IMPLEMENTATION LETTER NO. 8

# TO ESTABLISH AN AGREEMENT TO STRENGTHEN GOVERNANCE SYSTEMS AND STRUCTURES TO IMPROVE THE ACCOUNTABILITY AND TRANSPARENCY OF THE REPRODUCTIVE AND CHILD HEALTH DIVISIONS OF THE MINISTRY OF HEALTH AND THE HEALTH COMMODITIES SUPPLY CHAIN SYSTEM FOR FAMILY PLANNING AND MATERNAL CHILD HEALTH SERVICES.

BETWEEN

THE GOVERNMENT OF THE REPUBLIC OF UGANDA

AND

THE GOVERNMENT OF THE UNITED STATES OF AMERICA

USAID
FROM THE AMERICAN PEOPLE

FOR GOD AND MY COUNTRY

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Minister
Ministry Ministry of Finance, Planning and Economic Development
Kampala, Uganda

Hon. Jane Ruth Aceng
Minister
Ministry of Health
Kampala, Uganda

Hon. Tom Butime
Minister
Ministry of Local Government
Kampala, Uganda

Hon. Janat Mukwaya
Minister
Ministry of Gender, Labor and Social Development
Kampala, Uganda

Mr. Moses Kamabare
General Manager
National Medical Stores
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**SUBJECT: IMPLEMENTATION LETTER No. 8 TO ESTABLISH AN AGREEMENT TO STRENGTHEN GOVERNANCE SYSTEMS AND STRUCTURES TO IMPROVE THE ACCOUNTABILITY AND TRANSPARENCY OF THE REPRODUCTIVE AND CHILD HEALTH DIVISIONS OF THE MINISTRY OF HEALTH AND THE HEALTH COMMODITIES SUPPLY CHAIN SYSTEM FOR FAMILY PLANNING AND MATERNAL CHILD HEALTH SERVICES.**

Dear Honorable Ministers Matia Kasaija, Jane Ruth Aceng, Tom Butime, Mary Karooro Okurut, and Moses Kamabare, National Medical Stores Managing Director,

This Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) Implementation Letter (IL) No. 8 is issued in accordance with the terms of the Development Objective Assistance Agreement for Improved Health and Nutrition Status in Focus Areas and Population Groups, signed by the Government of the Republic of Uganda (GoU) and the Government of the United States of America (USG), acting through the United States Agency for International Development (USAID), on September 29, 2011, as amended, as well as the Development Objective Grant Agreement between the Government of the United States of America and the Government of the Republic of Uganda to Accelerate Inclusive Education, Health, and Economic Development through Uganda's Systems, signed on June 25, 2018 (the DOAGs). All terms applicable in the DOAGs are applicable to this IL, including provisions

which exempt taxation on any goods and services provided herein, and all voluntary family planning provisions set forth at Section F.2 of Annex 2 to both DOAGs.

## I. Purpose

The purpose of this IL No. 8 (RMNCAH), between the GoU, through the Ministry of Finance, Planning and Economic Development (MoFPED), and the USG, through USAID, with the concurrence of the Office of the Prime Minister (OPM), the Ministry of Health (MoH), Ministry of Local Government (MoLG), Ministry of Labor, Gender and Social Development (MLGSD), and the National Medical Stores (NMS) (each a "Party" and collectively the "Parties"), is to establish an agreement between the Parties to address policy issues, and strengthen systems and structures that will improve reproductive, maternal, newborn, and child health in Uganda.

This IL describes respective roles, responsibilities, and planned undertakings that each Party will assume towards the achievement of this purpose, subject to the availability of funds, and in accordance with the laws and regulations of each Party. This IL is not an obligation of funds and does not amend any existing agreements between the Parties or between a Party and any third parties. The Parties agree to work to improve national and district level coordination, policy, accountability and transparency of programs, leadership and governance, supply chain management, and data utilization. The roles of each Party are specified below.

Additionally, the Parties will aim to work with other development partners that support RMNCAH, including DFID, World Bank, UNICEF, and UNFPA, to ensure that Uganda benefits from assistance that will strengthen the transparency, effectiveness and accountability of policies, systems, and structures to improve national reproductive health, family planning, and maternal, neonatal, adolescent and child health programs in Uganda.

## II. Transparency and Accountability for Results and Resources

### A. FAMILY PLANNING

Despite, the fact that Uganda's family planning (FP) program has made significant progress in increasing access to and use of family planning services, the total fertility, and teenage pregnancy rates remain amongst the highest globally. Clearly, we still have a tall and uphill task, as many women and families would like to delay, space, or limit their childbearing but are not using FP.

