5. Spending as a Percentage of Commitment, by Source

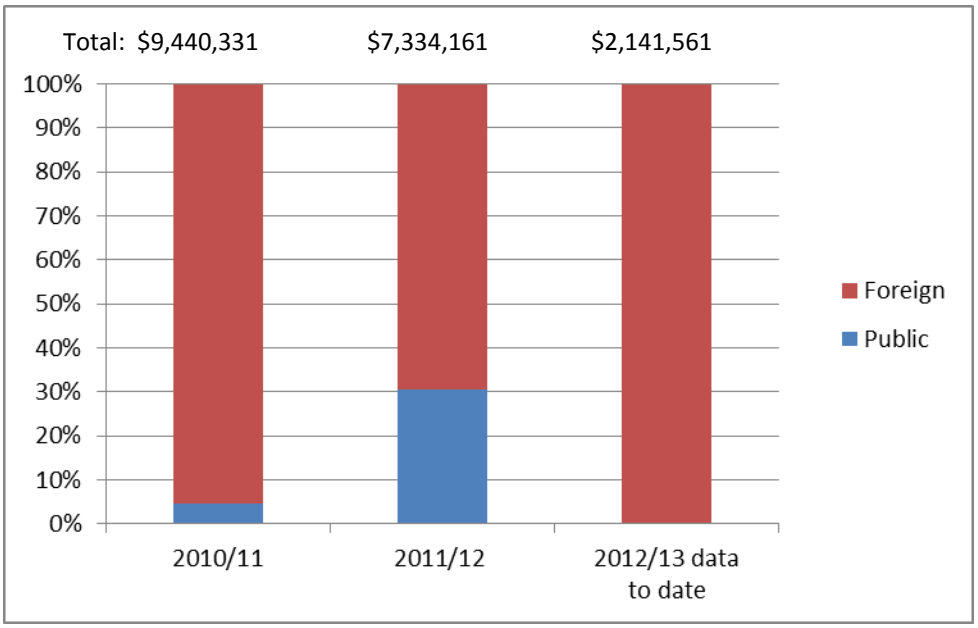
Source	FY 2010/11 (%)	FY 2011/12 (%)	FY 2012/13 to date (%)
IGF	116	45	No data
World Bank loan	N/A	0	0
USAID in-kind	100	87	21
UNFPA in-kind	88	134	82
Global Fund in-kind	N/A	140	0
DFID	100	N/A	39

Note: The table excludes Population Services International (PSI) because RHI, the sole data source used here for PSI spending information, does not include separate commitment information. Red = 0%-49% of committed amount spent, yellow = 50%-99% of committed amount spent, green = 100% or more of committed amount spent. N/A = not applicable – no commitment and no spending.

Public Share of Spending in the Government Scheme

An important indicator of reproductive health commodity security is the extent to which the government is taking responsibility for funding. One way to gauge this is to measure the proportion of funding of the government scheme that comes from public sources. Public sources can include domestic revenue (generated internally by the government), social insurance, and foreign revenue or international loans provided to the government. In Uganda's case, public sources included only internally generated funds. Figure 12 shows that in FY 2010/11, 4 percent of financing for the government scheme came from public sources and rose to 30 percent in FY 2011/12. The increasing government share is a positive sign of political commitment to the family planning program. Moreover, these figures may underestimate the public share in that RHI typically does not capture shipments funded by government internally generated funds and because of lack of official confirmation of arrival of planned NMS shipments. Adding to the positive trend is the Ugandan president's pledge at the July 2012 Family Planning Summit that the government would spend $5 million annually on RH commodities over the next five years (AllAfrica 2012).

Figure 12. Public Share of Spending in the Government Scheme

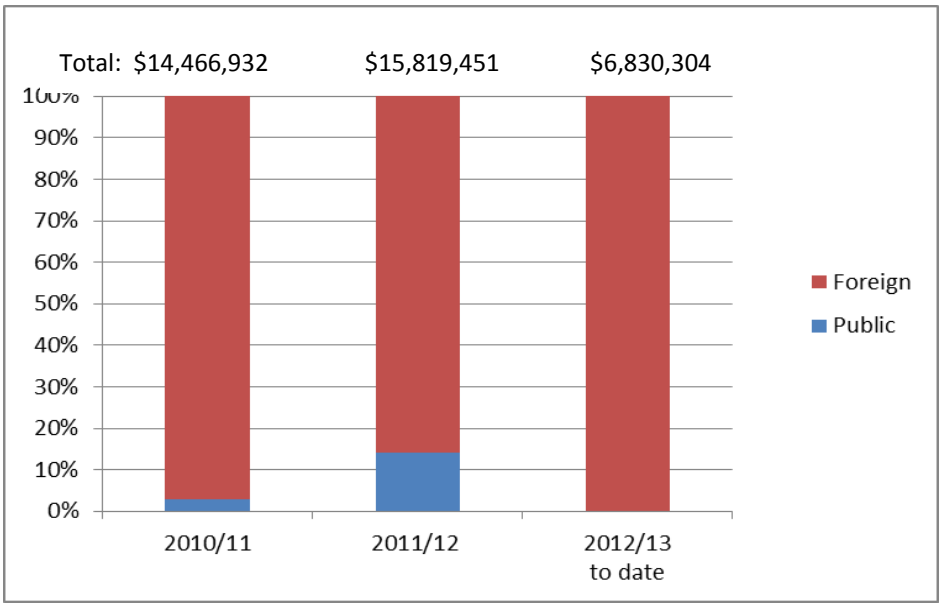


Public Share of All Spending

The following analysis shows to what extent the government is funding the country's contraceptives and selected RH commodities, which includes not only the spending for the government scheme but also for the voluntary scheme (including NGOs and social marketing).

If we look at public sources of funding as a proportion of spending on all schemes—both government and voluntary, public sources provided 3 percent of the total in FY 2010/11, 14 percent in FY 2011/12, and 0 percent in FY 2012/13 to date (Figure 13). Again, these percentages are likely an underestimate of the public share.

