

Lesson learning from the Joint Assessment of National health Strategies (JANS): Use of the JANS in Uganda

Lessons learnt up to September 2010

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Veronica Walford

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Acronyms

CSO	Civil Society Organisations
HDP	Health Development Partners
HPAC	Health Policy Advisory Committee
HSSP III	Third Health Sector Strategic Plan
IHP+	International health Partnership and related initiatives
JANS	Joint Assessment of National Strategies
MOFPED	Ministry of Finance, Planning and Economic Development
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NHP II	Second National Health Policy
TWGs	Technical Working Groups

Introduction

Uganda is developing its national health sector strategic plan and decided to use the Joint Assessment of National Strategies (JANS) approach to review the draft strategic plan. This is the draft report on lessons from the process so far, following the first phase of the external JANS review of the draft strategic plan. It is based on feedback from key participants in the process, including development partners and the external reviewers. Further interviews are planned to gather views from a wider range of stakeholders. A further joint review of the next draft of the strategic plan is planned for later in 2010. This report is an interim draft on lessons to date.

1. Description of the JANS process in Uganda

1.1 Purpose of the JANS and context

Joint Assessment of National Strategies and plans (JANS) is a shared approach to assessing the strengths and weaknesses of a national health strategy, that is accepted by multiple stakeholders, and can be used as the basis for technical and financial support. The expected benefits of this joint assessment include enhanced quality of national strategies and greater partner confidence in these strategies, thereby securing more predictable and better aligned funding.

The Government of Uganda is in the process of preparing its third Health Sector Strategic Plan (HSSP III) which runs from 2010/11 - 2014/15. This plan is intended to be the basis for continued investment by partners in the health sector, under the sector wide approach, following the two previous HSSPs. It is set within the framework of the National Development Plan and is intended to operationalise the second National Health Policy (NHP II) of August 2009. The Ministry of Health (MOH) set up a Task Force to develop the NHP and HSSP III which worked with 12 Technical Working Groups (TWGs) involving various stakeholders.

The MOH along with the Health Development Partners (HDP) decided to carry out a JANS on the draft HSSP III. Uganda invited the IHP+ Core Team to send a scoping mission in March 2010 which helped clarify the purpose and approach to the JANS. The **purpose of the JANS** was identified as to create an opportunity for strategic discussion on the draft plan and thus strengthen the plan. It was anticipated that this would increase confidence in the HSSP III and hence bring more partner support on budget and in line with the plan, and reduce at least some of the burden of separate proposals and appraisal processes.

1.2 Description of the JANS

An IHP+ Task Force was set up to promote understanding of IHP+, review and improve partnership arrangements and plan for the JANS of the new five year strategic plan. This task force is led by MOH and includes MOH officials and representatives of development partners, civil society and private practitioners. It reports to a joint structure, the Health Policy Advisory Committee (HPAC) which includes MOH, DP and CSO representatives. The Task Force decided that there would be an initial internal review using the JANS tool, then further work on the HSSP followed by an externally led Joint Assessment (JA) involving independent reviewers. The terms of reference for the review was approved by the HPAC.

The internal review took place in March-April, by the IHP+ Task Force, with small groups using the JANS attributes as a basis for reviewing the draft plan. Based on this gaps were identified and it was decided that the plan was not yet ready for externally led review, and the externally led review was arranged for late June 2010. The timing was set by the MOH in order to fit with the national budget cycle (the financial year starts in July).

Partners within Uganda and in the IHP+ Core team suggested possible reviewers. The Uganda IHP+ Task Force selected the external reviewers to include a range of technical skills and people from different agencies. A team of 8 externals was identified (see annex 1). Their technical expertise included public health, maternal and child health, health systems, health financing, financial management, civil society engagement and monitoring and evaluation. Almost all of the selected team had experience in Uganda. There were staff from WHO, World Bank, USAID, Global Fund and a CSO plus 3 consultants. The team was led by a public health and health systems consultant contracted by the IHP+ Core team. All were independent on the JANS definition – no prior involvement in developing HSSP III.