The Government of Uganda developed the Uganda Family Planning Costed Implementation Plan, 2015–2020 (FP-CIP), which, if financed, will help realize our goals of reducing unmet need for family planning to 10 percent and increasing the modern contraceptive prevalence rate amongst married and women in union to 50 percent by 2020.

This IL aims to:

1. Monitor, strengthen and coordinate FP resource mobilization from both development partners and Government including fulfillment of $5 million annual commitment for

FP commodities and supplies as specified in the "FP2020 commitments" of the London FP summit of 2012 and 2017 .

2. Operationalize the Family Planning- Costed Implementation Plan (FP-CIP).

3. Provide a supportive environment for provision of age-appropriate information and services to adolescents and young people.

**USAID will, at the national level:**

1. Provide technical assistance in reviewing and updating reproductive health/FP policies, guidelines and standards including those related to FP task shifting and adolescent health.
2. Support the MoH and implementing partners to conceptualize, develop appropriate community tools and health communication messages to address social cultural barriers and enhance positive FP behavior change especially among adolescents and young people.
3. Support MoH, Department of Reproductive and Child Health, to closely work with the Planning Department Sector Budget Working Group at the MoH to advocate for increased FP funding.
4. Closely work together with other development partners like DFID, to support the MoH through the Reproductive Health (RH)/ Child Health & Adolescent and School Health divisions, to functionalize the FP-CIP coordination structure both within the MoH and in other sectors.
5. Support MoH, Department of Reproductive and Child Health, to identify and map the Total Fertility Rate "hot spots" in the country with the aim of directing resources to districts and sub counties with critical need.

**USAID will, at the district level:**

1. Support enhancing the capacity of health workers at both the facility and community level to increase provision of contraceptives including long acting and reversible contraceptives (LARCs), permanent methods (PM) and immediate postpartum FP.
2. Support different FP service delivery models including routine integrated or stand alone service provision in the public and private sector, outreach, social franchising and voucher programs.
3. Leverage other resources and platforms (e.g., PEPFAR, Economic Growth, Orphans and Vulnerable Children (OVC)) as opportunities to increase comprehensive FP knowledge and uptake of services especially among adolescents and young people.
4. Work with the district health offices to orient health workers in the provision of adolescent health services.
5. Provide technical assistance to districts to include FP budget in the district development plans and implement a multisectoral approach to address the social and other determinants that promote or hinder positive behavior change to reduce the Total Fertility Rate (TFR).
6. Support districts to scale up evidence-based community approaches to enhance community dialogue with the aim of addressing social cultural barriers to FP uptake.

**GoU will through:**

**MoH:**

1. Provide oversight to effectively and efficiently implement the Family Planning Costed Implementation Plan (FP-CIP). Specifically, through the Department of RH/Child health and, Adolescent and School Health Divisions the MoH will:
    a. Manage, coordinate, and monitor implementation of the FP-CIP to ensure attainment of performance targets by a wide range of national and international stakeholders;
    b. Mobilize, monitor, and ensure efficient use of resources;
    c. Formulate and implement enabling policies, laws, and regulations;
    d. Set guidelines and standards for programme and service delivery.
2. Budget for and engage the MoFPED to allocate $5 million as per the FP2020 commitments, and mobilize additional funds from domestic resources for procurement and distribution of a range of FP supplies and RH commodities.
3. Set standards and quality assurance including FP training curriculum for Family Planning provision at all levels.
4. Lead in finalization of the Sexual and Reproductive Health (SRH) and adolescent health guidelines for implementation.
5. Engage the Office of the Prime Minister to convene the multi-sectoral national steering and coordination committee supported by the National Population Council (NPC).
6. Functionalize the Family Planning Technical Working Group (TWG), to enhance coordination and harmonization of FP programming.
7. Maintain through the Pharmacy Department of Quantification and Procurement Planning Unit (QPPU) and the RH/Child Health Division, an updated and accurate FP forecast and supply plan including a proposal for the process by which MoH will introduce new FP methods and phase out of old FP methods to limit wastage and ensure coverage.
8. Support the continuous availability of a variety of FP commodities at all public and private health facilities to provide a broad contraceptive method mix.
9. Strengthen supportive supervision and training of FP providers at public facilities.
10. Take leadership and oversight in the implementation of the LARC and PM strategy to ensure a wide coverage.
11. Work closely with MoES to revise pre-service training of health providers to incorporate service delivery demands, including for task-sharing of LARCS/PMs (as indicated in the HRH IL No. 6).