Figure 13. Public Share of Spending in the Government and Voluntary Schemes



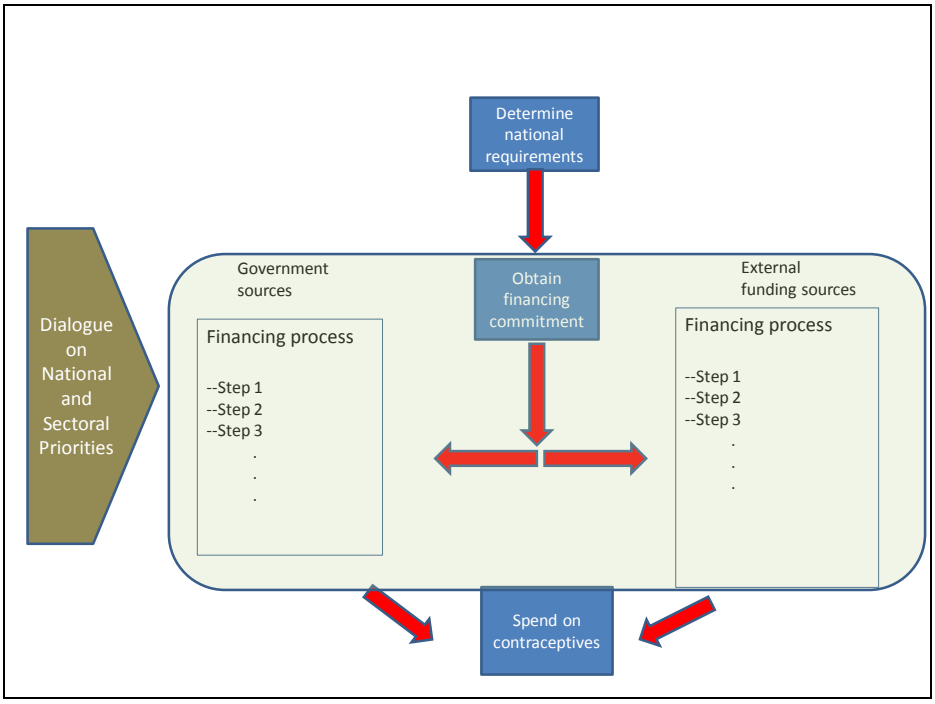
Results of Process Mapping

The previous section analyzed patterns of requirements, commitment, and spending. This section presents information the team collected on the *processes* by which the funds flow, with the objective of tracking spending and advocating more effectively. For each of the main financing sources, a diagram is presented in the text. A more detailed matrix in is provided in Appendix E that describes the details of each step in the financing process, which includes key organizations or units involved, how decisions are made, individuals involved in the decisionmaking, and the timing of the steps.

An Overview of Financing Processes in Uganda

The overall financing process (Figure 14) begins with a determination of requirements for commodity purchases, which happens through the quantification. From this determination, sources of funding, including the GOU and external donors, make their commitments. Each financing source follows its unique process, which ultimately results in spending on contraceptives. The country determines the priority given to family planning and other reproductive health care through an ongoing dialogue on national and sector priorities that influences levels of government commitment and actual spending.

Figure 14. Overall Financing Process in Uganda

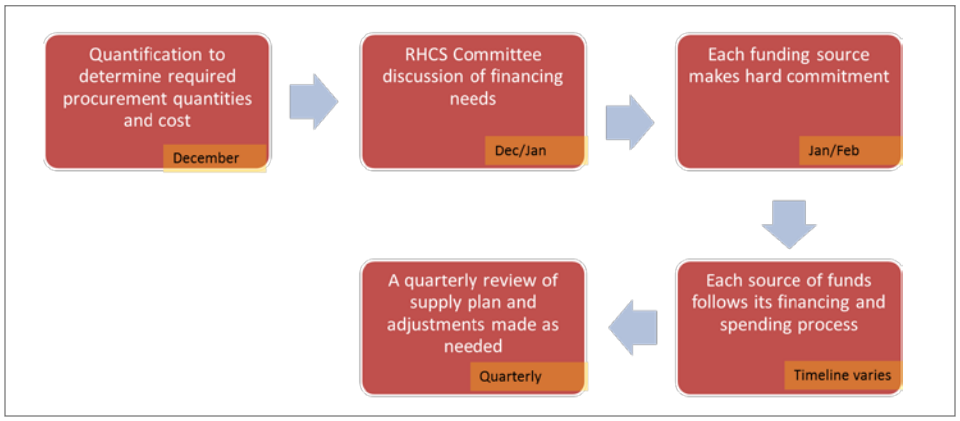


Process to Determine National Requirements and Initiate Financing

Determining national procurement requirements is a yearly process that starts with a quantification to forecast consumption and develop a supply plan that specifies the quantity and timing of commodity shipments. The quantification for contraceptive commodities typically takes place in December and is immediately followed by a discussion in the reproductive health commodity security committee about which funding sources will cover related financing needs. Table 7 (Appendix E) details this process, and Figure 15 displays it graphically. The last full quantification

exercise occurred in late 2010; since then, stakeholders have reviewed supply plans quarterly and adjusted commitments accordingly.

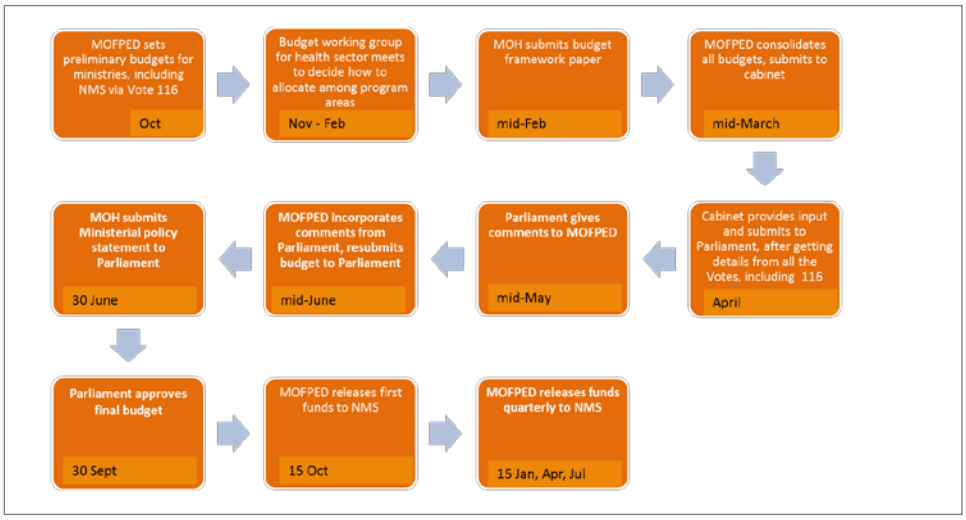
Figure 15. Defining Commodity Requirements and Initiating Financing Processes



Government Financing via Vote 116

Vote 116 is the budget mechanism by which the government uses internally generated funds to purchase drugs and supplies, which include reproductive health commodities, via the NMS. The annual process (Table 8, Appendix E), corresponding to the government's fiscal year of July 1 through June 30, begins in October when the Ministry of Finance, Planning, and Economic Development (MOFPED) sets initial budgets for all government entities based on a three-year rolling medium-term expenditure framework (MTEF). This sets off a series of discussions within the health sector on priorities, and dialogue begins between the health sector and the MOFPED. In April of the following year, budget negotiations between the cabinet and parliament begin. A key document from the health sector is the Ministerial Policy Statement (submitted in June), which reports the value of NMS procurements through the end of March and plans the procurement amounts for the upcoming fiscal year. Parliament approves the budget by September 30, paving the way for the MOFPED to authorize quarterly releases of funds to the NMS. Actual releases are typically less than budgeted because of overall shortfalls in the government budget. Figure 16 displays this process graphically.