MOH and local HDP counterparts were identified for each of the five areas of the JANS tool, but in practice their engagement was limited, partly due to the timing of the mission during the budget process and holiday season. In addition, the MOH wanted to have a new group with different expertise reviewing the HSSP III to get a fresh perspective on the draft plan, as locally based partners had already been closely involved in developing the plan.

The external team worked in Uganda for 11 days. This included a 2 day field visit to two districts (by two team members), and then work in Kampala. **The team met a range of stakeholders** including the Minister and State Minister of Health; senior MOH officials; MOH officials in charge of programmes and core management systems; district health personnel; CSOs and non-profit health providers; private health provider associations; development partners (some individually and at a meeting of health and AIDS DPs); and senior officials in Ministry of Local Government; the Prime Minister's Office; National Planning Authority, Ministry of Public Service and Ministry of Education & Sports - see annex 2 for a fuller list. The work was allocated by giving team members responsibility for specific areas and attributes of the JANS tool.

At the initial meeting with the IHP+ Task Force, the external team pointed out that since the June draft of HSSP III did not include costing and full financing projections, this would limit the scope of the JANS. It was agreed that additional assessment would be needed once these critical aspects were included. The MOH explained that they were in the process of selecting a consultant to work on the costing aspect.

The external team presented their findings at the end of the mission to the Minister of Health and to the Health Policy Advisory Committee (HPAC, which includes MOH, DP and NGO representatives). The team then produced a **draft report** based on the format recommended in the JANS guidelines. The report included a summary of the main findings and a detailed assessment for each of the five main areas of the JANS of the strengths, weaknesses, their implications and suggested actions. There was also an annex on Financial Management giving a more detailed assessment of the systems in this area.

The **next steps** include further work on the HSSP III document. The JANS confirmed the importance of the costing exercise and the prioritisation that would be required in order to present a realistic strategic plan. The costing exercise has been asked to prepare scenarios for the current funding framework, middle and optimistic funding levels. **The MOH is revising the HSSP III in light of the draft JANS report.** The timing, scope and output of the follow up assessment to complete the JANS still needs to be agreed.

Costs of the JA were essentially the cost of the team's visit and report writing time. This is time costs for 8 people for 10-15 days each plus travel costs plus time of local partners in country to set up the meetings and meet the team. There will be limited further costs for the subsequent (desk based) review of the more complete HSSP III. It is not clear at present whether the JANS will replace other missions or appraisals - this still needs to be decided. If it does not, then the JANS costs will be additional.

1.3 How the lesson learning was organised

One member of the external JANS Team had specific responsibility for learning lessons from the process, alongside responsibility for part of the review. She gathered information from other members of the international team and from stakeholders in Uganda through email and telephone feedback (see annex 3 for those who contributed to date).

2. Assessment of the JANS

2.1 Assessment of the JANS process

The JANS team included an appropriate mix of skills with depth of expertise in public health, health financing, health systems, financial management, NGO engagement and evaluation (see annex 1). While the primary case for selection of team members was their technical expertise, most were also staff of one of the international agencies and one came from civil society. Therefore although some respondents felt the assessment could have been carried out by a smaller external team, this would have meant fewer agencies were represented and thus less of 'Joint' assessment. Country stakeholders saw the team as strong, and noted the need for a balance of skills.

The JANS team was joint across various international agencies, whilst there was limited involvement by in-country partners in the external assessment stage. The judgements on strengths and weaknesses were made by the external team based on the information from document analysis and from interviews and meetings. The assessment was thus joint across the review team but not joint between government, other locally based stakeholders and external reviewers. **In this sense the JANS in Uganda was clearly an independent assessment.**

Country ownership was fostered by giving the national IHP+ Task Force (led by MOH and including CSOs and development partners) control over selecting the external team for the assessment and planning the assessment. The MOH and development partners wanted an external view on the plan rather than a highly participative assessment.

There was a nominated team leader, who had editorial control over the report. When some assessors are sent by different stakeholders, the dynamic is different from a team that is entirely consultants. This could have become an issue if there were major disagreements.

There was good participation from civil society in the JANS in terms of substantive meetings with a range of stakeholders, including representatives of faith based providers, civil society organisations and private sector providers (see annex 2). These meetings provided opportunities to learn about civil society participation in the development of the HSSP III as well as their views on the draft plan.

