



THE REPUBLIC OF UGANDA

IN THE MATTER OF THE CONSTITUTION OF THE REPUBLIC OF UGANDA AND THE  
LOCAL GOVERNMENTS ACT (CAP 243)

CONDITIONAL GRANT UTILIZATION AGREEMENT FOR FINANCIAL YEAR 2025/2026

BETWEEN

MINISTRY OF HEALTH

AND

LOCAL GOVERNMENTS.

UNDER THE HUMAN CAPITAL DEVELOPMENT PROGRAMME

**THIS Agreement** is made this 3<sup>rd</sup> day of **September 2024** between the **Ministry of Health (MoH)** of P.O. Box 7272 Kampala (hereinafter referred to as the **“First Party”**) of the one part and which expression where the context so permits shall include its assignees, representatives and anyone acting under its authority and the **Local Governments (LGs)** represented by Uganda Local Government Negotiation and Advocacy Team (UNAT) of c/o P.O. Box 23120 or P. O. Box 23092 Kampala (hereinafter referred to as the **“Second Party”**) of the other part and where the context so permits shall include its assignees, representatives and anyone acting under its authority. For purposes of this Agreement, the two shall be jointly referred to as **“the Parties”**.

**Preamble:**

Article 193(3) of the Constitution of the Republic of Uganda and Section 83(3) of the Local Governments Act Cap 243 provide “Conditional grants shall consist of monies given to LGs to finance programmes agreed upon between the Government and LGs, and shall be expended only for purposes for which it was made and in accordance with the conditions agreed upon”. The above provision requires the expenditure of the conditional grants to be based on the conditions agreed upon and this necessitates for the LGs to interface with the line ministries (Government) to agree upon programs and the conditions attached.

Pursuant to the above, the Uganda Local Governments Association (ULGA) and Urban Authorities Association of Uganda (UAAU), acting on behalf of the LGs, established the UNAT in

2004 with an aim of representing them and negotiating on their behalf with the line ministries, on programs and conditions for Conditional Grants utilization.

The negotiations were organized and chaired by the Local Government Finance Commission (LGFC). They were witnessed by the Ministry of Local Government (MoLG); Ministry of Finance, Planning and Economic Development (MoFPED); Ministry of Public Service (MoPS), the Equal Opportunities Commission (EOC), and the National Planning Authority (NPA).

**WHEREAS;**

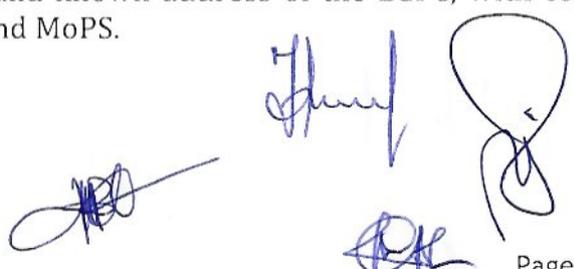
1. The MoH and its constituent Departments and Agencies has the statutory responsibility of policy, setting standards, inspection, support supervision, monitoring, regulation, coordination, mentoring and provision of technical guidance and support to LGs in the implementation of Government programs;
2. The LGs are the implementers of Government programs within their localities and jurisdiction in accordance with the Constitution of the Republic of Uganda and the Local Governments Act (Cap 243);
3. Both parties have a common objective of implementing agreed-upon programs and conditions for the expenditure of the Conditional grants;

**NOW, THEREFORE,** having deliberated, do hereby agree to work together towards achieving the above common goal, and in so doing, the Parties agree to be bound by the terms and conditions as stipulated here below.

**Agreement**

- a) The Agreement shall come into effect on the date of last endorsement of signature to this agreement and shall run during budget formulation and implementation for Financial Year (FY) 2025/2026.
- b) Modification of the terms and conditions of this Agreement shall only be made by written and signed Agreement between the Parties hereto.
- c) None of the Parties to this agreement shall be held liable on any of their obligations herein if owing to an occurrence or event beyond their control or reasonable foresight and without negligence on their part, execution of this Agreement has been rendered impossible. In such circumstances, the Parties shall mutually agree on the appropriate way forward.
- d) Failure to implement any of the provisions of this Agreement by any of the Parties shall be communicated to the affected Party by the defaulting party within two (2) months from the date of failure to implement. The notification shall clearly state the reasons for failure and shall be delivered at the duly appointed and known address of the LGFC, with copies to ULGA, UAAU, MoLG, MoFPED, NPA, OPM and MoPS.





