



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 UNDER THE HUMAN CAPITAL  
DEVELOPMENT PROGRAMME  
FOR FINANCIAL YEAR 2024/2025  
BETWEEN  
MINISTRY OF HEALTH  
AND  
LOCAL GOVERNMENTS.

**THIS Agreement** is made this **4<sup>th</sup> Day of September, 2023** 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 any one acting under its authority. For purpose 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 in accordance with 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, the National Planning Authority (NPA) and selected CSOs.

**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 expenditure of the Conditional grants;

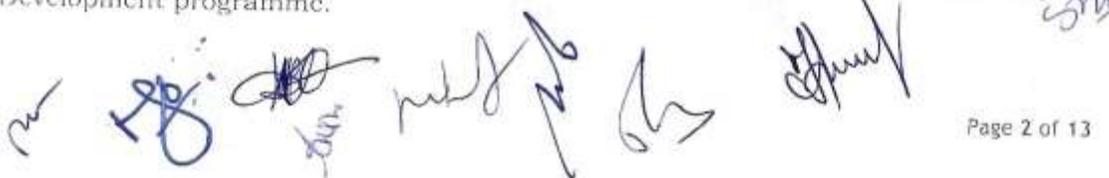
**NOW THEREFORE,** having deliberated, do hereby agree to work together towards achieving the above common goal and in so doing, the Parties agree to be bound by the terms and conditions as stipulated here below.

**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) 2024/2025.
- 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 2024/2025 in the Human Capital Development programme.



Page 2 of 13

### Mid-term Review (MTR)

The Parties shall have a Mid-term (MTR) in May 2024 to discuss the progress 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.

### 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 2024/2025) 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 2024/2025 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 program 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 inequitably distributed among LGs and their co-ordination was inadequate. For example, few partners existed in the central region and Partners in West Nile tended to be concentrated only in Refugee Hosting LGs.

LGs emphasized that they were more interested in the basket funding under PHC fund but this was not happening. It was, therefore, vital to review and analyze why partner resources were not put in the basket for equitable and transparent health financing in LGs.



MoFPED reported that while it was their mandate to sign partnership agreements and thereafter release funds, it was the mandate of the line ministries on the other hand to distribute donors across the country.

MOH reported that distribution and coordination of partners was determined by the rules and regulations agreed upon with partners and unfortunately the regulations were not in favor of basket funding. The Ministry noted a need of an in depth discussion on this issue between MoH, MoFPED and other responsible parties.

**It was agreed that:**

- a) **MoH shall liaise with MoFPED to strengthen Partner coordination and distribution among LGs to enhance "basket" funding and reduce vertical projects.**
- b) **MoH shall provide to LGFC the list of all donor partners in LGs and their respective contributions to LG budgets by end of November 2023.**

### **2. The Newly Approved LG Staffing Structures.**

Local Governments reported that they had difficulties in implementing the newly revised LG Health sub-programme staffing structures due to distortions in cadres which affected their performance. For example, the structure makes Doctors at HC III less effective. LGs noted the need for Health inspectors, Health educators, midwives & Nurses and at HC IV LGs needed five (5) officers i.e a Principal Medical Officer, a Senior Medical Officer and 3 other medical Officers. LGs further noted the need of uploading the new structure on the Human Capital Management Information System (HCMIS).

MOH reported that consultations were carried out for the new structure based on job evaluations conducted. The ministry further reported that MoPS had uploaded the structure on the system for some LGs like Mbarara, Yumbe, Jinja etc, and that the wage bill was being provided in a phased manner.

**It was agreed that:**

- a) **MoPs shall continue to implement and upload the new revised structure on the Human Capital Management Information System (HCMIS).**
- b) **MoPs and MoFPED shall continue to functionalize the new structure in a phased manner depending on availability of wage.**
- c) **MoPs shall review the structure to correct the distortions to enhance efficiency and effectiveness in services delivery.**
- d) **MoPs shall invite representatives of DHOs to share feedback on the reviewed structures.**
- e) **LGs shall implement the new structure when wage is available to them.**

### **3. Local Government Health Performance Indicators in the PBS**

It was noted that indicators for LG Health and other service delivery areas had not been captured in the new reporting system developed by National Planning Authority (NPA). Parties continued to refer to Ministries instead of sub-programmes among other prevailing gaps. LGs had 27 indicators and if monitored well they could cover all aspects of health but these indicators were not captured on the Program Budgeting System.