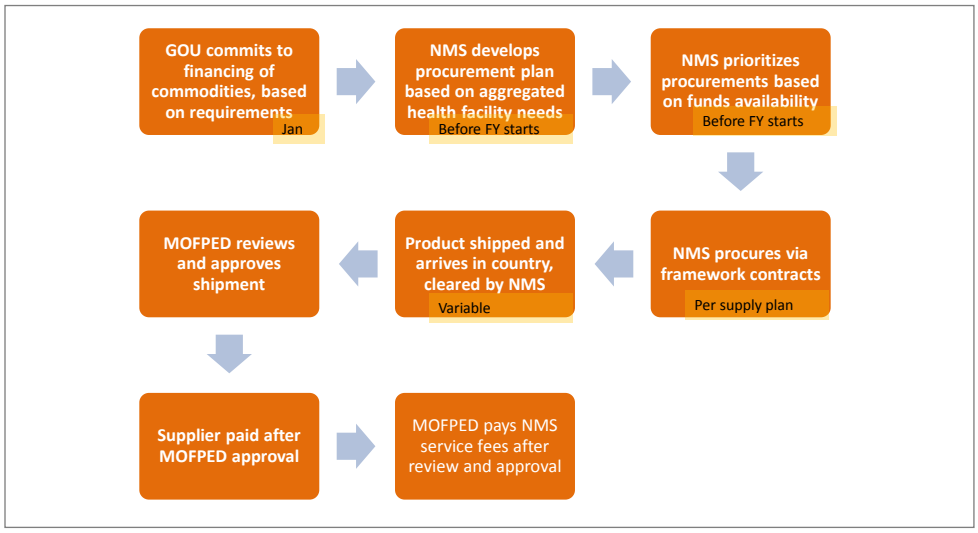
Figure 16. Vote 116 Process



National Medical Stores Procurement Process

The Vote 116 process sets the government budget for reproductive health commodity procurements (along with other procurements) during the corresponding fiscal year. Responsibility for procurement lies with the NMS. Table 9 (Appendix E) describes the steps in the NMS procurement process. NMS participates in discussions with other funders as part of the discussions on setting the overall GOU financing responsibility for RH commodities as well as the financing for specific RH commodities. NMS preference is to focus procurements on a few "high-demand" commodities, which currently include injectable contraceptives, implants, and Mama kits. Before the start of the fiscal year, the NMS develops a procurement plan that is based on aggregated health facility needs. NMS then prioritizes procurement on the basis of actual funds available from the government budget and what MOFPED actually releases to the NMS. NMS procures via framework contracts according to the procurement plan it developed at the beginning of the fiscal year. Pending MOFPED approval, NMS pays suppliers when products arrive and subsequently receives a MOFPED-approved service provider fee to cover the costs that NMS incurs for procurement, storage, and distribution. Figure 17 graphically summarizes the process.

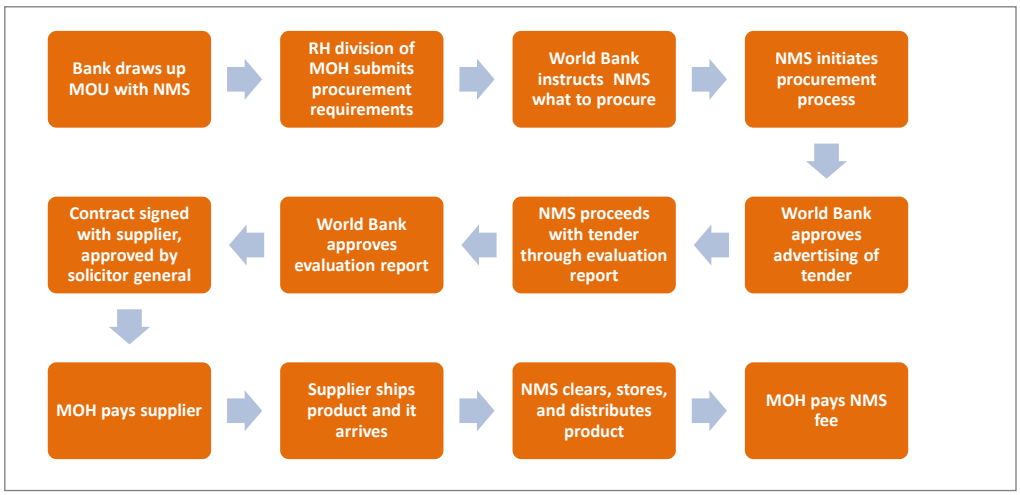
Figure 17. NMS Procurement Process



Government Procurement via World Bank Loan Funds

The World Bank Health Sector Strengthening loan is another source of funds for contraceptives and other RH commodities. The agreement between the government and the bank specifies that the MOH control the funds for procurement, with the NMS acting as the procurement agent for the Ministry. Table 10 (Appendix E) lists the steps in this procurement process. The process begins with a memorandum of understanding (MOU) that details the role of the NMS in procurement, storage, and distribution of the commodities. The bank determines the quantities of commodities to procure on the basis of input from the Reproductive Health Division of MOH and draws on results from the quantification. Once the NMS initiates the procurement process, the bank maintains an approval role at various key points that include tender advertising and approval of the tender evaluation report. Actual payment of suppliers is the responsibility of the MOH via the loan project account. The MOH pays NMS a 10 percent fee for procurement, customs clearing, storage, and distribution. Figure 18 graphically summarizes the process.

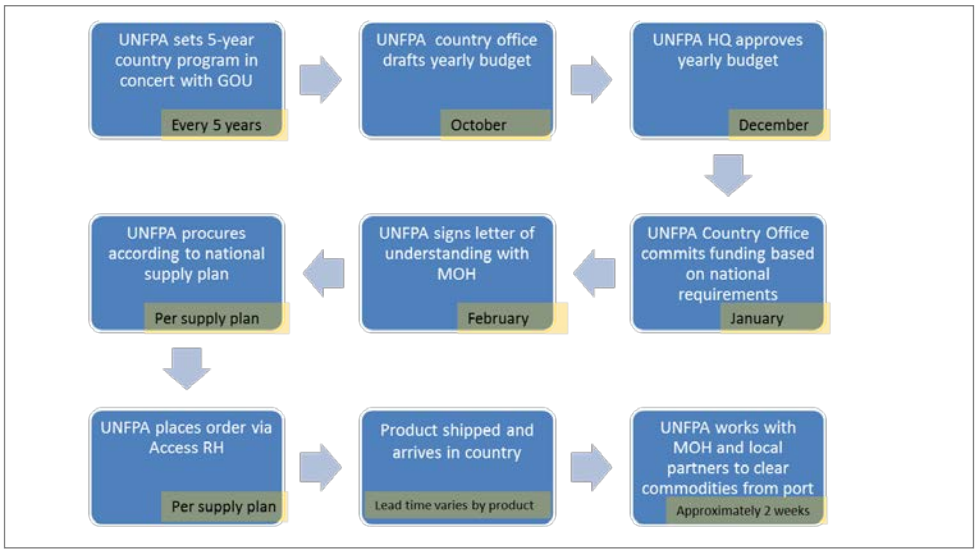
Figure 18. Government Procurement via World Bank Loan



UNFPA Financing Process

UNFPA financing of commodity purchases is a yearly process set within the context of its five-year country program developed in concert with the GOU (Table 11, Appendix E). In October, the UNFPA country office sets a preliminary yearly budget for commodity purchases that is based on the amount allocated centrally through UNFPA's Global Program and any additional resources the country office can directly mobilize for Uganda specifically. After a dialogue with UNFPA headquarters on the available budget, by mid-January the country office is able to make a funding pledge taking into account the country's quantification exercise and dialogue with the other funding sources. UNFPA signs a formal MOU with the MOH committing to in-kind purchases and then moves forward with procurement that is based on the national supply plan as outlined in the quantification exercise. The country office orders commodities through the Access RH mechanism of UNFPA's Procurement Services branch, which handles relations with suppliers who then ship products to the country. The country office as consignee works with the relevant MOH division to facilitate product clearing and delivery to the appropriate warehouse. Figure 19 provides a graphical summary of the process.