## PURPOSE

The purpose of this agreement is to define the programs and the conditions for the expenditure of the conditional grants for the FY 2025/2026 in the Human Capital Development programme.

## Mid-term Review

The Parties shall have a Mid-term (MTR) in May 2025 to discuss the progress in implementation; highlight challenges faced and make recommendations to improve the process. This review shall be organized according to the following framework:

- 1) There shall be a Joint Technical Committee (JTC) comprising of fourteen (14) members drawn in the following ratios;
  - a) Local Government Finance Commission: 2
  - b) Uganda Local Governments Association: 2
  - c) Urban Authorities Association of Uganda: 2
  - d) Ministry of Health: 2
  - e) Office of the Prime Minister: 1
  - f) Ministry of Finance Planning and Economic Development: 1
  - g) Ministry of Local Government: 1
  - h) Ministry of Public Service: 1
  - i) National Planning Authority: 1
  - j) Equal Opportunities Commission: 1
- 2) The LGFC shall be the Chair and Secretariat of the JTC.
- 3) The JTC shall sit at least once a year in a place determined and communicated by the LGFC.
- 4) The JTC shall execute the following tasks:
  - a) Oversee implementation of the agreements and monitor the progress of either party;
  - b) Ensure that the Agreements are disseminated to all stakeholders;
  - c) Conduct a mid-term review of the implementation process so as to obtain feedback and disseminate it to the parties;
  - d) Identify the non-complying Parties and make recommendations to MoFPED, OPM and MoLG for appropriate action; and
  - e) Handle any other activity that may be agreed upon by the Parties.
- 5) The JTC members shall report to the respective Policy Organs of their Institutions.

 ON






## GENERAL OBLIGATIONS OF THE PARTIES

The Parties shall perform the services and carry out their obligations with all due diligence, efficiency, and economy.

## OBLIGATIONS OF THE MINISTRY OF HEALTH

### The Ministry shall;

- a) Prepare and disseminate the final Health sub-program grant budget and utilization guidelines for (FY 2025/2026) to LGs through circulars addressed to the Chief Administrative Officers/ Town Clerks and copied to the District Chairpersons, District Speakers, and Mayors.
- b) Include the signed agreement for the FY 2025/2026 as an annex to its Ministerial Policy Statement and provide a report to the Committee of Parliament responsible for Health, regarding the agreed positions reached with UNAT on behalf of LGs during the negotiations.
- c) Communicate through circulars addressed to the Chief Administrative Officers (CAOs) /Town Clerks (TCs), copied to the District Chairpersons/ Mayors and Speakers, the issues agreed upon in the negotiations for LGs to implement in their respective programmes and functions.
- d) Ensure timely response to issues raised by the LGs, LG Associations and LGFC.
- e) Ensure adequate involvement and participation of the Accounting Officers of LGs during her program reviews.
- f) Invite and provide a slot to the LG Associations (ULGA and UAAU) to make a presentation on the key issues affecting service delivery in Health under the HCDP during its reviews.
- g) Implement her obligations in accordance with this agreement.

## OBLIGATIONS OF THE LOCAL GOVERNMENTS

### Local Governments shall;

- a) Through their Constituent Organizations (ULGA and UAAU) disseminate the agreements to their members with support from LGFC.
- b) Implement the agreed obligations in accordance with this agreement and the guidelines issued by the MoH.
- c) Ensure timely response to issues raised by the MoH.
- d) Provide timely and accurate data on their plans, achievements and status on program implementation to the MoH.
- e) Adhere to the Health Sub-program Grant Budget and Utilization Guidelines issued by the MoH.
- f) Ensure timely submission of Monitoring and Inspection reports to the MoH.
- g) Ensure timely submission of the quarterly performance reports.



## SPECIFIC OBLIGATIONS OF THE PARTIES

### 1. Partner Distribution and Coordination

It was noted that partners in the Health Sub-sector were unevenly distributed across Local Governments (LGs), and coordination among them was inadequate. For example, there were fewer partners in the central region, while those in West Nile were mostly concentrated in refugee-hosting LGs.

LGs emphasized their preference for basket funding under the Primary Health Care (PHC) fund; however, this was not being implemented. Therefore, it is essential to review and analyze why partner resources are not pooled into the basket for equitable and transparent health financing across LGs. Additionally, it was noted that partner mapping was incomplete, with only two partners—GAVI and the Global Fund—being reported during the review meeting.