It was agreed that NPA, MoH and MoFPED shall consult LG HoDs on the LG specific performance indicators to be included in the PBS during the regional budget consultative workshops.

#### 4. Communication of IPFs and Disbursements

It was reported that final IPFs tended to be communicated after LGs had approved budgets and some resources were still disbursed with inadequate information e.g., contingency funds for malaria control for FY 2022/2023. IPFS were communicated based on what MoFPED provided including additional funds.

MoFPED reported that IPFS were communicated to the Accounting Officers and not to individual Heads of Departments and IPFS to LGs were not generated by MoFPED but by MoH officials.

It was noted that some funds were disbursed to LGs without guidelines but, these were funds in the central government Ministries, Departments and Agencies not sent direct to the Local Governments (subventions).

**It was agreed that:**

- a) MoFPED and MoH shall improve on timeliness in communication of IPFs and disbursements to LGs.
- b) MoH shall ensure that all Local Government funds held in the MoH budget are sent direct to LGs as was directed in the 1<sup>st</sup> Budget Call Circular.
- c) LGs shall write to LGFC on their failure to absorb funds / unspent balances for further examination and followup.
- d) Where there are changes in the budget arising out of IPFs, LGs shall secure immediate approval of Council and adjust the IPFs accordingly.

#### 5. Establishment of Medical Boards at Regional Levels

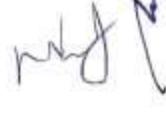
Local Governments reported that lack of Regional Medical Boards was disabling them to handle cases of officers who should have been retired on medical grounds in time.

MoH reported that they had decentralized Medical Boards at all Referral Hospitals but these were awaiting funding. The ministry had gone ahead to develop guidelines in that regard which awaited a budget support from MoFPED to functionalize them.

MoFPED reported that there were no funds to allocate to unfunded priorities in programmes. However, the working groups were expected to allocate funds to operationalize the Medical Boards if they prioritized them.

**It was agreed that:**

- a) MoH shall disseminate to LGs the guidelines for implementation of Medical Boards by December 2023.
- b) MoH shall allocate and provide funds to Regional Referral Hospitals to functionalize the Medical Boards.



## 6. PHC non-wage (LG) and PHC Development

LGs noted that the grants provided to them especially Primary Health Care (PHC) development continued to decline every FY, depriving LGs of capacity to undertake major capital investment at Health Centers. They reported that PHC Non-wage grants for management and coordination of Health services and to PNFPs was also grossly inadequate, considering inflation that had affected prices of essential commodities. Some Private Not For Profit (PNFP) hospitals did not benefit from any increment.

LGs further reported that there were excessive delays in re-voting unutilized committed capital grants taken back to the treasury by MoFPED. For example, funds swept in FY 2021/2022 were re-voted in May 2023. They also noted that there was budget allocation to cater for management of urban-specific services, especially solid waste, human excreta, mortuary, cemetery services, incinerators etc.

MoH reported that the allocation of PNFP to facilities was done using a formula and that the LGs could raise their concerns in accordance with the guidelines if they were receiving less resources than those supposed to be allocated by the formula. MoH was moving towards performance-based financing and poor performing LGs would lose funds.

MoFPED noted that the delay in re-voting unutilized funds was due to lags in getting supplementary approval by a Parliamentary process which was beyond their control. MoFPED reported that out of a total re-voted release of UGX 227bn, UGX 164bn remained unspent by LGs. Reasons for failure to spend by LGs revolved around LGs not initiating payments on the system, delays in procurements etc.

It was agreed that:

- a) MoH shall review the PHC Grants allocation formula and make proposals by end of the FY 2023/2024.
- b) MoH shall fast-track establishment of the National Health Insurance.
- c) MoH shall in consultation with MoFPED take steps to functionalize the AIDS Trust funding.
- d) LGs shall ensure that General Hospitals and Health Center workplans are approved by the Hospital Board/HUMC before onward submission to Council.
- e) MoFPED shall re-vote swept back funds during the first quarter to enable completion of LGs' planned projects.
- f) MoH shall include funds of TCs, Cities, and MCs under the respective Local Governments to cater for critical urban services such as solid waste management, human excreta, mortuary, cemetery services, Incinerators etc.
- g) LGs shall prepare certificates for payment in time so that in the event that the funds are released late, they are able to spend the money.
- h) MoFPED shall avail LGFC with a list of LGs not complying with MoFPED requirements and copy to MoLG, ULGA, and UAAU so that they are handled case by case.