There was **good participation from the top and senior levels of MOH** including the ministers and top civil servants. The staff managing key health system components were extremely helpful in providing information to the team when requested. There was less engagement by technical programme staff.

However the **timing of the external review in late June was not ideal** as the strategy was incomplete, lacking the costings. In addition it took place during an extremely busy period of presenting and finalising the annual government budget. The team was unable to meet the Ministry of Finance, Planning and Economic Development (MOFPED) which was a limitation especially for assessing financial management and domestic financing strategies. Access to senior MOH staff was also constrained by their involvement in the budget process while some international staff of development partner agencies were away on leave.

There are advantages and drawbacks to the timing of the external JANS before the HSSP III was costed. It meant there was scope to make adjustments to the content of the strategy before the detailed costing work was carried out, which fits with the developmental role of JANS. It also helped make the case that costing and clear prioritisation was needed. On the other hand, the assessment could not be completed as the reviewers could not assess whether the stated priorities will be followed in the budget allocations, if all planned activities are beyond the resources available. It was agreed that a further (light) assessment will be conducted once the next draft of HSSP III with costings is ready. This two or multi stage approach to JANS may be a useful model – a developmental assessment at first, then a full assessment including the financing plan and budgets at appraisal stage.

Overall people felt the process was transparent and inclusive. Stakeholders reported that they were well informed from the planning stages about the JANS mission and were given opportunities to input. Some respondents suggested that some government officials were unclear about the purpose of another round of meetings about HSSP III, since there had already been substantial consultation in developing the plan and a World Bank appraisal. The timing and **length of the mission** also limited the response. With 9 days for consultation, analysis and presenting their assessment, the team worked intensively and would have welcomed a few more days.

It is not apparent yet whether the JANS will replace other processes of review and appraisal. The World Bank appraisal mission for its sector support took place in late April and the JANS was originally intended to coincide with this. It would be preferable to build the JANS into a schedule of joint consultations and appraisal where possible.

2.2 Feedback on the JANS tool and guidelines

Generally there was positive feedback on the tool and guidelines. The guidelines were used to a limited extent, for reference. Specific issues identified by the JANS team include:

- The tools allow for analysis of private and public services, which is appropriate as both should be reflected in the national strategy

- The tools focus on the supply side, with very little on demand and equity
- The tools have little on how far the sector strategy will link to decentralised planning and implementation, although this issue was addressed by the JANS team. It could be useful to include an attribute to assess the mechanisms and incentives for provincial or district etc levels to follow and implement the national strategy.
- A difficult issue to assess is the feasibility of the plan - including whether there is sufficient institutional capacity to deliver the plan. This could be added.
- It would be clearer to separate the attributes on costing and raising and allocating financing from the financial management and audit systems aspects, reflecting the different skills required to assess these aspects and their different roles in the strategy.
- Moving the procurement systems attribute into the financial management and audit section was suggested.
- The monitoring and results section has several attributes around whether there is an adequate M&E plan, which could be combined.

Partners involved in the review raised some further issues

- the lack of emphasis on human rights and rights based approaches in the tool. Gender and equity are also mentioned only briefly.
- The difficulty of assessing political commitment in a tangible way.

The financial management section was reviewed in some depth by one specialist, drawing on recent analysis by a World Bank appraisal team (in April 2010) and interviews with key MOH staff. This enabled a detailed annex on financial management issues to be prepared (although the assessment would have benefitted from interviews with the MOFPED).

The guidelines are useful but rather lengthy and general which may discourage their use. The team found the tables suggesting sources and issues to look for useful. Some editing could help to reduce the narrative sections.

The tool and guidelines stress that the **JANS should not be limited to reviewing the national strategy document alone**, but should also look at supporting and related documents. The JANS team did this including analysis of sub-sector strategies, financial management procedures, as well as analytical reports and sector review reports.