MoFPED clarified that while their role is to sign partnership agreements and release funds, it is the responsibility of the line ministries to allocate donor resources across the country.

MoH reported that they had held a Health Financing Roundtable with key stakeholders, including partners. One of the recommendations from this meeting was to explore mechanisms for establishing virtual pooling as an interim measure. They emphasized the importance of adopting a unified approach under the "One Plan, One Budget, One M&E" system to harmonize and coordinate external financing. Virtual pooling is expected to be operationalized during the National Development Plan (NDP) IV.

Despite these efforts, coordination remained poor which affected aid effectiveness and worsened inequalities in health outcomes in the impacted LGs and regions. Consequently, the OPM was tasked with addressing this issue through strategic coordination.

**It was agreed that:**

- a) MoH shall liaise with OPM to strengthen Partner coordination and distribution among LGs to enhance "basket" funding and reduce vertical projects.**
- b) OPM shall coordinate MoH, LGFC, and MoFPED on strategies for improving equity in resource distribution in development partner funding .**

### 2. The Newly Approved LG Staffing Structures

LGs highlighted the need to implement the new Health staff structure in phases, based on available wage funds. They also noted that the revised staffing structures for Municipal, City, and District Health Officers were yet to be approved and communicated.

LGs further stressed the need for the Ministry of Public Service (MoPS) to streamline the management and supervision of General Hospitals within the Department of Health of the local Governments given that LGs are constitutionally responsible for supervising general hospitals.

Concerns were also raised about conflicting actions by the MoFPED and MoPS whereby MoFPED allocated wage funds, but at the same time MoPS suspended recruitment, preventing LGs from filling vacant positions.

LGs also expressed concern about significant salary cuts for key staff such as Cold Chain Staff and Health Information Officers, whose monthly salaries had drastically decreased, leading to their demotivation.

MoPS responded that together with the Auditor General and LGs, they were in the process of harmonizing wage budgets across the country, with plans to lift the recruitment suspension upon completion of this process. MoPS explained that some salary reductions stem from the migration to the Human Capital Management Information System (HCMIS), where certain staff were placed on lower salary scales due to qualification requirements.

**It was agreed that:**

- a) MoPs and MoFPED shall coordinate on wage provisions and recruitment policies in LGs to avoid unspent balances of the wage grant.**
- b) MoH shall liaise with MoPS to review, approve, and disseminate the new staffing structure for MHO/DHOs/CHOs and shall fully abide by the Constitution and Public Service Standing Orders.**
- c) MoLG and MoPS shall liaise with the Auditor General and Head of Public Service to coordinate and communicate the appropriate setting of salaries by the new structures uploaded on the HCM.**
- d) MoPs shall review Salaries enhancement of DHOs/CHOs to be in tandem with their roles in the LG service delivery.**
- e) MoPS shall review the LGs' staffing structures to correct the distortions to enhance efficiency and effectiveness in services delivery.**

### **3. Medical Boards**

LGs expressed the need for funds to operationalize Regional Referral Hospital Medical Boards which require a minimum of UGX 6 million each per quarter. They also requested clarity on the operational procedures of these Medical Boards whose Terms of Reference (ToRs) were unknown to LGs.

MoH was urged to work with Regional Referral Hospitals (RRHs) to ensure that both the availability of the Regional Boards and their ToRs are effectively communicated to LGs, enabling them to refer cases appropriately.

It was important for Regional Referral Hospitals to include the operational costs of these boards in their budgets.

The MoH submitted that the Medical Boards convene once per quarter, and the officers who needed their services were responsible for moving to the Regional Referral Hospitals that hosted the medical boards. However, LGs noted that some of the affected officers were too sickly and, therefore, unable to travel to these hospitals.

It was agreed that:

- a) MoH shall share with the LGs the guidelines for the Medical Boards
- b) MOH shall put in place measures for serving special cases of staff that can't move to the offices of the medical board due to their health conditions.
- c) MOH shall ensure that Regional Referral Hospitals include the operational costs of the Medical Boards in their budgets.

#### 4. PHC GRANT

LGs noted that the management and coordination of health services in LGs remained severely inadequate, ranging from UGX 7 million per quarter in Moroto District Local Government to UGX 17 million per quarter in Nakaseke District. These amounts were too insufficient to support the necessary functions, with the basic minimum requirement estimated to be UGX 25 million per quarter.