**MoFPED:**

1. Fulfill the National and international family planning financial commitments to ensure adequate funding for method mix of family planning products
2. In its role of coordinating, implementation of the National Development Plan, the MoFPED will mobilize and allocate optimal levels of resources towards the FP-CIP.
3. Through National Planning Authority (NPA) MoFPED will support and institutionalize FP as a key development intervention to harness the demographic dividend to achieve Vision 2040.

4. Ensure that the relevant institutions of government and relevant non-state actors develop family planning and health indicators consistent with the FP-CIP.
5. MoFPED through the National Population Council (NPC) will:
    a. Collaborate with the MoH to coordinate implementation of the FP-CIP, with an objective of improving the policy environment for FP/RH.
    b. Promote the integration of population variables into development policies, plans, and programmes, promote capacity development at national, sectoral, district and lower levels,
    c. Support the District Planning Units (DPUs) to allocate resources for implementation of the FP-CIP.

**MoLG:**

1. Monitor District Local Governments (DLGs) to ensure they include family planning into district planning and budgeting processes, and oversee DLG implementation of plans.
2. Ensure that family planning budgets from the district and sub county local governments are included in the annual budget requests to the Medium Term Expenditure Framework.

**B. MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (MNCAH)**

While Uganda has made significant gains in reducing maternal and child mortality, maternal mortality is still high and neonatal mortality has remained relatively unchanged. Adolescent pregnancy rates have also remained high. Low public expenditure on MNCH is likely to hamper any substantial transformation in the health of women and children. There is need to coordinate activities among the different stakeholders and increase financing. Strong leadership and management at both national and district levels, is essential to realize the successful implementation of the key initiatives. Uganda has committed to including the MNCH quality of care, results based financing, Maternal and Perinatal Death Surveillance and Response (MPDSR) all of which are critical for delivering Uganda's Reproductive, Maternal, Newborn, Child, Adolescent Health Sharpened Plan (RMNCAH Sharpened Plan).

This IL aims to:

- Align Maternal Child Health (MCH)-related programs towards achieving results set out in the Uganda RMNCAH Sharpened Plan.
- Strengthen the capacity of managers and service providers for MNCH.
- Enhance partnership between USAID supported programs and Uganda Reproductive Maternal And Child Health Services Improvement Project, including scale up of Results Based Financing.
- Scale up innovations and best practices like Saving Mothers Giving Life (SMGL) throughout the country.

**USAID will:**

1. Support implementing partners to align activities to contribute to the RMNCAH Sharpened Plan through:
    a) Roll out MNCH quality of care initiative;
    b) Implement Maternal and Perinatal Death Surveillance and Response (MPDSR);

c) Health systems strengthening for RMNCAH;
d) Technical assistance for districts and facilities to utilize Results Based Financing (RBF).

2. Support MoH annual RMNCAH Assembly to enhance accountability for results.
3. Provide technical assistance for monitoring and learning on RBF.
4. Contribute to annual resource tracking.
5. Provide technical assistance for the implementation of MNCH related quality of care at Quality Assurance Improvement Department (QAID) to implement the national QI framework and strategic plan.
6. Provide technical assistance and capacity building towards the implementation of results based financing for improved outcomes
7. Support the review of the referral and ambulance system to inform its improvement (as indicated in the Accountability IL )

**GoU will through:**

**MoH:**

1. Lead joint planning and performance review of MNCH.
2. Facilitate the scale up of community health programing by supporting the technical MNCH component and supporting innovations like population area catchment planning to reach every household.
3. Disseminate relevant maternal, newborn, immunization and child health strategies, standards and guidelines.
4. Spearhead the development of kangaroo mother care and 3 levels of newborn care within the infrastructure planning.
5. Ensure quality assurance and standards relating to maternal, newborn, immunization and child health services are developed and disseminated.
6. Harmonize and update the MNCH standards and assessment tools.
7. Support the implementation of result based financing.
8. Conduct annual national health sub account reviews.
9. Conduct/update and disseminate annual resource tracking report.
10. Build capacity to utilize data generated from surveillance systems (coordinate with Uganda Bureau of Statistics [UBOS] to review household and panel survey results and develop epidemiological profiles for the districts).