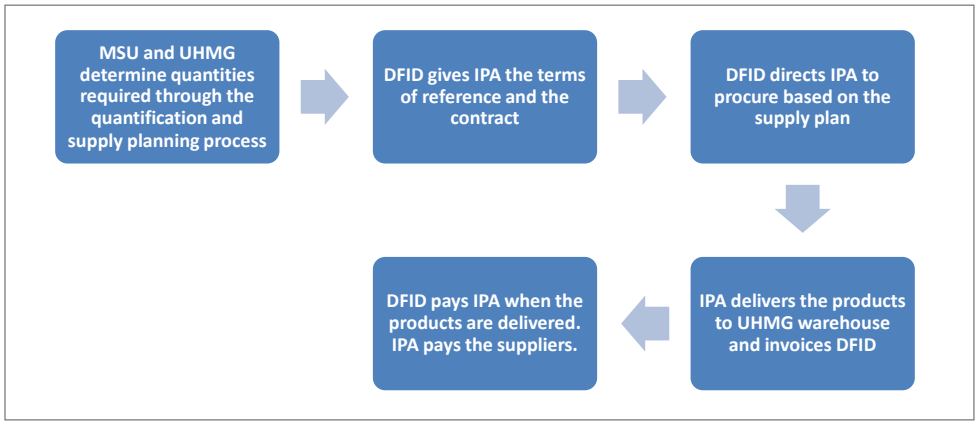
Figure 19. UNFPA Financing Processes



DFID Process for Assistance to the Private Sector

DFID finances the procurement of some of the commodities destined for private non-profit organizations. such as Marie Stopes Uganda (MSU) and UHMG (Table 12, Appendix E). These organizations communicate to DFID the required quantities for procurement, which are based on the quantification and supply planning process. DFID provides its international procurement agent, IPA, with terms of reference and a contract to purchase the commodities. Procurements above a certain limit go through IPA. IPA takes care of delivery of products to the appropriate warehouse (MSU or UHMG). DFID then pays IPA, which in turn pays the suppliers. Figure 20 illustrates the process.

Figure 20. DFID Financing Process

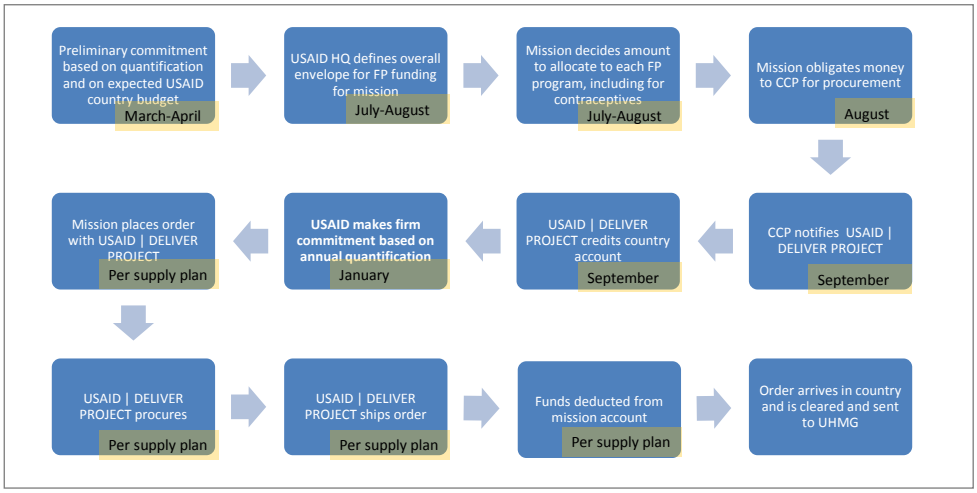


USAID In-Kind Financing

USAID finances and procures contraceptives through a process that involves the Uganda country mission, USAID headquarters, and its procurement agent, the USAID | DELIVER PROJECT (Table 13). By March/April, the USAID country mission is able to make a preliminary commitment

that is based on expected USAID country budgets. Once USAID headquarters defines the overall envelope for family planning funding for each country, the Uganda mission makes a final decision on how much money to allocate to contraceptives. Then it formally obligates the money to USAID's Central Contraceptive Procurement (CCP) division, USAID's mechanism for missions to purchase high-quality contraceptives, condoms, and other essential public health supplies. CCP then notifies the USAID | DELIVER PROJECT, which credits the procurement account for Uganda. At this point, the Uganda mission can make a firm commitment on spending for the coming year and can feed this information into the quantification and/or supply planning process that takes place in December and January. When the Uganda mission places an order, the USAID | DELIVER PROJECT then draws on this account to procure and ship the required commodities according to the country's supply plan. When commodities arrive in-country, they are cleared and sent to the NMS or UHMG warehouse for storage and eventual distribution. Figure 21 illustrates USAID's funding process.

Figure 21. USAID Financing Process



Recommendations and Conclusion

The team presented preliminary results of the exercise to the Family Planning Technical Working Group, with a focus on interpreting the financing analyses for advocacy purposes. A future meeting of the working group will discuss the findings on funding processes in more depth with a focus on identifying advocacy entry points. Incorporating feedback from the technical working group, the Tracking Team made the following recommendations for improving tracking, addressing data gaps, and using the information gathered during the exercise.

Recommendations for Improving Tracking

From an analysis of current tracking efforts described in the *Findings* section above, the Tracking Team developed an action plan to improve RH commodity security through tracking (table 6). The team presented this action plan at the dissemination workshop, and the Family Planning Technical Working Group adopted the plan. Highlights of the plan's recommendations include the following:

- Broadening the scope of current tracking efforts beyond the current focus on tracking shipments to include tracking of budgeted funds and expenditures;
- Tracking family planning (commodities as a subset of the RH commodities currently being tracked;
- Beginning with the 2013 quantification, expanding tracking of financing to include sources outside the current quantification and supply planning exercise— for example, international sources that fund some of the NGO commodity purchases;
- Following up on the initial mapping of the financing process to identify advocacy entry points;
- Modifying the monthly stock status report format to also include detailed pipeline information on shipments and deliveries;
- Carrying out quarterly analyses of requirements, commitments, and spending;
- Preparing and disseminating an annual summary report of the analyses; and
- Formalizing the role of the Tracking Team with specific terms of reference and broadening the group to include representatives of civil society.

The Action Plan lays out a specific timeline and responsibilities for each main activity, with the bulk of the tasks assigned to the Tracking Team.

Table 6. Action Plan to Improve RH Commodity Security Through Tracking

Tracking Area	Current Status	Recommendations for Improving Tracking	Time Frame	Responsibility
Objective of tracking	Focused on tracking stock status, supply plan, and individual shipments	Broaden scope of tracking to include financing (budgeting and release of funds)	Immediate	Tracking Team
Definition of commodities tracked	Contraceptives + four other selected RH commodities (Mama kits, misoprostol, gynecological gloves, MVA kits)	Track family planning commodities as a subset of the RH commodities being tracked	Immediate	Tracking Team
Mapping the financing players and decision-makers	Already includes the majority of players	Broaden to include financing outside the current quantification and supply planning exercise	Starting with 2013 quantification and supply planning	Tracking Team, collaboration with NGOs and private for profit sector involved (PACE, MSU, UHMG, etc.)
Mapping financing and procurement processes	Information documented for some sources, but not others Details of processes not widely understood by all stakeholders.	1. Explicitly map all financing processes, identify advocacy entry points, disseminate information widely among stakeholders 2. Follow up note 1 above with advocacy planning meeting 3. Review and document changes 4. Map new, emerging processes, as appropriate	Ongoing; complete by October 31, 2012 November 2012 Annually As needed	PPD ARO, POPSEC, USAID | DELIVER PROJECT Tracking Team PPD ARO, POPSEC, USAID | DELIVER PROJECT, Tracking Team Tracking Team Tracking Team
Data collection	1. Doing well on tracking stock status, supply plan, and individual shipments 2. Some data not available officially from NMS but indicative figures obtained through PPD ARO consultant	Modify stock status report format to also include detailed pipeline information on shipments and delivery Improve forecast of requirements for other selected non-contraceptive RH	Immediate Starting with 2013 quantification and supply	Pharmacy Division Tracking Team