Similarly, funding to Private Not-For-Profit (PNFP) facilities remained grossly inadequate, ranging from UGX 40 million to UGX 65 million per quarter. In addition, certain PNFP hospitals, such as those in Maracha, Matany, and Kiwoko experienced budget cuts.

LGs expressed concern that overall funding had been decreasing, though there was an improvement in funding for Health Centers (HC) II, III, and IV under government control.

MoH reported that the allocation formula had been revised to include performance-based financing for HC III and HC IV, with resource distribution depending on facility performance. They noted that both fixed and variable allocations had been provided, the latter based on performance.

LGs raised concerns that the UGX 200 million for fixed allocation under the Regional Referral Framework (RRF), UGX 100 million for PNFPs without regional hospitals, and UGX 50 million for PNFPs with regional hospitals were insufficient.

A discussion was held on whether the allocation of resources should be based on catchment population and hospital output. It was agreed that this decision should be informed by statistical analysis. MoH was tasked with considering weighted parameters in the allocation criteria to ensure that all factors are adequately addressed.

It was agreed that:

- a) MoH shall adjust the allocation formula to ensure that high-performing hospitals get an increase in funding.
- b) MOH shall consider the catchment population and the output of the Hospitals in the allocation formula.
- c) MOH shall increase the fixed costs allocation up to UGX 300m for Government hospitals, UGX 150m for PNFP in Districts without a Government Hospital, and UGX 100M for PNFP Hospitals in Districts with a Government Hospital and the balance be allocated based on catchment and outputs.
- d) MoFPED shall make the adjustments of the allocation formula in the OTIMS.

## 5. Solid Waste Management

LGs noted the need to allocate funds to Town Councils, Cities, and Municipal Councils under the respective LGs to cater for critical urban services such as solid waste management, human excreta management, mortuaries, cemetery services, and incinerators. Beyond regular cleaning, there was need for sustainable waste management practices and community sensitization on proper waste management, such as sorting. Special consideration was requested for districts located along highways to have mortuary services.

Urban LGs continued to face challenges with specific services, particularly waste management. It was suggested that a nationally managed waste management plan be developed, starting with a national feasibility study on waste management.

MoH reported that they were in the process of developing an Urban Health Strategy to guide planning and resource allocation for urban health services. The construction and equipping of four regional incinerators, located in Kampala Capital City Authority (KCCA) (Mukono), Mbarara, Lira, and Gulu was ongoing with funding from the Global Fund. These incinerators are expected to be completed by September 2024.

According to the Local Governments Act CAP 243, solid waste management and the management of city mortuaries are the responsibility of urban authorities, not the Ministry of Health. These are considered social services funded through local revenue. The management of human excreta in urban authorities is under the mandate of the National Water and Sewerage Corporation (NWSC).

MoH, in collaboration with the Office of the Prime Minister (OPM), is working on establishing national cleaning days to raise awareness about waste management and emphasize its importance as a national concern.

LGs also highlighted the need to plan for mortuary services at Health Center III (HC III) and Health Center IV (HC IV) facilities as they develop infrastructure. MOH noted that Public-private partnerships with already established institutions are being considered to address the issue of mortuary services and technical drawings for HC IV facilities now include provisions for mortuaries.

**It was agreed that:**

- a) **MOH shall expedite the development of an Urban Health Strategy showing which health facilities need mortuaries by the end of FY 2025-26.**
- b) **MOH shall consult the LGs in the development of the draft Urban Health strategy and share it with the LGs for review.**

## 6. National Health Insurance

LGs requested the fast-tracking of the National Health Insurance Scheme (NHIS), noting that the completion of this bill would provide additional resources for LG health financing.

MOH reported that the draft NHIS bill was submitted to the Cabinet Secretariat in February 2024 and is awaiting presentation. The bill is included in the government's legislative agenda for FY 2024/25, as submitted by the Prime Minister to Parliament. The Office of the Prime Minister was tasked with following up on the bill.

**It was agreed that OPM shall follow up with the Chief Whip's office and provide an update by the midterm review.**

## **7. Sector Conditional Grant Wage**

LGs emphasized the need to functionalize the new staffing structures in a phased manner based on the availability of wage funds, to ensure that LGs without substantive Heads of Departments (HODs) are adequately supported. However, LGs expressed concern that the central government was increasingly taking over their recruitment roles without addressing the underlying issues behind their difficulties in attracting staff.

