



## Terms of Reference

### Investigating the New Aid architecture and its implications to the health Sector in Uganda

#### Introduction

Aid in Uganda started in 1962 when the country gained its independence. Uganda has been highly aid dependent since 1986 with the combination of the economic collapse and the HIV/Aids pandemic which hit the country hard that attracted substantial international sympathy and aid in the late 1980s. However, with the virtual collapse of central government, aid was uncoordinated and ineffective where donors initially did their own implementation parallel to the government. For the economy to be built, all public resources including donor projects had to be allocated through the planning and budgeting system towards the governments' highest priorities. The policy was established emphasizing that only projects included in the Public Investment Plan (PIP) had government support and would be included in the annual budget. While donors were not accustomed to submitting their project proposals for screening by government, the PIP started to bring some order to the chaos of project aid.

New Aid Architecture in Uganda is based on the implementation of Paris Declaration and the Accra Agenda principles for action. From the late 1990s up to 2010, preliminary findings indicate that Uganda's implementation of the new aid in Agriculture, Industry, Education and Health sectors is high and the earlier progress has been reversed due to donor's perceptions of Uganda's political structure and particularly its rampant corruption. In Uganda, the new Aid architecture in the health sector highlights some challenges, whereby the global aid architecture has changed dramatically in the last decade. Nearly a third of official development assistance to Uganda now flows through partnership-based global and regional programs whose goals are set at the global level, rather than through the country-focused programs of assistance that have been the mainstay of traditional aid donors. This new architecture has raised new perennial aid effectiveness issues of priorities, ownership, consistency of goals, and accountability for results. For example, it can be argued that the introduction of user fees in key Ugandan public hospitals as part of cost sharing is one of the modes of new aid architecture. While there has been public outcry about the implications of this initiative on the majority poor Ugandans, less research has been made on how this will specifically impact the marginalized Ugandans from exercising their right of access to health.

Regarding Bilateral donors, their model of granting has often been laden with stringent procurement conditionalities like granting monopoly power to determine the granting, disbursement and utilization modalities with stakeholders and recipient countries having little say. For example, 90% of the Global Fund money to Uganda is spent on procurement of medicines and health products which is done by Global Drug Facility in Geneva, with Uganda

only managing 5% of the grant. As a major multilateral donor, the World Bank has also introduced a new model of granting to the Health Sector through the aid conditionalities e.g. Performance Based Financing (PBF), whereby a healthcare provider receives conditional funding based on performance, most commonly defined in terms of output.

Therefore, it is against this background that SEATINI-Uganda is undertaking this investigative study on the new aid architecture and its implication on right to health in Uganda.

### **Objectives**

- To understand the new aid architecture and its relation to Health sector in Uganda.
- To investigate the implications of the new aid architecture on the right to health in Uganda.
- To come up with recommendations on how further efficiency gains can be made within the overall health aid architecture in Uganda.

### **Expected deliverables**

- **Draft study:** The consultant shall produce a first draft by **13<sup>th</sup> December 2018**. This shall be reviewed and comments sent **14<sup>th</sup> December 2018**.  
The consultant shall submit the final draft report not later than **17<sup>th</sup> December 2018**.  
**The final draft should not exceed 13 pages including references.**

### **How to Apply:**

Bidders with qualifications and verifiable experience in research related to Trade, Aid/Development Assistance; Health governance and Human rights are encouraged to send their expression of interest (EOI) by email, not later than **7<sup>th</sup> December 2018** to SEATINI Uganda (E-mail: [seatini@infocom.co.ug](mailto:seatini@infocom.co.ug) with a copy to Kiiza Africa E-Mail: [africakiiza@gmail.com](mailto:africakiiza@gmail.com) and Mr. Kenneth Kapuru E-mail: [kapurukenneth@gmail.com](mailto:kapurukenneth@gmail.com)).

*The Expression of Interest should show the study which the applicant is applying to undertake. Applicants should attach a CV of not more than 3 pages indicating past research they have undertaken.*

### **Additional requirements are as follows**

- A Masters in Health Science/ Human Rights/Economics/Public Policy, or other relevant graduate degrees
- Knowledge and experience of development work, multi-sectoral policies and an understanding of the Uganda policy advocacy environment
- An understanding of the key Health policies, issues, processes and dynamics at the national, regional and global levels.
- Excellent written and verbal communication skills

- Familiar with demand-driven and participatory approaches.
- Excellent communication and facilitation skills, able to address the institutional complexity and multi-disciplinary environment of the Project.
- Excellent interpersonal and teamwork skills, with the ability to establish and develop relationships and work under tight deadlines to meet objectives.