Tracking Area	Current Status	Recommendations for Improving Tracking	Time Frame	Responsibility
	3. No comprehensive quantification for other selected RH commodities being tracked	commodities as a means to improving supply planning	planning	
Analyses	Tracking stock status and supply plan and updating monthly Supply plan reviewed quarterly and disseminated with minimal analyses	Carry out regular analyses of requirements, commitments, and spending as per format provided	Quarterly updates	Tracking Team
Dissemination and use of information	Current information disseminated through Family Planning and RHCS Working Group summary posted on MOH website and shared with the Medicines Procurement and ManagementTWG & Maternal and Child Health TWG	Prepare and disseminate annual summary reports	Annual	Tracking Team
Tracking team composition	Unofficial team formed of development partners (UNFPA, USAID, DFID); warehouses (NMS, UHMG); MOH (Pharmacy Division, RH Division) Team responsible for reporting to the Family Planning/RHCS Working Group, which is a formal structure of the MOH	1. Formalize the team with a specific terms of reference/ standard operating procedures 2. Include civil society groups	Immediate	Tracking Team

Recommendations to Address Data Gaps

The Tracking Team made the following recommendations to address data gaps it identified during the exercise:

Modify the monthly stock status report format to also include detailed pipeline information on shipments and delivery. The Pharmacy Division of the MOH requires this monthly report on key commodities from all national warehouses, which includes the NMS and UHMG. A simple modification of the form to add information on shipments would enhance tracking efforts while placing a minimal additional administrative and managerial burden on national procurement and warehousing agencies.

Improve forecast of requirements for other selected non-contraceptive RH commodities. As noted, no formal quantification is done currently for the non-contraceptive items being tracked, including Mama kits, MVA equipment, misoprostol, and gynecological gloves. A formal quantification, in addition to improving supply planning, would contribute to a more meaningful analysis of spending in relation to commitments and requirements and improve advocacy for resource mobilization.

Modify the spreadsheet currently used to track shipments. The MOH RH Division maintains existing commodity supply plans on spreadsheets that already provide much of the raw data needed for the tracking and subsequent analyses. Enhancements to these spreadsheets will facilitate the analyses defined by the Tracking Team, which will allow the RHCS coordinator to continue to do real-time tracking of supplies while automatically updating the financing analyses, tables, and graphs.

Complete the mapping of finance processes. The preliminary effort to map the financing process of the main funding sources will require additional effort to improve the information on processes and continually keep it up to date. The Tracking Team will also need to fill in missing information on some of the other key funders that were not included in the initial mapping effort undertaken during the September exercise. In particular, these funders include the Global Fund for AIDS, TB, and Malaria in its funding for condoms for human immunodeficiency virus and sexually transmitted infection prevention and the process by which donor funding for health sector budget support contributes to RH commodity purchases.

Recommendations for Enhancing the Use of the Tracking Information

The presentation of the preliminary results of the exercise to the Family Planning Technical Working Group generated a variety of recommendations for using the tracking information, particularly for advocacy. Recommendations include the following:

Keep the focus on the ultimate goal. The ultimate goal of tracking is to increase the availability of key RH commodities to improve the health and well-being of Ugandan men, women, and children. The Tracking Team should work closely with advocates to explain the link between tracking results and improved commodity security and better health and well-being.

Keep it simple for advocacy purposes. The Tracking Team should also work closely with advocates to ensure the generation of simple and easy-to-understand analyses.

Tie the process mapping to the tracking of funds/shipments. Stakeholders also noted that the detailed information on financing processes—of the government as well as the principal external sources of funding—will provide greater knowledge of where, to whom, and when to advocate to ensure a

smooth and adequate flow of funds. This information can be tapped to help ensure that the funding processes are moving smoothly.

Feed the tracking results into other national tracking exercises. Another useful exercise would be to compare tracking analyses to the results of the recent national health accounts RH subaccounts exercise, completed for fiscal year 2010.

Disseminate the tracking data. The dissemination of the data is expected to lead finance sources and agents to participate more in providing their data on commitments and spending. With more data included and updated in the supply plan, the supply plan will better reflect the actual situation and tracking it will be more beneficial.

Conclusion

Uganda is not alone in its efforts to improve tracking of finances for RH commodities and on health more broadly. In fact, a number of efforts are currently under way to help countries better track health expenditures. These include ongoing national health accounts and RH subaccount exercises (including the recent exercise carried out in Uganda); measurements of how well countries and donors are adhering to commitments made at the July 2012 Family Planning Summit; and work supported by groups such as Advance Family Planning, Population Action International, and the International Planned Parenthood Federation. Because of this high level of global effort, many people outside of Uganda will be interested in learning more about the experience in Uganda and the lessons learned during this exercise. The experience allowed stakeholders to see the broad financing picture over time. It made clear that with some added enhancements, such as the mapping of financing processes, tracking can become a more useful tool for information sharing and advocacy.

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Appendix A

Members of the Tracking Team

The following individuals participated in a Tracking Team meeting and/or interviewed others about process mapping.

Name	Organization	E-mail
Zainab Akol	MOH	akolzainabdr@yahoo.co.uk
Rachel Apio	UHMG	rapio@uhmg.org
David Bagonza	SURE	dbagonza@sure.ug
Charity Birungi	PPD ARO	cbirungi@ppdsec.org
Tusingwire Collins	MOH RH Division	drtusingwire@yahoo.com
Beth Frederick	Advance Family Planning	bfredric@jhuccp.org
Albert Kalangwa	UNFPA, seconded to MOH RH Division	albertkalangwa@gmail.com
Betty Kyaddondo	Population Secretariat (PopSec)	Bettykyad@gmail.com
Winnie Kyokunda	PopSec	winnie.kyokunda@popsec.org
Abdelylah Lakssir	PPD ARO	alakssir@ppdsec.org
Jotham Musinguzi	PPD ARO	jmusinguzi@ppdsec.org
Moses Muwonge	AFP consultant	drmuwonge@gmail.com
Hasifa Naluyiga	RHU	hnaluyiga@rhu.or.ug
Grace Namata Sagi	DFID	g-Namata@dfid.gov.uk
Diana Nambatya	PPD ARO	dnambatya@ppdsec.org
Martin Oteba	MOH Pharmacy Division	orukan33@gmail.com
James Rosen (short-term technical assistance consultant)	USAID | DELIVER PROJECT	jrosen@jsi.com
Suzy Sacher (short-term technical assistance consultant)	USAID | DELIVER PROJECT	ssacher@jsi.com
Morries Sem	MOH Pharmacy Division	semumorris@gmail.com

Appendix B

Interviewees

The Tracking Team interviewed the following people.