**MoLG:**

1. Ensure that the implementation of the RMNCAH Sharpened Plan is cascaded into the district planning process.
2. Ensure that the districts include MNCH within the district and sub county local governments' annual budget requests to the Medium Term Expenditure Framework.
3. Monitor and oversee the implementation of district plans.
4. Ensure that all lessons as well as policy changes are cascaded and incorporated within the district planning process.

## III. Strengthened Leadership and Governance at all Levels

### A. FAMILY PLANNING

Clear leadership, responsibility and authority are essential for repositioning family planning in the multisectoral environment. Current bottlenecks in supervision, monitoring, and coordination include limited staffing resources at the national and district levels. The reproductive health (RH)/ child health and adolescent and school health divisions require visibility within other sector ministries to carry out the responsibility of mainstreaming FP activities in a multisectoral environment.

This IL aims to:

- Address key health staffing and capacity issues within the reproductive health (RH)/ child health and adolescent and school health divisions
- Strengthen staff capacity in the reproductive health (RH)/ child health and adolescent and school health divisions to improve supervision, monitoring and coordination of national and district level family planning programs.
- Improve cross sectoral/ministerial and MoH inter-departmental collaboration to enhance FP programs and policies.

**USAID will:**

1. Support MoH to fill staffing levels within the reproductive and child health divisions in order to improve leadership capacity for effective FP Strategic visioning, stakeholder coordination and communication.
2. Continue to provide technical assistance to strengthen the capacity of the MoH Department of Reproductive and Child Health, and the Pharmacy Department, including embedding / seconding advisors within the RH and Pharmacy department. This support could be in areas of quality assurance and data management.
3. Build capacity of the RH/Child Health, Adolescent Health Division and district local governments to utilize data for evidence-based programming and strategic decision-making and resource mobilization.

**GoU will through:**

**MoH:**

1. Develop an annual human resources for health (HRH) recruitment plan and review as indicated in the HRH IL.
2. Recruit staff to fill current vacancies in the reproductive and child health division to comply with the new MoH staffing structure, ensuring that FP is well catered for, to help enhance FP programming.
3. Engage with the Office of the Prime Minister to convene the national steering and coordination committee that is a multi-sector partnership platform chaired by the OPM and supported by NPC to facilitate coordination amongst cross-sectoral stakeholders.
4. Ensure that the RH/Child Health Division is effectively represented at the monthly Commodity Security Group meetings.
5. Take leadership in the finalization and approval of the SRH guidelines and the adolescent health strategy.

6. Through the Adolescent and School Health Division enhance the collaboration with the MoES to roll out the sexual and reproductive health framework.
7. Work with the Department of Health Information to generate, provide and use available data and special surveys to inform program, policy and budgeting decisions.
8. Through the RH/Child Health, Adolescent and School Health Divisions, work closely with Quality Assurance and Inspection (QA/QI) to ensure quality improvement for FP, e.g., FP counselling, FP provision at Postnatal Care ( PNC) is enhanced.

**MoFPED:**

1. Through NPC provide support to OPM and MoH to operationalize the Multi-sectoral FP-CIP Steering Committee.

## B. MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

Strong leadership and management is essential for successful implementation of health programs. Strengthening MoH capacity through its Department of RH/Child Health to facilitate alignment of donors and partners behind the MoH RMNCAH Sharpened Plan is critical.

This IL aims to:

- Improve staffing levels at MoH to improve leadership capacity.
- Build capacity of managers to steward all stakeholders towards the RMNCAH Sharpened Plan results.
- Support implementation of adolescent girl framework through establishing an adolescent health unit at the MoH.

**USAID will:**

1. Provide technical assistance and capacity building for staff within MoH (department of reproductive and child health, adolescent and school health) divisions through training and twinning embedded staff.
2. Provide capacity building for MoH maternal newborn and child health related staff in the areas of governance, leadership and management.
3. Support the utilization of data for evidence-based programming, strategic decision making and resource mobilization through streamlining, harmonizing and updating existing dashboards.
4. Facilitate the re-positioning of the MCH Cluster technical working group (TWG) to become more strategic and provide oversight to all technical subcommittee and working groups that contribute to improved MCH outcomes..
5. Facilitate the capacity building of Assistant District Health Officers (DHO) in MCH governance, leadership, and program management to improve and coordinate the maternal newborn, child health and immunization services in the districts.
6. Facilitate national, regional, and district performance reviews, planning, and budgeting for MNCH activities.
7. Support advocacy activities at national and lower levels for the improvement of maternal, newborn, immunization, and other child health services.