### 7. Sector Conditional Grant - Wage

Local Governments reported that there was a ban on recruitment and at the same time abolition of the Nursing Assistant post despite the newly created LG staffing structure. LGs reported that MoFPED had sent a circular deferring retirement of Nursing Assistants without specifying the period of deferment.

Local Governments reported that inadequate enhancement of salaries for District Health Officers (DHOs), City Health Officers (CHOs), and Municipal Health Officers (MHOs) has affected attraction and retention of such cadres by several LGs. They noted that out of 176 available positions only 80 positions had been substantively filled by LGs. They also noted the need of creating a position of a deputy DHO to cater for gaps arising from lack of a substantive DHO in some LGs.

MoH reported that some LGs delayed to recruit substantive cadres "waiting" for additional wage money to be included in the Cash-limit which resulted in unspent balances for wage. The ministry further reported that some LGs did not have DHOs because they didn't have resources to go through the recruitment process. For such cases, MoH sought for permission and authority from MoLG to advertise and/or second officers for recruitment as DHOs in the LGs that had failed to attract such officers. That the ministry had written to lacking Local Governments on joint advertisement but did not get any response from the affected LGs.

MoFPED reported that the funds for retaining the Nursing Assistants was provided for in FY 2024/25. They noted that the cost of retiring the Nursing Assistants was high, hence they would be employed until the resources to cater for the retirement process was got.

It was agreed that:

- a) MoFPED and MoPS shall avail wage to LGs that don't have a wage bill for substantive DHOs.
- b) MoH shall carry out joint advertinements for LGs without DHOs and the respective District Service Commissions (DSC) shall carry out appointment of DHOs as mandated.
- c) MoH shall engage MoPS to lift a ban on recruitment of staff to enable LGs fill the new structures.
- d) LGs shall conduct wage analysis and where possible undertake the recruitment process after the ongoing Staff Validation process by the Auditor General is completed.
- e) LGs shall prioritize recruitment of Medical Officers Special Grade, Principal Medical Officers, Senior Medical Officers, Medical Officers, and Midwives.

### 8. Sector Conditional Grant - Non-Wage (MOH)

It was noted that an inadequate budget of UGX 142 billion allocated to the Local Governments had resulted in low utilization of electronic Logistics Management information System (eLMIS) and incomplete MIS section of HMIS 105 Health Facility

Quality of Care Assessment helped in improving quality of Services but was irregularly conducted. MoH expressed concern that the planning process had been left to a few individuals in departments and Cost centers which did not support preparation of detailed workplans.

LGs noted that the DHOs were overwhelmed with heavy workload with less support from administration and other officers.

It was agreed that:

- i) LGs shall conduct Capacity Building in use of eLMIS and ensure completeness of the Medicines and Health Supplies data in the Health Management Information Management System (HMIS) form 105
- j) LGs shall conduct Health Facility Quality of Care Assessment on quarterly basis in all Health Facilities.
- k) LGs shall ensure that Health Facilities develop actionable quality improvement plans from the assessments to rectify the identified quality gaps.
- l) LGs shall ensure that all cost centers shall have in place draft detailed annual workplans by March of each year. The Work Plans shall be approved by the Hospital Board/Health Unit Management Committee (HUMC) before submission to Council.

#### 9. Sector Conditional Development Grant

MoH reported that the Development had been allocated a budget of UGX 61bn. They noted that emptying of pit latrines and setting up hand washing facilities were included on the investment menu for SCG Health Development during the Covid 19 outbreak. These, however, did not generate tangible assets hence it was proposed that they be moved back to the recurrent budget and be catered for under the item of Property Management Services. Some of the incomplete infrastructure projects were initiated by the LGs using the formular based development budget allocation.

Local Governments expressed concern that grants provided to them continued to decline every FY depriving them of the opportunity to undertake major capital investment at Health Centers.

It was noted that there were very few lagoons in the LGs hence resources were needed for their establishment starting with Urban Councils.