MoH reported that a joint meeting was held with MoLG, the MoPS, and the Health Service Commission to request a waiver for recruitment in those LGs facing challenges. However, MOPS recommended that such matters would be handled on a case-by-case basis.

Although the recruitment ban was lifted in April 2024, additional wage funds have been provided for the operationalization of upgraded facilities. Recruitment will follow after the rationalization of government enterprises.

LGs will conduct wage analyses and, where possible, undertake recruitment processes once the ongoing staff validation process by the Auditor General is completed.

**It was agreed that:**

- a) LGs that lack District Health Officers shall advertise and recruit them.**
- b) MOH shall investigate the reasons for the failure of some LGs to recruit staff where wage is available.**

## **8. Health Management Information System**

LGs were requested to conduct capacity building on the use of the Electronic Logistics Management Information System (ELMIS) and to ensure the completeness of Medicines and Health Supplies data in the Health Management Information System (HMIS) Form 105.

LGs reported significant improvements in reporting completeness; however, their effectiveness is hindered by a lack of ICT equipment (computers) and data. The Ministry of Health (MoH) noted that 63 LGs did not provide progress reports on the health facility quality care assessment. It was agreed that the list of these LGs should be provided to the UNAT team for follow-up.

MoH reported that only LGs supported by partners submitted reports. The Health Facility Quality of Care Assessment, conducted quarterly at all health facilities by LGs is critical and cannot be solely delegated to partners.

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LGs reported that this undertaking is constrained by limited financing and, therefore, operational funds should be enhanced to cover these costs.

MOH noted that officers should carry out this function at government rates which are within the government budget, to supervise and ensure that high-quality services are provided. MoH also emphasized that while limited funding is a challenge, the allocation of development resources was dependent on the LGPA results, hence resource allocation will continue to increase for the best-performing LGs.

It was a challenge for LGs with staffing challenges to perform well.

**It was agreed that:**

- a) **LGs shall conduct Health Facility Quality of Care Assessments quarterly in all Health Facilities.**
- b) **MoH shall provide to UNAT and LGFC a list of the LGs that did not submit facility quality care assessment reports**
- c) **UNAT shall follow up with non-compliant LGs once the list is shared.**

## **9. Capital Development**

LGs highlighted the need to increase the Primary Health Care (PHC) Development Grant for capital developments to address major projects such as staff housing and wards. Capital grants have continued to decrease each fiscal year, for example, from 78 million UGX in 2022/23 to 30 million UGX in 2024/25 in Moroto District Local Government (DLD), and from 317 million UGX in 2022/23 to 108 million UGX in Maracha DLD in 2024/25.

LGS noted excessive delay by the UPDF Brigade in taking over construction sites. Additionally, the ad hoc development formula lacks clarity regarding its application, communication of its destination, and usage.

MoH requested that LGs first absorb the funds that have already been provided by completing existing facilities before requesting additional resources. MoH reported that the ad hoc formula is intended to handle emerging situations and address presidential directives but does not have a specific formula for its application.

It was recommended that 20% of the development grant be allocated for equipment, particularly for significant hospital items.

Regarding the establishment of private wings in hospitals, MoH still has the old guidelines that were developed in 2010. These guidelines are currently being updated and piloted, after which they will be shared with LGs.

**It was agreed that:**

- a) **LGs shall complete and operationalize the existing facilities in time as they await the coming of new funds.**
- b) **MOH shall guide LGs on establishment of the private wings in District Hospitals**

## 10. Medicine Supply

LGs reported challenges in the supply of medicines during FY 2022/23 and FY 2023/24. Deliveries were delayed, and they requested timely improvements, including the distribution of all undistributed medicines from the last two cycles in addition to the current or scheduled supply.

NMS is responsible for medicine delivery but continues to experience delays. These delays, along with challenges in accessing funds on time, were discussed with MoFPED and solutions reached.

Questions were raised regarding the criteria for accessing medicines and the malaria vaccines. It was reported that all undistributed medicines for Health Centers II and III were delivered during the final cycle of FY 2023/24. Health Centre IVs were allowed to make supplementary orders during the same fiscal year to cover their arrears, while General Hospitals were instructed to place supplementary orders in the first cycle of FY 2024/25 to address their outstanding needs.

MoH announced that malaria vaccinations are expected this year to help address the high disease burden. Additionally, it was reported that fishing communities lacked access to condoms.

