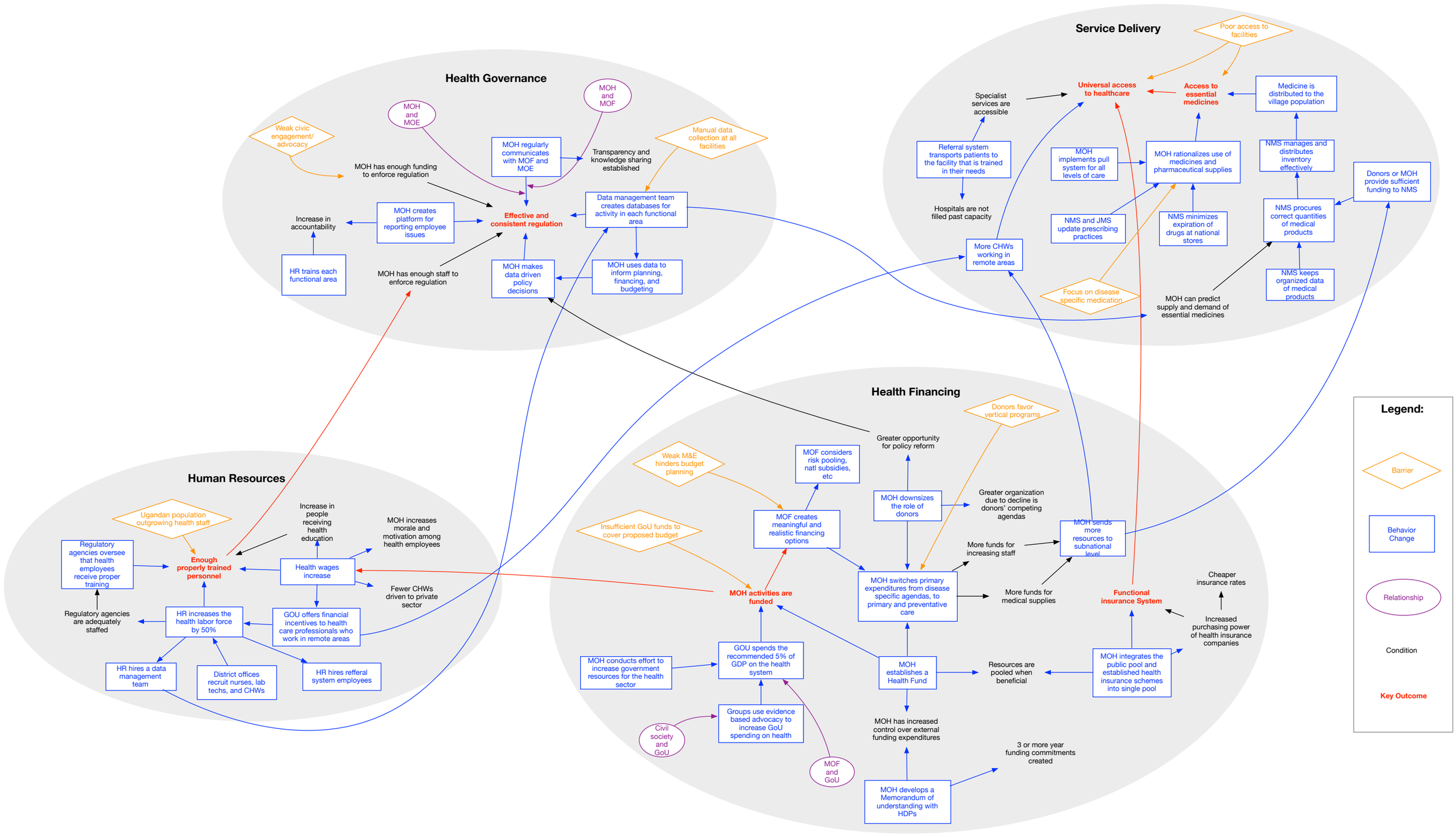
Health Governance
Weak civic engagement/ advocacy
MOH and MOE
MOH and MOF
MOH regularly communicates with MOF and MOE
Transparency and knowledge sharing established
Manual data collection at all facilities
MOH has enough funding to enforce regulation
Increase in accountability
MOH creates platform for reporting employee issues
Effective and consistent regulation
Data management team creates databases for activity in each functional area
HR trains each functional area
MOH has enough staff to enforce regulation
MOH makes data driven policy decisions
MOH uses data to inform planning, financing, and budgeting
Service Delivery
Poor access to facilities
Specialist services are accessible
Universal access to healthcare
Access to essential medicines
Medicine is distributed to the village population
Referral system transports patients to the facility that is trained in their needs
MOH implements pull system for all levels of care
MOH rationalizes use of medicines and pharmaceutical supplies
NMS manages and distributes inventory effectively
Donors or MOH provide sufficient funding to NMS
Hospitals are not filled past capacity
NMS and JMS update prescribing practices
NMS minimizes expiration of drugs at national stores
NMS procures correct quantities of medical products
More CHWs working in remote areas
Focus on disease specific medication
MOH can predict supply and demand of essential medicines
NMS keeps organized data of medical products
Human Resources
Ugandan population outgrowing health staff
Increase in people receiving health education
MOH increases morale and motivation among health employees
Regulatory agencies oversee that health employees receive proper training
Enough properly trained personnel
Health wages increase
Fewer CHWs driven to private sector
Regulatory agencies are adequately staffed
HR increases the health labor force by 50%
GOU offers financial incentives to health care professionals who work in remote areas
HR hires a data management team
District offices recruit nurses, lab techs, and CHWs
HR hires refferal system employees
Health Financing
Donors favor vertical programs
Greater opportunity for policy reform
Weak M&E hinders budget planning
MOF considers risk pooling, natl subsidies, etc
MOH downsizes the role of donors
Greater organization due to decline is donors' competing agendas
Insufficient GoU funds to cover proposed budget
MOF creates meaningful and realistic financing options
MOH sends more resources to subnational level
More funds for increasing staff
MOH activities are funded
MOH switches primary expenditures from disease specific agendas, to primary and preventative care
More funds for medical supplies
Functional insurance System
Cheaper insurance rates
Increased purchasing power of health insurance companies
MOH conducts effort to increase government resources for the health sector
GOU spends the recommended 5% of GDP on the health system
MOH establishes a Health Fund
Resources are pooled when beneficial
MOH integrates the public pool and established health insurance schemes into single pool
Civil society and GoU
Groups use evidence based advocacy to increase GoU spending on health
MOF and GoU
MOH has increased control over external funding expenditures
3 or more year funding commitments created
MOH develops a Memorandum of understanding with HDPs
Legend:
Barrier
Behavior Change
Relationship
Condition
Key Outcome