The tool is a good way to make sure important aspects of a strategic plan are in place. However there is a risk that there will be mechanistic application of the tool rather than an assessment of the relevance and feasibility of the plan and strategies and priorities within it. It can also encourage assessors to recommend adding more content in order to strengthen the analysis and meet the attributes, when this may not be feasible within the country time frame. There is a need to guard against both of these and keep a focus on the strategic nature of the plan, use cross references to other documents for further information, and consider what is 'good enough' as a basis for sector support. One suggestion is to identify before the JANS starts which are the critical areas for review in a particular country context.

The reporting format was found to be useful, although the resulting report was fairly long at some 30 pages excluding annexes. It is helpful to have the short section at the start highlighting the major points that need further work, followed by details for those who are interested. The report structure followed that of the JANS tool. Feedback was that the report

was clear and informative and that using the JANS attributes made it easy to follow, although a few respondents felt it was too long.

2.3 Assessment of the JANS findings and their benefits

The JA findings and recommendations and the report that was produced were generally seen as **accurate and fair**. When the findings were presented, there were no substantive disagreements raised. When interviewed individually, development partners commented that the findings were valid and the assessment team and report were able to be clear and explicit about issues that might be sensitive for in-country partners to raise. One said “the JANS is an extremely useful tool and the recommendations provided are useful.”

The major **added value from the JANS so far is that it is expected to improve the quality of HSSP III**. This was identified by several development partners and by MOH. Two people said that although the substance of many issues raised was not new, receiving the messages from a respected, independent team had given the comments more weight and authority than when they were raised by in country partners. The partners are hoping to see this reflected in improvements to the next draft of HSSP III.

For the Government, the JANS has provided a formal and clear process for engagement of various constituencies, so that they have been consulted and were able to contribute, in addition to their inputs to plan development through technical working groups and other consultations.

In terms of the value of the JA as a tool for influencing funding decisions, some **bilateral development partners said that the quality of the HSSP III and the JANS findings will affect their decision on how to provide funding for health**, although it will not be the only factor in that decision. They are hoping that there will be a strong HSSP backed by strong political commitment to prioritise health within the budget and critical areas within health. This will make it easier to argue for support to the national plan and for joint funding and management arrangements, and thus to **well aligned support**. For example, one bilateral partner said a strong sector plan and a positive JANS assessment are important for the decision to continue sector budget support. Another said the JANS process is helping to increase understanding of the priorities of the government and other partners which will help them to plan their own support; and if there is a well costed plan and prioritised budget it would be likely to affect their plans for funding.

If these partners have less confidence in HSSP III, then support might be channelled through other routes such as NGOs. It is **less clear that the JANS will influence the amount and period of their support**, as this is often set as part of a longer term country planning process.

Other development partners in country have already decided on their support to the health sector and do not expect the JANS to influence directly the amount or direction of their support in the short term. Since they only fund activities within the HSSP, they want to see a credible and high quality sector plan that reflects the health priorities in Uganda.

Partners in country were hopeful that multilateral funders such as the EU and Global Fund would use the HSSP as the basis for funding and would provide additional support, with the

JANS used to facilitate their funding decisions in order to reduce the burden of proposals, appraisals and reporting.

3. Lessons and conclusions

3.1 Lessons on the JANS process

The JANS was used in two stages in Uganda – firstly in an internal review by the IHP+ Task Force, which influenced the next draft of the plan and helped determine the timing of the external assessment. Then there was an assessment by an external team, based on review of documents and a wide range of interviews in country. There will be a further external review of the next draft once costings are included. This **multi-stage approach is helpful** in meeting the twin objectives of JANS, developmental and appraisal.

In order to complete the appraisal assessment, the costing and financing plans are needed so that the assessors can see whether the budget allocations and performance targets are realistic and prioritised. Once these aspects are ready, the Joint Assessment of Uganda's HSSP III can be completed.