Name	Organization	E-mail
Cleophas Amanyire	MSU	Amanyire.cleophas@mariestopes.or.ug
Samuel Baale	DSW	samuelb@dswuganda.org.ug
David Bagonza	SURE	dbagonza@sure.ug
Dorothy Balaba	PACE	dbalaba@pace.org.ug
John Cooper	MSU	
Beth Frederick	Advance Family Planning	bfredric@jhuccp.org
Peter Ibembe	RHU	Pibembe@rhu.or.ug
Albert Kalangwa	UNFPA, seconded to MOH RH Division	albertkalangwa@gmail.com
Moses Kamabare	NMS	mtkam@nms.go.ug
James Kotzsch	DSW	jamesk@dswuganda.org.ug
Juliet Kyokuhaire	MOFPED	
Robinah Lukwago	DFID	r-lukwago@dfid.gov.uk
Henry Semwanga Lule	PACE	hsemwanga@pace.org.ug
Herbert Mona	DSW	herbertm@dswuganda.org.ug
Patricia Mucheri	FHI360	pwamala@fhi360.org
Moses Muwonge	AFP consultant	drmuwonge@gmail.com
Hasifa Naluyiga	RHU	hnaluyiga@rhu.or.ug
Grace Namata Sagi	DFID	g-Namata@dfid.gov.uk
Brenda Nantumbwe	MOFPED	brenda.nantumbwe@finance.go.ug
Ismail Ndifuna	UNFPA	ndifuna@unfpa.org
John Kokas Omiat	Ministry of Health, Health Systems Strengthening Project	omiatjohn@hotmail.com
Valerie ("Val") Remedios	SURE consultant	valremedios@gmail.com
David Serubiri	RHU	davidserubiri@rhu.or.ug
Birna Trap	SURE	btrap@sure.ug

Appendix C

Dissemination Workshop Attendees

The following people attended the dissemination workshop.

Name	Organization	E-mail
Pamela Achii	SURE, seconded to MOH Pharmacy Division	pachii@sure.ug
Rachel Apio	UHMG	rapio@uhmg.org
David Bagonza	SURE	dbagonza@sure.ug
Dorothy Balaba	PACE	dbalaba@pace.org.ug
Achar Cerino	MOH RH Division	achar@unfpa.org
Jackson Chekweko	RHU	jchekweko@rhu.or.ug
Tusingwire Collins	MOH RH Division	drtusingwire@yahoo.com
Peter Ibembe	RHU	Pibembe@rhu.or.ug
Albert Kalangwa	UNFPA, seconded to MOH RH Division	albertkalangwa@gmail.com
Uhuru Killion	STRIDES	kuhuru@msh.org
Betty Kyaddondo	Population Secretariat (PopSec)	Bettykyad@gmail.com
Winnie Kyokunda	PopSec	winnie.kyokunda@popsec.org
Abdelylah Lakssir	PPD ARO	alakssir@ppdsec.org
Patricia Mucheri	FHI360	pwamala@fhi360.org
Patrick Mugirwa	PPD ARO	pmugirwa@ppdsec.org
Rose Mukisa	EngenderHealth	rmukisa@engederhealth.org
Jotham Musinguzi	PPD ARO	jmusinguzi@ppdsec.org
Grace Nagendi	Pathfinder	gnagendi@pathfinder.org
Suzan Nakawunde	USAID	snakawunde@usaid.gov
Victoria Nakiganda	SURE	vnakiganda@msh.org
Hasifa Naluyiga	RHU	hnaluyiga@rhu.or.ug
Clive Ogallo	FHI360	cogallo@fhi360.org
James Rosen (short-term technical assistance consultant)	USAID | DELIVER PROJECT	jrosen@jsi.com
Suzy Sacher (short-term technical assistance consultant)	USAID | DELIVER PROJECT	ssacher@jsi.com
David Serubiri	RHU	davidserubiri@rhu.or.ug
Anne Alan Sizomu	DSW	annes@dswuganda.org.ug

Appendix D

Agenda for Dissemination Workshop

Agenda
Workshop to Discuss Tracking of Financing for Reproductive Health Commodities
Thursday, September 20, 2012
Sheraton Kampala Hotel
2:00 – 5:00 p.m.

Purpose and Objectives

1. Review tracking efforts to date and introduce the current tracking exercise.
2. Present tracking data and interpret what they mean for RH commodity security.
3. Present a proposed follow-up action plan to improve tracking and use of the tracking data.

Time	Activity	Responsibility
1.30 – 2.00 p.m.	Registration	Winnie Kyokunda/Charity Birungi
2.00 – 2.20 p.m.	Welcome Remarks by RH Division, Ministry of Health	Collins Tusingwire
2.20 – 2.40 p.m.	Overview of tracking efforts to date and background on the current exercise	Betty Kyaddondo, Population Secretariat
2.40 – 3.30 p.m.	Presentation of the tracking data and what they mean for RH commodity security	James Rosen and Suzy Sacher USAID | DELIVER PROJECT
3.30 – 3.50 p.m.	Presentation of the proposed follow-up action plan to improve tracking, dissemination and use of the tracking data	Albert Kalangwa Ministry of Health/UNFPA

3.50 – 4.30 p.m.	Adoption of the proposed action plan	All
4.30 – 5.00 p.m.	Coffee Break	

Appendix E

Process Mapping Tables

Table 7. Defining Commodity Requirements and Initiating Financing

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. Quantification is conducted to determine required procurement quantities and cost	MOH RH Division and partners	Consensus decision on forecast and procurement requirements	Head of quantification, MOH	December	Formal quantification for contraceptives only; no formal quantification currently for other RH commodities
2. Reproductive health commodity security committee discusses financing needs and available funding by source	RHCS Committee	Formal meeting of committee to discuss, and to obtain, preliminary commitments from sources	Members of the RHCS Committee	Mid-December to early January	
3. Each funding source makes hard commitment	Each main funding source	Variable depending on the source	Variable depending on the funding source	Usually within one month after the discussion of financing needs	
4. Each source follows its own financing and spending process	Variable depending on the funding source	Variable depending on the funding source	Variable depending on the funding source	Variable depending on the funding source	

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
5. A quarterly review is performed of supply plan and adjustments made as needed	MOH RH Division and partners	Consensus decision based on supply situation	RHCS coordinator, MOH and funding source representatives	Quarterly (March, June, September, December)	

Table 8. Vote 116 Process to Finance RH Commodities with Government Internally Generated Funds

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. MOFPED sets preliminary budgets for ministries, including NMS via Vote 116	MOFPED, including MOFPED Health Desk in Budget Office	Overall for health sector, then for each vote, including Vote 116	Health Desk Officer, MOFPED	October	Overall ceilings provided based on three-year rolling MTEF
2. Budget Working Group for health sector meets to decide how to allocate among program areas	MOH Planning Department (Secretariat) and Budget Working Group for health sector	Chaired by the Permanent Secretary (PS) MOH; all budget stakeholders involved in meeting and agreeing on priorities and any adjustments to be made to preliminary budget numbers Budget for RH based partly on the family planning quantification/supply planning.	PS, MOH	November-February	Participation in the budget working group has not been as strong as desirable; participation from stakeholders in the health sector has been minimal. (By contrast, in the education sector every program officer advocates for his or her area, and they decide together what to increase or decrease in the budget.)
3. MOH submits budget framework paper				Mid-February	Broad but shows priorities

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
4. MOFPED consolidates all budgets, submits to cabinet				Mid-March	
5. Cabinet provides input and submits to Parliament, after getting details from all the votes, including Vote 116 (regarding NMS)	Cabinet			April	
6. Parliament gives comments to MOFPED	Health Committee of Parliament			Mid-May	
7. MOFPED incorporates comments from Parliament, resubmits budget to Parliament	MOFPED			June 15	
8. MOH submits Ministerial Policy Statement to Parliament	MOH Planning Office			by June 30	Reports value of NMS procurements through end of March and planned amount of procurement for upcoming fiscal year. MOH submits to defend the budget for the following year.