**GoU will through:**

**MoH:**

1. Facilitate and lead stakeholder engagement on implementing the Quality of Care (QoC) guidelines for maternal, newborn and child health.
2. Facilitate the national, regional and district review and response to maternal and perinatal and child deaths to inform advocacy and capacity building.
3. Facilitate the roll out and periodic review of birth and death registration linked to the health facilities in collaboration with Uganda's National Identification and Registration Authority (NIRA).
4. Facilitate the review of progress through the integrated platforms for related health areas including nutrition, HIV/AIDS, TB, Malaria, and non-communicable diseases.
5. Contribute to the annual Human Resources for Health (HRH) recruitment plan and performance review for midwives and other critical cadres like anesthetists as per the HRH IL.
6. Review the performance and structure of subcommittees that feed into the MCH Cluster TWG, including for example, Emergency Obstetric Care (EmOC), newborn, Sexual Gender Based Violence (SGBV), Integrated Management of Child Illnesses (IMCI), and Malaria in Pregnancy (MIP), by reviewing progress towards the countdown to desired results.
7. Utilize data and evidence to contribute to annual planning and budgeting guidelines for the sector especially for the commodities and supplies.
8. Support performance review, planning, and budgeting at regional and district levels.
9. Engage with parliamentarian committees and groups to advocate for RMNCAH.

**MoLG:**

1. Appropriately staff the Department of Reproductive and Child Health and related departments as indicated in the HRH IL.
2. Develop comprehensive work plans and budgets including MNCH interventions.
3. Coordinate and conduct MNCH periodic program reviews.
4. Support capacity building through training, supervision, and mentorship for facilities
5. Conduct community feedback meetings (including, for example, by utilizing a community score card, and other citizen engagement activities that include parliamentarians).
6. Enhance the multi-sectoral platform for district quarterly reviews.

## IV. Procurement and Supply Chain Management

All Parties agree to work together to strengthen the National Medical Stores (NMS) and the Alternative Distribution System (ADS) to perform their functions to ensure the availability of high quality family planning commodities/supplies and RMNCAH essential medicines for the benefit of the Ugandan population. This focus area is cross referenced with the supply chain IL No. 3.

## A. FAMILY PLANNING

Maintaining a robust and reliable supply of contraceptive commodities and supplies to meet clients' needs, prevent stock-outs, and ensure contraceptive security is a priority for the program to achieve its goal. There is need to ensure that contraceptive commodities and supplies are adequate and available to offer method choice and meet the needs of FP clients.

This IL aims to:

- Maintain adequate stock levels of FP commodities and supplies including LARCs at the national, district, and facility levels to secure the availability of method mix and choice.
- Enhance collaboration between the RH/Child health and Adolescent and School Health divisions, Pharmacy Division, NMS, and ADS to ensure that FP commodities correlate with facility need, and can be readily redistributed, as necessary, to allow for transfers intra-district and within regional levels.
- Enhance coordination and harmonization of FP procurement plans of the different partners to ensure effective quantification (forecasting and supply/procurement planning) of medicines and health supplies to reduce both stock-outs and expiries of FP and essential RMNACH medicines.
- Advocate for increased domestic resources for the procurement of FP commodities and supplies.

**USAID will:**

1. Provide the necessary support to the national supply chain system as indicated in the Supply Chain IL No.3.
2. Support the MoH Pharmacy Department and Department of RH/Child Health to forecast and plan for appropriate family planning methods including LARCS/PMs to ensure FP contraceptive method mix and to improve supply chain systems.
3. Support MoH and MoLG to build capacity at the district level facilities and community distributors to ensure accurate and timely reporting and ordering of essential RMNCAH commodities including use of the relevant supply chain tools (including, for example, through dispensing logs, registers, and stock cards)
4. Support MoH to improve transparency and accountability for family planning, and maternal and child health services through establishing electronic Logistics Management Systems for family planning and essential medicines.
5. Support MoH to facilitate the transfer and redistribution of FP and MNCH commodities between district hospitals and facilities to minimize stock outs and expiries.
6. Provide technical assistance to JMS, the medical bureaus and to PNFP facilities to increase transparency, accountability, accessibility, of FP methods in the PNFP sector.
7. Participate in policy dialogues to improve overall supply chain for FP commodities and supplies.