The national strategy document is not expected to cover all aspects and issues raised in the JANS - rather there are **a set of documents** that need to be reviewed together. It would be useful for future JANS to collect these in advance of the assessment itself. This was done to some extent in Uganda and was very helpful. The sorts of documents required include:

- Recent needs assessments or situation analysis on the health system or components of it
- Health sector performance reports, joint annual review reports, mid-term reviews, consultant reports on progress in key areas etc, from the last health strategy.
- Information on the process for developing the plan including records of consultation.
- National development plans or MTEF budget frameworks.
- Information on major reforms underway likely to affect the health sector such as decentralisation or civil service reforms
- National health financing review and health financing strategy, if available (it exists in Uganda, for example)
- Budget information for the last 3 years (original budget, revisions, outturn)
- Audit reports for the last 3 years and any system assessments/audits of financial management, audit or procurement systems, country financial assessment etc
- Organisation structure of the MOH and sector governance structures, including at decentralised levels.
- National Health Accounts and health financing analysis.
- Public Expenditure Reviews and Public Expenditure Tracking Studies that cover health and local government.
- Sub-sector strategies whether for a specific disease/vertical programme such as AIDS or child survival, or for a system component such as HR or financing
- Outcome of costing exercises and financing projections.
- The sector M&E plan or operational plans for information systems and surveys.

The JANS tool provided a useful format for the report. It was useful to provide an initial section that set out the most important issues that need to be addressed to strengthen the

plan. There is otherwise a danger of too many detailed comments swamping the main messages.

The JANS team had a mix of skills and this was necessary to cover the range of topics from financial management systems capacity to public health priorities. The role of the team leader and responsibilities of members could usefully be spelt out.

Most partners were optimistic that the JANS would lead to a strengthened HSSP. A concern raised is how far the Government will implement the plan – including the capacity to ensure implementation at district levels. This led to comments on the **importance of JANS looking at implementation feasibility** and at whether there are mechanisms for accountability that demonstrate how far the country is following the plan.

It is a **challenge to assess the feasibility** and likelihood of implementation. The team used several approaches to this including brief district visits; meeting a range of stakeholders; review of budget and management systems capacity; and analysis of past rates of improvement in key indicators and budget execution. Assessing government commitment to the plan above the level of the MOH is a particular challenge, and meetings with other ministries were helpful for this. More substantial district visits could have been useful.

In Uganda, as in other countries, it is not easy to get strong and representative engagement of CSOs and for-profit providers in planning and assessment processes. This is a wider issue than the JANS, and needs discussion at early stages in the planning process.

3.2 Conclusions

The JANS in Uganda met the IHP+ principles:

- **Country demand and ownership** were exercised in the planning of the assessment and the selection of external reviewers, which was done in country by the joint Task Force led by MOH and including members from civil society, private sector and development partner agencies. The JANS team reported to a joint structure, the HPAC, as well as to the Minister of Health.
- The external JANS was a **joint assessment** in the sense that the assessment included staff of four development agencies (WHO, WB, GF and USAID) and one CSO.
- It was **inclusive** in that the team had discussions with a wide range of stakeholders including civil society, various government bodies and local development partners.
- It was clearly **independent** as none of the external team members were involved in developing HSSP III nor are currently managing programmes in Uganda.
- It **built on existing country processes** by using existing stakeholder engagement structures (the Health Policy Advisory Committee, the Health Development Partners group etc) and by assessing the plan in the context of the national frameworks, including the new National Development Plan and National Health Policy.

Some commentators outside the country have suggested that the JANS would have been more joint and country owned if there had been more engagement by the MOH and other stakeholders in the assessment itself. Counterparts were identified from MOH and partners but their role was not clearly identified and their input was in practice limited. It seems this was due to timing issues and some fatigue with engagement on HSSP. The MOH and in

country partners were keen to have an independent review by external experts so do not see this as a problem.

The **JANS tool was welcomed as a useful and comprehensive tool**. It needs to be used in the light of country context and concerns rather than as a mechanistic checklist. It was adequate for assessing that the private sector (for profit and not for profit) were included in the sector strategy, while consultation with both groups was an important component of the assessment. There needs to be a conscious effort to address the capacity and incentives for decentralised entities involved in managing and delivering services to follow the strategic plan. There also needs to be due attention to equity issues including gender.

The **JANS findings were considered valid and accurate** by stakeholders interviewed. The MOH has committed to revising the HSSP III in light of the JANS report, and to completing the plan by costing the strategies and identifying priorities under different budget scenarios. There is a plan for a further stage of external assessment to appraise this draft of HSSP III.