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
9. Parliament approves final budget	Full Parliament			September 30	Negotiations, lobbying, and advocacy are conducted to set final budget figures.
10. 1st quarterly release of funds is made to NMS	MOFPED			October 15	Funds typically cover first 30% of projected spending.
11. 2nd quarterly release of funds is made to NMS	MOFPED			January 15	Amount released may be less than budgeted if there is an overall GOU budget shortfall.
12. 3rd quarterly release of funds is made to NMS	MOFPED			April 15	Amount released may be less than budgeted if there is an overall GOU budget shortfall.
13. 4th quarterly release of funds is made to NMS	MOFPED			July 15	Amount released may be less than budgeted if there is an overall GOU budget shortfall.

Table 9. NMS Procurement Process

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. GOU commits to financing of commodities based on procurement requirements	FP Technical Working Group, MOH RH Division, donor community			Usually within one month after the discussion of financing needs (around January)	Based on overall RH budget (defined in Vote 116) and quantification for FY. GOU preference is to focus on a few, high-demand commodities, which currently include injectable contraceptives, implants, and Mama kits.
2. NMS develops procurement plan based on aggregated health facility needs	NMS Procurement Division	NMS develops procurement plan by aggregating individual facility ordering plans in consultation with District Health Officers		Before fiscal year starts	
3. NMS prioritizes procurements based on funds available			General Manager	Before fiscal year starts (and again if there are funding shortfalls)	Within the RH budget, NMS prioritizes family planning commodities (injectables and implants). If money remains, NMS spends the balance on non-contraceptive RH commodities (Mama kits, etc.).
4. Using Vote 116 funds released by MOFPED, NMS procures via	NMS Procurement Division			Per supply plan	MissionPharma is NMS supplier for generic injectables.

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
framework contract					
5. Product is shipped and arrives in country and is cleared by NMS				Variable depending on shipment	
6. MOFPED reviews and approves					
7. Supplier paid after approval					If there is a MOFPED funding release shortfall, supplier is paid in the next fiscal year.
8. MOFPED pays NMS service fees after review and approval	MOFPED				

Table 10. Procurement via World Bank Loan Funds

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. World Bank draws up MOU with NMS for procurement, customs clearing, storage, and distribution	Health Systems Strengthening Project Unit, MOH		Bank Task Team Leader		Original loan is between World Bank and MOFPED, but it is released to the MOH because they are the implementing partner.
2. RH division of MOH submits procurement requirements	RH Division, MOH; Health Systems Strengthening Project Unit, MOH			Usually within one month after the discussion of financing needs (around January)	
3. World Bank instructs NMS on what to procure	Health Systems Strengthening Project Unit, MOH				Two procurements over the life of the project, with quarterly deliveries. First tender opened on Aug. 19, 2012. 18 month contract. Contract process for second procurement to start in September 2013 for 2014-15 period, also of about 18 months.
4. NMS initiates procurement process	NMS Procurement Unit				
5. World Bank approves advertising of tender	Bank Task Team Leader		Bank Task Team Leader		

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
6. NMS proceeds with tender through evaluation report	NMS Procurement Unit				
7. World Bank approves evaluation report	Bank Task Team leader			Two weeks to one month after report	If report is okay, no more than two weeks for approval from the bank. If not, will have to have a back-and-forth exchange, which can take up to a month.
8. Contract is signed with supplier and approved by solicitor general	MOH			Two weeks to one month to sign the contract	Has to be approved by solicitor general. (For anything more than 50 million shillings this is a requirement, since this is government money.)
9. MOH pays supplier	MOH	MOH makes three payments to the supplier directly from the Bank of Uganda project account: (1) advance payment guarantee per supplier certificate, (2) on receipt of shipping documents, (3) upon delivery.	Permanent Secretary, MOH, to approve payment	Varies depending on the procurement	
10. Supplier ships product, and it arrives	Supplier			Varies depending on the procurement	

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
11. NMS clears, stores, and distributes product	NMS			Soon after product arrives	Storage and distribution also through UHMG
12. MOH pays NMS fee	Health Systems Strengthening Project unit, MOH	Paid from project account		Soon after product cleared	Project pays NMS 10% of value (for procurement, National Drug Authority inspection/verification, clearing, distribution, storage, etc.).

Table 11. UNFPA In-Kind Financing

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. UNFPA sets 5-year country program in concert with GOU	UNFPA country office; MOH; UNFPA HQ	Collaborative discussion	UNFPA Country Director	Every five years	Country program aligned with national development plan, which sets contraceptive prevalence rate target
2. UNFPA country office budgets yearly based on preliminary figure from Global Program allocation and mobilization of resources directly to the country office from other sources	UNFPA RH Unit	Based on the 5-year country program ceiling, yearly drawdown	RH Team Leader	October	
3. UNFPA HQ approves yearly budget	UNFPA HQ			December	
4. UNFPA pledges commits funding based on country requirements as determined by the quantification and its available budget	UNFPA RH Unit		RH Team Leader	January 15	

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
5. UNFPA signs a letter of understanding with MOH			UNFPA Country Director; UNFPA RH Team Leader		This marks the formal commitment.
6.UNFPA procures based on national supply plan and product arrives in-country	UNFPA RH Team Leader			Based on supply plan	
7. UNFPA places order via Access RH	UNFPA RH Team Leader			Based on supply plan	
8. Product shipped and arrives in country	UNFPA Procurement Services Branch			Lead times vary depending on product	
9. UNFPA works with MOH and local partners to clear commodities from port	UNFPA country office MOH NMS, UHMG, or other local warehousing group			Clearing usually takes 2 weeks	UNFPA is consignee. UNFPA passes shipping documents to MOH. MOH works with NMS, UHMG, or other local partner to clear and deliver to warehouse

Table 12. DFID Process for Procuring for the Private Sector

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. MSU and UHMG determine quantities required through the quantification and supply planning process					MSU and UHMG follow national quantification and supply planning process.
2. DFID gives its procurement agent (IPA) the terms of reference and the contract					Contract is from DFID headquarters.
3. DFID directs IPA to procure based on the supply plan					The procurement agent for the country is sourced from the DFID headquarters. All DFID procurements above a certain limit have to go through this procurement agent.
4. IPA delivers the products to UHMG warehouse and invoices DFID					

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
5. DFID pays IPA when the products are delivered, and IPA pays the suppliers					

Table 13. USAID In-Kind Financing

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
1. Preliminary commitment based on quantification and on expected USAID country budget	Health team at Uganda Mission			March-April	
2. USAID HQ defines overall envelope for family planning funding for mission	USAID Office of Population			July-August	
3. Mission decides final amount to allocate to each family planning program, including for contraceptives	Health team at Uganda Mission			July-August	
4. Mission obligates money to CCP for procurement	Health team at Uganda Mission			August	
5. CCP notifies USAID | DELIVER PROJECT	USAID HQ			September	

Step in Process	Organizations or Units Involved	How Decision Is Made	Individual Decision-makers or Implementers	Timing of Decision	Comments
6. USAID | DELIVER PROJECT credits country account	USAID | DELIVER PROJECT			September	
7. USAID makes firm commitment based on annual quantification	Health team at Uganda Mission			January	
8. Mission places order with USAID | DELIVER PROJECT	Health team at Uganda Mission			Per supply plan	
9. USAID | DELIVER PROJECT procures commodities	USAID | DELIVER PROJECT procures			Per supply plan	
10. USAID | DELIVER PROJECT ships order	USAID | DELIVER PROJECT procures			Per supply plan	
11. Funds deducted from mission account	USAID | DELIVER PROJECT procures			Per supply plan	
12. Order arrives in country and is cleared and sent to UHMG				Per supply plan	