It was agreed that:

- a) LGs shall budget for emptying of latrines and setting up of hand washing facilities under NWR and Property Management Services budget items hence forth.
- b) MoH shall share with MoLG, ULGA and UAAU a list of LGs that are using development funds for recurrent activities.
- c) LGs with incomplete projects under the formular based grant shall be prohibited from commencing new projects under the same grant.



- d) MoH shall consider increasing PHC Development grant for capita developments to cater for major projects like staff housing, wards etc.

#### 10. Management of Hybrid Projects

Local Governments noted that;

- There were delays in initiation of procurement for UglFIT Projects and further delays in clearance of best evaluated bidders by the Solicitor General.
- Concurrent procurement of equipment and civil works created equipment redundancy in stores and unnecessary inventory.
- Clustering/allotment of more than two (2) UglFIT projects to one (1) contractor had consistently affected the completion of projects. Some contractors had more than four projects which they were not able to efficiently and effectively implement.
- There were no guidelines to define the role of LGs vis-à-vis the directive of the UPDF Engineering Brigade to undertake civil works.

**It was agreed that:**

- MoH shall allot a maximum of 2 sites per contractor.
- MoH shall engage LGs and the UPDF Brigade to smoothen their roles in Contract management.
- MoH shall issue to LGs reminder guidelines on the work of the UPDF brigade to the LGs.

#### 11. Delivery of Medicines and Other Health Supplies

Local Governments noted that there were excessive delays by the National Medical Stores in delivering medicines and supplies in some LGs contrary to the schedule of once every two months making it 6 cycles.

MoH reported that they fell short of the commitment by NMS to deliver the Medicines to the LG due to operational issues of using the IFMIS.

MoFPED reported that there was resistance by NMS to use IFMIS but this had been solved and that the NMS budget increased.

Concern was posed on the persistent lack of drugs in Government Hospitals given that Government was mandated to provide basic essential medicines to citizens. It was explained that on top of alleged drug theft, and ineffective supervision, the budget for medicines was too inadequate to supply what was needed by the population.

**It was agreed that:**

- MoH shall ensure that all undistributed medicines for the last 2 cycles are distributed to the LGs on top of the current / scheduled supply they should receive.
- MoH and other monitoring Agencies shall supervise NMS to ensure timely deliveries as per schedule.

#### 12. Dissemination of Agreements

Members noted inadequate dissemination of agreements reached between LGs and respective Ministries, Departments, and Agencies (MDAs) during the Negotiations.

*[Handwritten signatures and initials]*

It was agreed that:

- a) MoH shall present a summary of agreed positions reached between Ministries, UNAT, and respective MDA representatives during Regional Budget Consultations.
- b) MoLG as a direct supervisor of LGs shall disseminate the agreements to all LGs.

### 13. Participation of ULGA, UAAU & other MDAs in Health Joint Review Meetings

Local Governments expressed a concern of declining participation by LG Associations, LG Accounting Officers and representatives of other MDAs in the Joint review Meetings organised by MoH.

MoH reported that they invite and provide slots to LG members especially CAOs and DHOs who normally make presentations on LG needs.

It was agreed that:

- a) MoH shall invite and provide a slot to the LG Associations (ULGA and UAAU) to make a presentation on the key issues affecting Health service delivery under the HCDP during its reviews.
- b) MoH shall ensure adequate involvement and participation of the Accounting Officers of LGs during her program reviews.

### 14. Service Delivery Zones for General Hospitals

It was noted that whereas MoH assigned LGs to Regional Referral Hospitals to coordinate service delivery, Zones had not been clearly issued to General Hospitals as contained in the last agreement. (See page 20 of the MoH Budget Guidelines for 2023-2024). It was also noted that new LGs did not have General Hospitals as required by policy.

MoH reported that the service delivery areas were provided for in the allocation formula but not in the guidelines. Hospitals that had a high catchment area were catered for in the allocation formula. They took in account the catchment population but they would revise and use the result-based allocation such that more funds are provided to cater for more patients.