LGs further noted that at times they have medicines that remain unused, while other local governments experience shortages of the same medicines. However, they currently lack a way to inform the NMS about these surpluses.

There is a need to create a platform where surplus medicines can be reported. If one LG has excess stock that isn't being utilized, the surplus can be flagged and redirected to areas where it is needed most

**It was agreed that MoH shall liaise with NMS and develop a system for LGS where they can report unutilized medicines to NMS.**

## 11. Upgrade of HC IVs to Hospitals

LGs noted that MoH had committed to upgrading HC IV facilities to community hospitals in LGs that lack general hospitals, so they could provide hospital-level services in their respective areas. LGs sought clarification on the difference between a community hospital and a general hospital, as well as the requirements for converting an HC IV into a hospital.

Some LGs reported that certain HC IVs are serving larger populations than nearby general hospitals. They requested the MoH to establish specific targets for HC IVs, so that once they meet these targets, they could be upgraded to hospitals.

It was reported that the Bukedi sub-region was the only region without a regional referral hospital.

MoH reported that, the President communicated that HC IV facilities should be transitioned to community hospitals to serve populations of approximately 150,000 people. This transition

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would involve increasing the number of doctors to five and expanding the bed capacity from 24 to 60 beds for a community hospital.

The MoH acknowledged that some HC IV facilities already meet the criteria for community hospitals and agreed to explore other areas for investment and upgrades. Eventually, these facilities would be further upgraded to general hospitals.

Additionally, Bukedi sub-region has been identified for the establishment of a regional referral hospital. Other regions in need of second referral hospitals will be addressed as resources and feasibility allow.

**It was agreed that:**

- a) MOHs shall follow up on upgrading eligible HC IVs to Community Hospitals and communicate the progress by December 2024.**
- b) MOH shall report on the progress of upgrading the status of the eligible HC IVs to Community Hospitals by Mid-term Review.**

### **12. Schools' Health Services**

LGs noted the need for guidelines on School Health Services, which had not yet been provided. The School Health Guidelines are currently awaiting approval by the Ministry of Education and Sports (MoES).

It was reported that a presentation to the top management of the MoH was scheduled for June 2024. The MoH stated that the MoES was tasked with following up on the development of these guidelines under the Human Capital Development program, with an update expected by December 2024.

**It was agreed that MOH shall provide feedback on the guidelines for School Health services by December 2024.**

### **13. Ambulances**

LGs emphasized the need for funding support to maintain older but repairable ambulances and to expedite the assessment and accreditation of donated ambulance vehicles. Most of the older ambulances (Type A) were over 10 years old, resulting in high maintenance costs.

MoH had advised LGs to either decommission these older ambulances or repurpose them as general-purpose vehicles. However, it was noted that the maintenance, procurement, and ownership of the ambulances was not yet decentralized, leaving LGs with limited control.

New ambulances provided to LGs are serviced in Kampala, which is costly for the government due to the additional expenses associated with fuel, wear and tear, and logistics. As a result, value for money was not being realized. LGs requested the ministry to decentralize this function and create regional hubs for the maintenance of the ambulances.



LGs also highlighted the need for the Ministry of Works and Transport to accredit these ambulances. Additionally, some politicians continued to use unsuitable vehicles as ambulances, despite a promised standardization by the MoH, which was yet to be implemented.

There is a pressing need for guidelines on the proper use of ambulances to ensure they serve the entire community. The MoH should also establish clear standards for vehicles purchased by politicians for use as ambulances

**It was agreed that:**

- a) MoH shall conduct a thorough assessment of the old ambulances and collaborate with the respective LGs to determine the appropriate course of action.**
- b) The MoH shall lead the establishment of five regional hubs dedicated to servicing vehicles, including ambulances, in upcountry areas.**
- c) The MoH shall issue and enforce the operational guidelines for ambulance services.**
- d) The MoH shall issue a circular clarifying the status of vehicles being used as ambulances in LGs that do not meet the required standards.**
- e) The MoH shall in partnership with the Ministry of Works and Transport (MoWT) develop an accreditation criterion for donated vehicles.**

#### **14. Herbalist Operations**

LGs were requested to take stock of herbalists in their jurisdictions and effectively monitor their operations through their Health Inspection Offices to ensure adherence to established standards. The regulations for the Traditional and Complementary Medicines Bill were yet to be approved and disseminated for enforcement.

MoH was tasked to work closely with the National Drug Authority to finalize the development of these regulations.