It is too early to see whether the JANS has had an **impact**. Partners are expecting that the JANS will lead to a better quality HSSP III. Once the next draft is ready, the impact of the draft JANS report on the quality of HSSP III can be assessed. The Joint Assessment report will need to be revised to reflect the completed assessment.

Development partners explained the importance of a good quality HSSP to their decisions on the channelling of funding to Uganda's health sector. A positive assessment in the final JANS report will help to build the confidence among partners in the strategy and encourage them to align their support. Most in country partners have already identified the volume of support, but have some flexibility in how it is delivered e.g. through sector budget support or via NGOs. It will be important for all partners to follow IHP+ and Paris principles in funding decisions by clearly linking their support to HSSP III and aligning as far as they can do so. If they do so, then the JANS will have achieved its intended purposes.

The ongoing work to strengthen the country working arrangements and revive sector wide working is critical for increasing confidence on both sides that the sector plan will be used to guide the sector and funding will be channelled to support its implementation. The Government will need to demonstrate to partners that the sector plan is being implemented through budget allocations and results. The partners need to recognise the practical constraints facing implementation and help to address them, and be accountable for delivering their support.

Annex 1: External JANS team members

Surname	First name	Focus in JANS team	Institutional base
Bornemisza	Olga	Health systems, monitoring	Global Fund, Geneva CHESTRAD/ACOSHED, Nigeria
Dare	Lola	Civil Society & evaluation Team Leader, JANS team, public health and health systems	HERA, Belgium World Health Organisation, Geneva
Devillé	Leo	Health financing specialist MCH & public health	USAID, Washington
Durairaj	Varatharajan	Public health	World Bank, Washington
Francisco	Maria	Public Finance Management	IHP+
Schleimann	Finn	Monitoring and evaluation	HLSP, London
Talai	Iraj		
Walford	Veronica		

Annex 2: Informants met during the external joint assessment

Surname	Other names	Position	Agency
Mallinga	Stephen	Honorable Minister Deputy Minister	Ministry of Health Ministry of Health
Mugisha	Kenya	Acting Director General	Ministry of Health
Aliti	Candia Tom	Principal Finance Officer	Ministry of Health
Amone	Jackson	Assistant Commissioner HS (IC)	Ministry of Health
Asiwan	Lulumago	Deputy Permanent Secretary	Ministry of Health
Kadowa	Isaac	Quality Assurance department	Ministry of Health
Kagoro	John	Assistant Comm. Internal Audit	Ministry of Health
Kakoole	Eric	Senior Policy officer	Ministry of Health
Kusasira	Edith	Principal Personnel Officer	Ministry of Health
Kyambadde	Samuel	Under Sec. Finance & Accounting	Ministry of Health
Kyeyure	Nambalya	DCRL	Ministry of Health
Lwamafa	DKW	Commissioner Disease Control	Ministry of Health
Mbonye		Assistant Commissioner	Ministry of Health
Mubiru	Christine	Principal Policy Analyst Assistant Commissioner, Resource	Ministry of Health
Mukooyo	Eddie	Centre	Ministry of Health
Musobo	Nelson	Senior Planning Officer	Ministry of Health
Nalwoyiso	Regis	Senior Accountant	Ministry of Health
Nsungwa-Sabiti	Jesca	Child Health Division Asstn. Commissioner	Ministry of Health
Oleba Olowo	Martin	Pharmaceuticals Asstn. Commissioner, National	Ministry of Health
Opio	Alex	Disease Control Deptm. Commissioner & Acting Director	Ministry of Health
Runumi	Francis	Planning & Development	Ministry of Health
Ssendonya	Martin	Senior Medical Officer QA	Ministry of Health
Ssewogerere	J.B	Asst Commissioner Accounts	Ministry of Health
Ssegonga	Muhmed	Principal Procurement Officer	Ministry of Health
Tashobya	Christine	QA Department/Desk officer IHP	Ministry of Health
Wanda	SSB	CS	Ministry of Health
Civil Society, NGOs and Private practitioners			
Bisase	Harold	President/ Chair PHP Sub-Working Group	Federation of Private Health Professionals
Kiggundu	Sakina	President	Ug Private Midwives Assoc Ug Allied Health Professional Private Practitioners
Muguduma	D.D	President	Ug Private Nurses Association
Ojok	Hellen	Representative	AMREF
Angiyo	Jesca Bala		Uganda National Health Consumers' Organisation
Kaitiritimba	Robinah	Executive Director	Action Group for Health, Human Rights & HIV/AIDS
Kiapi	Sandra	Executive Director	