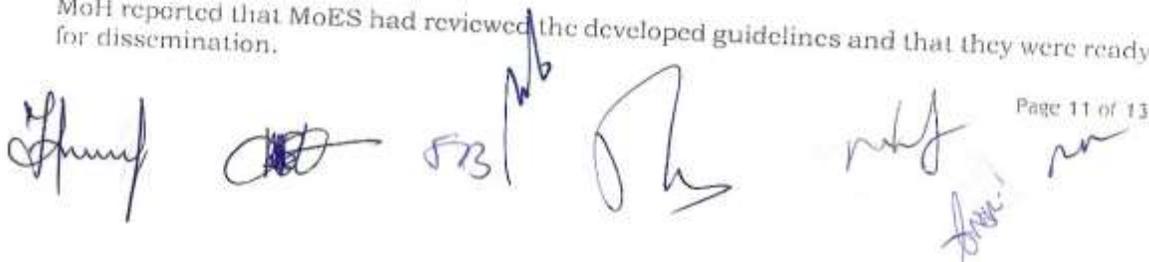
It was agreed that:

- a) MoH shall upgrade HC IV to Community Hospitals in LGs that do not have General Hospitals so that they provide hospital-based services in their respective LGs.
- b) MoH shall issue zones to LGs in the guidelines .

### 15. School Health Services

Local Governments noted that the guidelines on School Health services had not been disseminated to LGs to aid service delivery in schools.

MoH reported that MoES had reviewed the developed guidelines and that they were ready for dissemination.



It was agreed that MoH shall disseminate guidelines on School Health Services during the Local Government Budget Regional Consultative workshops for 2024/25.

#### 16. Ambulance and Emergency Services

Local Governments reported that the guidelines for ambulances were available. However, their implementation required disseminating them to the donors and enforcement, with political connotations therein. They noted that MoH was providing fuel of up to 4 million shillings quarterly but funds for maintenance were limited to only newer vehicles. The old ambulances did not benefit from maintenance support and no assessment drive had been undertaken to accredit donated vehicles. Some districts had ambulance vehicles that were beyond the recommended age of boarding off.

MoH reported that they had planned for a procurement of 100 ambulances in FY 2023/24 and in the next 2 FY they would increase the number to 450 ambulances which would be centrally monitored. That an ambulance policy was in place and a system was being developed but for a few years private and government shall operate concurrently and once the MOH gains all capacity they would take on the function fully.

The meeting noted that some ambulances in operation were neither licensed nor regulated and yet they were not managed by MoH.

It was agreed that:

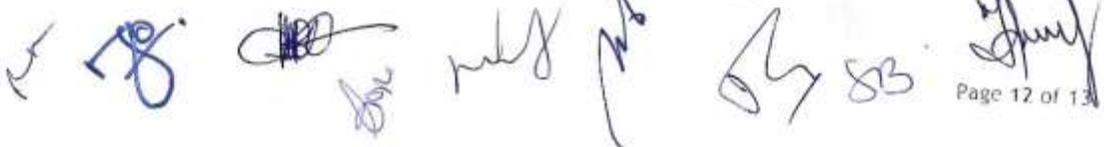
- a) MoH and MOWT shall provide regulations on vehicles that are not managed by MOH but which operate as ambulances
- b) MOH shall disseminate guidelines and other legal backings for enforcement of such Policies
- c) MoH shall provide funding support for maintenance of older repairable ambulances and fast track assessment and accreditation of donated ambulance vehicles.
- d) MoH shall identify resources for ambulance maintenance and place these funds at the Regional Hospitals.

#### 17. Herbal Medicine

It was noted that herbalists were not properly regulated with many of them operating unlawfully and the enforcement was entirely the responsibility of the LGs. The LG Health Inspectors are expected to monitor operations of herbalists, warn them against illegal operations and take legal actions against them where necessary.

The MoH reported that they had a law on traditional medicine that was developed but yet to be implemented fully. They planned to form a Council that would govern them through a streamlined system.

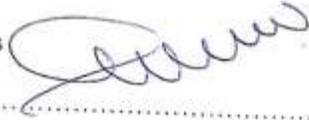
It was agreed that LGs shall ensure that Health Inspectors effectively monitor and manage the operations of Herbalists in their jurisdiction.



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. Okware Joseph



Authorized Representative

Ministry of Health

IN WITNESS HEREOF: (Authorized Representatives)

Hon. Isaac Musumba Isanga



Local Government Finance Commission

Mr. Paul Okot Okello

Ministry of Local Government

Mr. Joseph Oloo Majanga

Ministry of Finance, Planning & Economic Development

Mr. Bwire Simon

Ministry of Public Service

Mr. Dhikusooka Gyaviira

National Planning Authority

Mr. Ezra Ainecomujuni

Office of the Prime Minister

Ms Nafungo Irene

Equal Opportunities Commission