There is also a knowledge gap among practicing doctors regarding herbal medicine. Specifically, the health inspectors can only ascertain the premises but are not qualified to assess the products. The MoH reported that while the law on traditional and complementary medicine is in place, the ministry was still in the process of developing regulations for herbalists' operations.

**It was agreed that:**

- a) MOH shall liaise with the National Drugs Authority to develop regulations for herbalists and provide progress by Midterm Review.**
- b) MoH shall operationalize the law on herbalists.**
- c) MOH shall carry out a quick assessment of medicines provided to the population and if they are safe.**
- d) LGs shall provide a list of herbalists in their jurisdictions to the MOH.**



### **15. Alignment of NDP IV**

LGs emphasized the need for the National Planning Authority to streamline the Ministry of Health Performance Indicators in the National Development Plan to better align with those of LGs. They noted that the current Program Implementation Action Plans (PIAPs) are centrally driven and do not adequately address local needs.

The LGs expressed their appreciation to the NPA for the development of new performance indicators in the NDP IV but requested that these indicators be shared with LGs to enhance their effectiveness and applicability at the local level.

**It was agreed that NPA shall share with LGs the new NDP IV performance indicators in time for their input.**

### **16. Facilitating LG Health Workers for Long Working Hours.**

LGs expressed concern that while Current standing orders stipulate a 9-hour workday, health workers frequently work longer hours. This discrepancy must be addressed to ensure fair working conditions. One potential solution is to adjust wages to align with the currently approved staffing norms for health offices.

MOH acknowledged the issue of long working hours and observed cases of organized absenteeism at some facilities. This concern was addressed in the recent restructuring.

To ensure continuous service delivery, health facilities could implement solutions for weekend operations. For example, while health centers are supposed to operate 24/7 and be equipped to handle emergencies, hospitals should utilize duty schedules to maintain service availability. Staff housing near hospitals can support this arrangement by providing accommodation for on-call staff.

**It was agreed that:**

- a) MOH shall issue circulars to Chief Administrative Officers (CAOs) and Town Clerks (TCs) regarding their need to ensure regular staff attendance to duty.
- b) MOH shall introduce customer care programs for LG health care staff to enhance patients' experience and satisfaction.
- c) MoH shall introduce and implement mindset change initiatives for nurses in nursing schools and medical schools to foster a more patient-centered approach to health care.
- d) MOH shall benchmark the MoES' TELA system for insights on medical staff management and adapt best practices accordingly.
- e) MOH shall consider installing cameras at health centers to improve monitoring and accountability of LG health care staff.

### **17. Patient Information Management System:**

MOH reported that it had established a Patient Management Information System to create a comprehensive database that supports informed medicine procurement and improves

healthcare delivery. This system is crucial for effectively tracking resources and patients, thereby ensuring better management of healthcare services.

MOH indicated that they had compiled several reports on the Patient Management Information System and would share them with LGs to provide insights into the system's current status and to facilitate collaborative efforts in enhancing healthcare service delivery. Additionally, MOH aims at leveraging these reports to address any gaps and optimize the system for more efficient resource management and patient care.

**It was agreed that:**

- a) MOH shall share with LGs the report on the Patient Management Information System.**
- b) LGs shall cooperate with the MOH in the implementation of the Patient Management Information System.**

### **18. Study Leave**

LGs expressed concern that some newly recruited officers applied for study leave immediately after accessing the payroll, which negatively impacted service delivery. This situation created gaps in staffing and disrupted continuity of care. It was suggested that to mitigate this issue, all requests for study leave must be reviewed and approved before the commencement of the leave. This would ensure that service delivery remained uninterrupted and that staffing levels were maintained.

**It was agreed that LGs shall engage MoPS on how to manage LG Officers going on study leave.**

### **19. Sector Conditional Grant Health NWR**

There is a need to prioritize targeted disease prevention, community health, environmental health, and health promotion interventions within the non-wage recurrent budget. Health facilities should focus on the following key activities:

Mental health disorders are among the leading causes of disability in Uganda. However, the treatment gap i.e the difference between the number of people with the disorder and those receiving care is significant and continues to widen. To address this issue, MoH needed to expand Mental Health Services; increase funding for mental health services to reduce the treatment gap; train healthcare professionals; improve access to mental health care, and develop community-based mental health programs.