**GoU will through:**

**MoH:**

1. Provide NMS with policy and logistic guidance to procure, warehouse and distribute FP commodities throughout the country to ensure the availability of a broad contraceptive method mix.
2. Provide guidance and tools to enable districts to maintain appropriate inventory stock levels (between minimum and maximum) at all levels of FP service delivery.
3. RH/Child Health Division will work closely with the Pharmacy Department to ensure that all national forecasts are accurate and that supply and procurement plans are adjusted as needed.
4. Ensure accountability for receipt, inventory, warehousing, and utilization at all public and private health facilities and at the community level including regular supply of the required supply chain tools (stock cards, dispensing logs, registers).
5. Improve the national Health Management Information System (HMIS) for accurate and timely reporting of FP commodity utilization by both public and private sector facilities.
6. Participate and provide guidance at the monthly Commodity Security Group meetings.
7. The MoH Pharmacy Department and the Department of RH/Child Health will work closely with the Alternative Distribution System (ADS) Warehouse and the NMS to ensure a harmonized supply chain system to support both the public and private sector.
8. National Drug Authority: Reference ILNo. 3: In accordance with the terms of the DOAG and the Economic, Technical and Related Assistance Agreement between the United States Government and the Government of the Republic of Uganda, dated December 11, 1971, ensure the expeditious and tax free verification and release of USAID-funded FP and other MNCH commodities, subject to the letter dated October 4, 2016, from the MoH Permanent Secretary to NDA, the NDA will ensure:
    a. The quality, safety, and efficacy of contraceptive commodities by regulating their production, importation, distribution, and use.
    b. That the national list of essential drugs features an adequate mix of priority contraceptive products according to the established needs of the population, as detailed in the FP-CIP.

**MoFPED:**

1. Provide NMS with timely access to funding needed to procure, warehouse and distribute FP commodities and RMNCAH essential medicines.

**NMS:**

1. Procure, store, and distribute medicines and medical supplies to Ugandan public and private health facilities. Specifically, NMS will ensure that procurement, distribution, and warehousing systems for contraceptives and other reproductive health commodities are effective and efficient to foster reproductive health commodity security at all levels of health care.
2. Closely work with the MoH Pharmacy Division to ensure the proper forecasting, ordering, and distribution of FP commodities

3. Participate in supply chain meetings, forecasting and quantification exercises in order to regularly update MoH and USAID on national FP commodity stock status, procurement plans, and recommendations for actions to be taken to avoid both stock-outages and expiries.
4. Adhere to MoH guidelines and supply plans and satisfy health facility procurement annual plans.

## B. MATERNAL, NEWBORN, CHILD HEALTH (MNCH)

Supply chain is a key bottleneck for service delivery. Health facilities still face overstocks and stock-outs of the same commodities. Several barriers along the supply chain for MNCH commodities still exist requiring a concerted effort to improve efficiency and minimize waste.

This IL aims to:

1. Improve quantification, forecasting and ordering at community, facility, warehouse, and national levels to improve efficiency in commodity distribution and use.
2. Establish functional Medicines Therapeutic Assistance Committees (MTAC) at the district level.
3. Review supply plans and consumption trends along bi-monthly stock status reports to take action on identified challenges, including for example overstock or stock-outs .
4. Review the national forecasting plan and its assumptions for RMNCAH commodities annually.
5. Improve cold chain management and use of vaccines and related cold chain medicines to minimize waste through improved monitoring and reporting.

**USAID will:**

1. Provide technical assistance to the Pharmacy Department, the warehouses, districts, and facilities to scale up pharmaceutical financial management to improve reporting, quantification and ordering of the MNCH commodities.
2. Support MoH to analyze and utilize data from the pharmaceutical information portal for improved forecasting and ordering at district level.
3. Support the districts' Medicine Therapeutic Assistance Committees (MTAC) to provide oversight through supporting district medicine planning and budgeting, mentorship for health workers, and reviewing performance of medicine supply and redistribution processes.
4. Participate in policy dialogues with government entities like MoH and MoFPED to improve overall supply chain for MNCH commodities and supplies.
5. Provide TA for the review, streamlining, and scale up of cold chain management for non-vaccine products requiring cold chain in collaboration with Uganda National Expanded Program on Immunisation (UNEPI) and related departments

**The GoU will through:**

**MoH:**

1. Establish annual forecasting and supplies planning for maternal and newborn commodities and supplies with MNCH program stakeholders.

2. Coordinate the regular and timely review of consumption trends based on bi-monthly stock status reports to proactively prevent stock out or expiries.
3. Review the annual drugs and supplies national forecasting plan and its assumptions for RMNCAH commodities annually to adjust the annual procurement process according to emerging trends.
4. Lead the review data from cold chain management of non-vaccine related cold chain medicines to minimize wastage in collaboration with UNEPI and related departments.