Appendix F

Selected Analysis Tables

Procurement Requirement Data

Table 14. FY 2010/2011 Requirements (in USD)

Government	Voluntary	Total
$9,668,555	$6,104,445	$15,773,001

Table 15. FY 2011/2012 Requirements (in USD)

Government	Voluntary	Total
$12,261,029	$8,783,618	$21,044,647

Table 16. FY 2012/2013 Requirements (in USD)

Government	Voluntary	Total
$14,142,080	$9,979,394	$24,121,475

Commitment Data

Table 17. FY 2010/2011 Commitments (in USD)

Source	Scheme						
	Govern-ment	Voluntary					Total
	MOH	PACE	MSU	UHMG social marketing	NGO other	Total voluntary	Grand total by source
Public							
Internally generated funds	$360,678	$0	$0	$0	$0	***$0***	**$360,678**
World Bank loan	$0	$0	$0	$0	$0	***$0***	**$0**
Foreign							
USAID in-kind	$4,285,862	$0	$0	$4,137,723	$370,902	***$4,508,625***	**$8,794,487**
UNFPA in-kind	$1,149,353	$0	$383,234	$0	$0	***$383,234***	**$1,532,587**
Global Fund in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
DFID in-kind	$3,737,932	$0	$0	$0	$0	***$0***	**$3,737,932**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$65,989	$68,753	$0	$0	***$134,742***	**$134,742**
Grand total by scheme	**$9,533,825**	**$65,989**	**$451,987**	**$4,137,723**	**$370,902**	***$5,026,601***	**$14,560,426**

Table 18. FY 2011/2012 Commitments (in USD)

Source	Scheme						
	Govern-ment	Voluntary					Total
	MOH	PACE	MSU	UHMG social marketing	NGO other	Total voluntary	Grand total by source
Public							
Internally generated funds	$5,028,330	$0	$0	$0	$0	***$0***	**$5,028,330**
World Bank loan	$3,540,749	$0	$0	$0	$0	***$0***	**$3,540,749**
Foreign							
USAID in-kind	$34,020	$0	$825,300	$5,133,194	$58,321	***$6,016,815***	**$6,050,835**
UNFPA in-kind	$700,321	$0	$0	$0	$4,788,258	***$4,788,258***	**$5,488,579**
Global Fund in-kind	$0	$0	$0	$0	$376,625	***$376,625***	**$376,625**
DFID in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$237,757	$0	$0	$0	***$237,757***	**$237,757**
Unknown							
NMS transfer (unknown source)	$0	$0	$20,163	$550,200	$1,108,065	***$1,678,429***	**$1,678,429**
Grand total by scheme	**$9,303,420**	**$237,757**	**$845,463**	**$5,683,394**	**$6,331,270**	***$13,097,884***	**$22,401,305**

Table 19. FY 2012/2013 Commitments (in USD)

Source	Scheme						
	Govern-ment	Voluntary					Total
	MOH	PACE	MSU	UHMG social marketing	NGO other	Total voluntary	Grand total by source
Public							
Internally generated funds	$3,371,531	$0	$0	$0	$0	***$0***	**$3,371,531**
World Bank loan	$8,463,073	$0	$0	$0	$0	***$0***	**$8,463,073**
Foreign							
USAID in-kind	$0	$0	$831,313	$5,013,878	$3,076,404	***$8,921,595***	**$8,921,595**
UNFPA in-kind	$9,211	$0	$0	$0	$3,984,880	***$3,984,880***	**$3,994,091**
Global Fund in-kind	$2,431,884	$0	$0	$903,900	$0	***$903,900***	**$3,335,784**
DFID in-kind	$0	$0	$3,973,328	$309,881	$0	***$4,283,208***	**$4,283,208**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
Grand total by scheme	**$14,275,700**	**$0**	**$4,804,641**	**$6,227,659**	**$7,061,284**	***$18,093,583***	**$32,369,283**

Spending Data

Table 20. FY 2010/2011 Spending (in USD)

Source	Scheme						
	Govern-ment	**Voluntary**					**Total**
	MOH	PACE	MSU	UHMG social marketing	NGO other	**Total voluntary**	**Grand total by source**
Public							
Internally generated funds	$417,277	$0	$0	$0	$0	***$0***	**$417,277**
World Bank loan	$0	$0	$0	$0	$0	***$0***	**$0**
Foreign							
USAID in-kind	$4,316,145	$0	$0	$4,137,723	$370,902	***$4,508,625***	**$8,824,770**
UNFPA in-kind	$968,977	$0	$383,234	$0	$0	***$383,234***	**$1,352,211**
Global Fund in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
DFID in-kind	$3,737,932	$0	$0	$0	$0	***$0***	**$3,737,932**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$65,989	$68,753	$0	$0	***$134,742***	**$134,742**
Grand total by scheme	**$9,440,331**	**$65,989**	**$451,987**	**$4,137,723**	**$370,902**	***$5,026,601***	**$14,466,932**

Table 21. FY 2011/2012 Spending (in USD)

Source	Scheme						
	Govern-ment	Voluntary					Total
	MOH	PACE	MSU	UHMG social marketing	NGO other	Total voluntary	Grand total by source
Public							
Internally generated funds	$2,244,135	$0	$0	$0	$0	***$0***	**$2,244,135**
World Bank loan	$0	$0	$0	$0	$0	***$0***	**$0**
Foreign							
USAID in-kind	$518,603	$0	$825,300	$3,937,704	$9,904	***$4,772,907***	**$5,291,510**
UNFPA in-kind	$4,194,798	$0	$0	$0	$3,325,482	***$3,325,482***	**$7,520,280**
Global Fund in-kind	$376,625	$0	$0	$0	$149,144	***$149,144***	**$525,769**
DFID in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$237,757	$0	$0	$0	***$237,757***	**$237,757**
Unknown							
NMS transfer (unknown source)	$0	$0	$20,163	$550,200	$1,103,055	***$1,673,418***	**$1,673,418**
Grand total by scheme	**$7,334,161**	**$237,757**	**$845,463**	**$4,487,904**	**$4,587,584**	***$10,158,708***	**$17,492,869**

Table 22. FY 2012/2013 Spending (in USD)

Source	Scheme						
	Govern-ment	Voluntary					Total
	MOH	PACE	MSU	UHMG social marketing	NGO other	Total voluntary	Grand total by source
Public							
Internally generated funds	$0	$0	$0	$0	$0	***$0***	**$0**
World Bank loan	$0	$0	$0	$0	$0	***$0***	**$0**
Foreign							
USAID in-kind	$586,094	$0	$0	$0	$1,282,752	***$1,282,752***	**$1,868,846**
UNFPA in-kind	$1,555,467	$0	$0	$0	$1,738,177	***$1,738,177***	**$3,293,644**
Global Fund in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
DFID in-kind	$0	$0	$1,549,913	$117,900	$0	***$1,667,813***	**$1,667,813**
IPPF in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
PSI in-kind	$0	$0	$0	$0	$0	***$0***	**$0**
Grand total by scheme	**$2,141,561**	**$0**	**$1,549,913**	**$117,900**	**$3,020,929**	***$4,688,743***	**$6,830,304**

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John Snow, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: askdeliver@jsi.com

Internet: deliver.jsi.com