**It was agreed that:**

- a) LGs shall facilitate reporting by LGs Village Health Teams.**
- b) LGs shall support Village Councils and Parish Development Committees to prepare and consolidate Village Health Action Plans for incorporation into health facility work plans.**
- c) LGs shall designate one of the officers at the health facility as a mental health focal person.**

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d) MoH shall build the capacity of mental health focal persons at health facilities to enable them to conduct regular outreaches for community mental health.

**20. Accountability for Development Funds**

LGs noted that the current practices often focus on output metrics, such as the number of individuals vaccinated, without adequately addressing budget accountability. The emphasis tends to be on quantitative outcomes, like the number of vaccines administered or returned, rather than on financial management and adherence to budgetary constraints. This issue is reflected in the work plans for partners, which prioritize output metrics over comprehensive financial oversight.

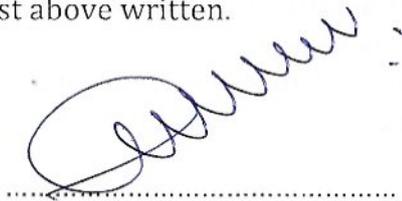
To enhance accountability, it is crucial to develop mechanisms that integrate budget tracking with output reporting. This will ensure that financial resources are managed effectively and transparently, aligning spending with programmatic goals and achieving better overall outcomes.

**It was agreed that Development Partners shall include accountability requirements of budget tracking and output reporting in their work plans.**

**IN WITNESS WHEREOF**, the appointed representatives of the parties hereto have set their hands on this agreement on the day, month, and year first above written.

**Signed for and on behalf of Local Governments**

**Mr. Richard Rwabuhinga**



Authorized Representative

**UNAT**

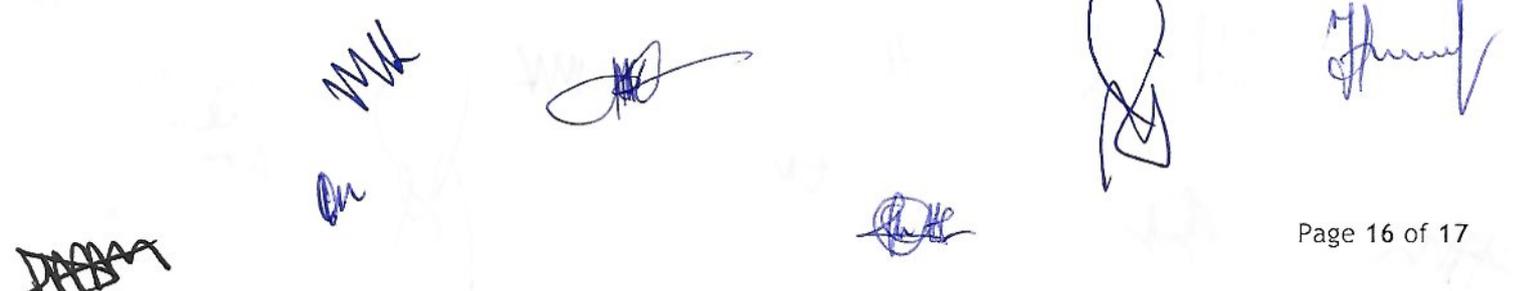
**Signed for and on behalf of the Ministry of Health**

**Dr. Olaro Charles**



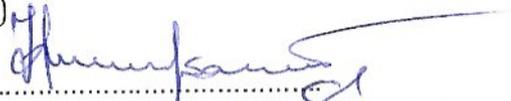
Authorized Representative

**Ministry of Health**



**IN WITNESS HEREOF:** (Authorized Representatives)

Hon. Isaac Musumba Isanga

  
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**Local Government Finance Commission**

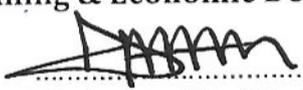
Mr. Silver Tindizirarira

  
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**Ministry of Local Government**

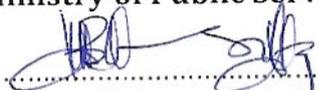
Mr. Charles Matovu

  
.....  
**Ministry of Finance, Planning & Economic Development**

Mr. Adam Tusiime

  
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**Ministry of Public Service**

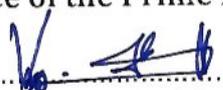
Mr. Dhikusooka Gyaviira

  
.....  
**National Planning Authority**

Mr. Nathan Otutu

  
.....  
**Office of the Prime Minister**

Ms. Manasseh Kwihangana

  
.....  
**Equal Opportunities Commission**