**MoLG:**

1. Provide oversight for accountability of medicines and their use at the district level.
2. Supervise the districts as they implement the supply chain management within their district plans to reduce stock out and expiries.

## V. Enhance Monitoring and Learning Systems and Platforms

### A. FAMILY PLANNING

Measuring performance against set targets in the FP-CIP is crucial to generating essential information to guide strategic investments and operational planning. Monitoring and evaluation of the FP-CIP will rely on various systems and data sources (routine and periodic), supported and maintained by numerous stakeholders. While service utilization data will be collected through the HMIS, and Performance Monitoring and Accountability (PMA) 2020 initiatives, an online performance monitoring system needs to be established.

The IL aims to:

1. Ensure capacity of the RH/Child Health and Health Information Management Division to collect, report, analyze, and use FP/RH data for strategic decision making, advocacy, planning and programming.
2. Improve reliability and availability of quality FP data (national, facility, and community level) in the National Health Information System.
3. Strengthen structures for oversight, coordination and utilization of data for evidence based family planning programming and policies.

**USAID will:**

1. Provide technical support to the Division of Health Information (DHI), data clerks biostaticians, and other relevant health workers at the district and health facilities to improve FP data reporting and transmission, and the availability of quality and reliable FP data; and its use for evidence-based programming.
2. Support the MoH and district stakeholders to use the data and information from the TFR "hot spot mapping" exercise for decision making and FP programming
3. Provide technical assistance to conduct analyses with the aim of diagnosing specific key drivers to high fertility and low Modern Contraceptive Prevalence Rate (mCPR) especially among adolescents in targeted areas.
4. Support districts' scale up High Impact FP practices at the district and community levels'.
5. Support the establishment of a web-based performance monitoring database designed to track FP- CIP resource expenditures, performance and financial commitments.

6. Collaborate with DHI to continuously improve the National Health Information System (NHIS) with a joint objective of increasing reliability and adequacy of FP data (at the national, facility and community levels) and making the data more accessible. MoH and USAID collaboration in NHIS will focus on the following areas:
    a. Collect facility (both public and private sector) and community-level data (HMIS 097) that is responsive to strategic and programmatic information needs; build and sustain skills for data processing; facilitate and coordinate validation of data; perform basic and rigorous data analysis; support data use. USAID's contribution will be to provide technical assistance and limited in kind support for availing HMIS tools.
    b. Provide management and logistical assistance to roll out a current HMIS tools.
    c. Strengthen governance and management capacity of MoH/ DHI to:
        i. play an oversight and coordination role.
        ii. develop, roll out and monitor implementation of policies, standards and guidelines for paper-based HMIS, e-HMIS, electronic Medical Record (EMR) System and other e-Health initiatives.

**GoU will through:**

**MoH:**

1. Use essential information to guide strategic investments and operational planning by coordinating and utilizing the various systems and data sources (routine and periodic), supported and maintained by numerous stakeholders to measure performance against set targets in the FP-CIP.
2. Avail appropriate data capture tools at all service delivery points.
3. Support private sector entities to acquire HMIS codes to enhance their ability to report through the HMIS.
4. Coordinate, organize and support annual progress review meetings and provide an annual progress report.
5. Conduct supportive supervision and mentoring to health workers on using the HMIS, and hold them accountable for using the HMIS.
6. Revise HMIS 097 to effectively capture FP data from community health workers.
7. Put systems in place to effectively capture FP data from private sector providers.
8. Operationalize the total market approach, specifically reaching out more to the commercial sector.

## B. MATERNAL, NEWBORN, AND CHILD HEALTH (MNCH)

The health management information system (HMIS) operated using the district health information Software version 2 (DHIS2) is robust enough to generate information on morbidity and mortality trends from the large set of MNCH indicators included for weekly, monthly and quarterly reporting. However, a critical bottleneck is the weakness in quality of data, data analysis, report generation and use. The systems remain largely manual at the district and lower levels.

The IL aims to:

1. Improve data use and evidence based programming at all levels.

2. Use electronic health technologies to strengthen planning and implementation of MCH programs.
3. Improve data quality and timely reporting of MNCH data.
4. Update and strengthen the routine HMIS to be more responsive to information and evidence generation for programming at all levels.