Kagimu	Isaac M		Ug Catholic Medical Bureau
Orach	Sam	Executive Secretary	Ug Catholic Medical Bureau
Omasete	Richard	Monitoring & Evaluation Officer	Ug Catholic Medical Bureau
Mukinwe	Lorna		Ug Protestant Medical Bureau
Ziraba	Zaituna		Ug Muslim Medical Bureau

District Health vists

Bigirimana	Pius	Permanent Secretary Ag. DHO & 11 staff	Office of the Prime Minister
Muzira		District Health Team	Kamuli District
Robert	Isabirye	Medical Superintendent District Health Inspector and 10 staff	Kamuli Government Hospital
Wagoleire	Chris	District Health Team	Jinja District Jinja Regional Referral Hospital
Ondoa-Onama	Christine	Medical Superintendent	Jinja Central Health Center (HC3)
Nabiryo,	Betty	Enrolled Midwife, & 2 staff	Mpumudde Health Center
Nakuba,	Mary	Enrolled Midwife & 2 staff	

Other public sector

Imagar	Elizabeth	Principal Policy Analyst	Ministry of Local Government
Musoke	Andrew	Principal Economist	Ministry of Local Government
Mugurura	Chris	Economist	Ug Blood Transfusion Service
Arinaitwe	Jim	Coordinator, Global Fund	Uganda AIDS Commission
Bagorogoza	Benson	Coordinator, Resource management	Uganda AIDS Commission
Abala-Mmutu	Joseph	Asstn. Commissioner	Ministry of Education & Sports
Sempala	Patrick	Senior Education Officer	Ministry of Education & Sports
Kisamba-			
Mugerwa	Wilderforce	Chairperson	National Planning Authority
Okot	Acer	Board Member	National Planning Authority
Nanseera	J.J.	Commissioner	Ministry of Public Service
Kamya	Mugalu	Asstn. Commissioner	Ministry of Public Service

International Development Partner agencies

Ayers	Elise	SO8 Team Leader Health and Education	USAID
Bataringaya	Juliet	National Program Officer, Health Systems Development	World Health Organisation (Kampala)
Hertel	Ulrika	First Secretary/Senior Programme Manager, Health Sector	Swedish Embassy
Geysels	Luc	Health Sector Advisor + 1 colleague	Belgium Development Agency
Mpanga	Flavia		UNICEF
Ogwal	Peter		Danish Embassy
Okwero	Peter	Senior Health Specialist	World Bank (Kampala)
Rhodes	Megan	Health Team Leader & Chair HDPs	USAID Kampala
Saweka	Joaquin	WR	WHO (Kampala)
Strong	Mike	Coordinator	PEPFAR UNFPA

Others

Enyimayew	Nana	Consultant on Health Systems	IHP+
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Annex 3: Key Informants who contributed to the lesson learning

Ministry of Health

Francis Runumi Director Planning and Development

Christine Tashobya IHP+ Task Force Focal Point

Development partners in Uganda

Luc Geysels Belgian Development Agency

Paolo Giambelli Italian Cooperation

Ulrike Hertel Swedish Embassy

Peter Okwero World Bank

Megan Rhodes USAID

JANS team members

Leo Deville Team leader, Consultant, HERA Belgium

Olga Bornemisza Senior Technical Officer, Global Fund Secretariat, Geneva

Lola Dare Executive Secretary, ACOSHED/CHESTRAD, Nigeria

Maria Fransisco Senior Technical Advisor, USAID, Washington

Durairaj Varatharajan Financing specialist, World Health Organisation, Geneva

Finn Schleimann Senior Health Specialist, World Bank, Washington

Iraj Talai World Bank/IHP+ consultant

Veronica Walford M&E and Lessons learning consultant, HLSP London