**USAID will:**

1. Provide technical assistance to national and district health offices to improve knowledge management for MNCH. This will guide the translation and use of data for evidence based programming.
2. Facilitate the update and harmonization of existing data systems and dashboards to promote utilization of data and track progress through the same lens.
3. Facilitate the periodic review of routine data from the DHIS II system in addition to periodic data collection from assessments to generate information to inform evidence based programming and decision making.
4. Facilitate the streamlining and completion of data cleaning cycle for the districts and facilities that will lead to improved quality of routine data in addition to supporting data assessment reviews to improve the quality of data.
5. Facilitate the roll out of the electronic management system (eMR) for MNCH.
6. Support innovations to improve the gathering and use of data to more effectively implement the RMNCAH Sharpened Plan (for example, hotspot mapping to facilitate geographical sequencing).
7. Provide technical assistance for innovations to improve reporting by both the private and public sector, to provide real time information for MoH about emerging epidemics or hot spots for mortality (e.g., web enabled dissemination platforms, mobile apps).

**GoU will through:**

**MoH:**

1. Coordinate mid-term reviews of HMIS information.
2. Support capacity building for private sector providers to report on the electronic health information systems, such as, for example, streamlining access rights.
3. Supervise the districts and facilities to ensure that they have updated, appropriate tools at the service points.
4. Support the data indicator alignment, action plan, M&E framework, and data sources for MCH before the next HMIS reviews.
5. Institutionalize coordinated, periodic integrated data quality assessments and reports to generate action plans.
6. In regard to Maternal and Perinatal Death Surveillance and Reviews (MPDSR):
    a. Coordinate technical quarterly review MPDSR meetings;
    b. Plan for Quarterly response fields visits for the MPDSR; and
7. Establish a dissemination platform plan for leaders at all levels that is web enabled to provide real time information.
8. Working with the Uganda Bureau of Statistics (UBOS) will provide core demographic and health statistics crucial for monitoring and evaluating the FP-CIP. These statistics will be generated through national demographic household surveys and the census.

**MoLG:**

1. Conduct regular supervision of the districts to ensure timely and complete reporting.
2. Support the districts to analyze and utilize their data to inform district prioritization and planning.

## VI. Work Plans

Within ninety (90) days after this IL is signed, all relevant Parties, in collaboration with USAID, will complete a work plan setting forth the actions necessary to comply with the terms and conditions of this IL. The work plan will additionally set forth a framework for the management and oversight of implementing this IL; and for monitoring the Parties' progress in achieving the purposes and objectives of this IL. USAID will also include the Ministry of Health, RH/Child Health and Adolescent Health and School divisions, DHI in the annual work planning process for the USAID Regional Health Integration to Enhance Services (RHITES) programs and other FP/RH supported projects. USAID will also forward the partners quarterly and annual performance reports for review to the Ministry of Health.

To more purposefully collaborate, learn and adapt, the Parties agree that at least every six months, as part of regularly reviewing and revising the work plan, the Parties will exchange information and knowledge generated from relevant monitoring, evaluations, surveys, data collection, analyses and experience in implementation, and use that information and knowledge to inform and adapt their actions and responsibilities, which the Parties shall reflect in revisions to the work plan.

## VII. Records and Audits

The Parties shall furnish USAID with accounting records and such other information and reports relating to this IL as USAID may request. USAID retains the right to conduct a financial review, require an audit, or otherwise ensure adequate accountability of organizations expending USAID funds or commodities purchased with USG funds.

## VIII. Suspension and Termination

USAID may terminate this Implementation Letter in whole or in part, or suspend this Implementation Letter in whole or in part upon giving the Parties written notice, if an event occurs that USAID determines makes it improbable that the results of this Implementation Letter or the assistance program will be attained.

## IX. Completion Date

This IL will remain in force until December 31, 2020, unless terminated, suspended or otherwise amended by written agreement between the Parties.

## X. Amendments

This Implementation Letter may be amended or modified only by written agreement of the USAID/Uganda and the Ministry of Finance, Planning and Economic Development, with the concurrence of the responsible ministries, as applicable.

Sincerely,
Joakim Parker

Mission Director, USAID/Uganda

**Witnessed:**

Deborah R. Malac
U.S. Ambassador to Uganda

**Acknowledged and Accepted By:**

Hon. Matia Kasaija, Minister
Ministry of Finance, Planning and Economic Development

**Concurrence:**

17/07/18

Hon. Dr. Jane Ruth Aceng, Minister
Ministry of Health

24/08/18.

Hon. Tom Butime
Ministry of Local Government
Kampala, Uganda

Hon. Janat Mukwaya
Minister
Ministry of Gender, Labor and Social Development

Mr. Moses Kamabare
General Manager
National Medical Stores