REPUBLIC OF RWANDA

MINISTRY OF HEALTH

RESULTS REPORT 2015

INTERVENTION UBUZIMA BURAMBYE (LONG HEALTHY LIFE)

RWA 1309211

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Acronyms

BTC	Belgian Development Agency
CB	Capacity Building
DEL CO	Delegated Co-Manager of the Project
DGD	Direction générale Coopération au développement et Aide humanitaire
EDPRS 2	The 2nd Economic Development and Poverty Reduction Strategy
HSSPIII	Health Sector Strategic Plan Phase III
HSWG	Health Sector Working Group
IFMIS	Integrated Financial Management Information System
ITA	International Technical Advisor
JSR	Joint Sector Reviews
M&E	Monitoring and Evaluation
MIFOTRA	Ministry of Public Service and Labor
MINALOC	Ministry of Local Government (Ministère de l'Administration Locale)
MINECOFIN	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MTI	Medical Technology and Infrastructure (Division of RBC)
MTR	Mid Term Review
OA	Organizational Assessment
PS	Permanent Secretary
PPP	Public Private Partnerships
RBC	Rwanda Biomedical Center
SC	Steering Committee
SPIU	Single Project Implementation Unit
TA/NTA	Technical Assistance/National Technical Assistance
ToR	Terms of Reference
TFF	Technical and Financial File
UR	University of Rwanda

1 Intervention at a glance (max. 2 pages)

1.1 Intervention form

Title of the intervention	UBUZIMA BURAMBYE (LONG HEALTH LIFE)
Intervention number	RWA 13 092 11
Navision Code BTC	NN 3015102
Partner Institution	Ministry of Health (MOH)
Duration of the intervention	60 months (operational: 48 months)
Date of the intervention	1st July 2015
Contribution of the Partner Country	€ 6.155.000
Belgian Contribution	€ 21.000.000
Sector (CAD codes)	12110 12220 12230
Brief description of the intervention	Health institutional strengthening and support at central level and decentralised level with particular emphasis on quality of services, mental health, urban health, governance and leadership, M&E and asset management
General Objective	strengthening the quality of primary health care and health services in Rwanda
Specific Objective	A people-centered, integrated and sustainable health care system with quality essential health care services as close to the community as possible has been reinforced
Results	R1. The quality assurance system is set up and integrated and functional at the level of all hospitals R2. The mental health services are accessible at the community level up to the national level in a sustainable way R3. The urban health service coverage is rationalized and extended in line with the three guiding principles of the National Health Sector Policy R4. The leadership and governance is reinforced, specifically regarding district stewardship, the respective roles of the MoH and RBC and the public private partnership R5. Data are generated, analysed and used for evidence-based decision-making in a more correct, integrated, systematic, accessible and effective way R6. The asset management system is designed and operational in a cost-effective way
Year covered by the report	2015

1.2 Budget execution

	Budget	Expenditure		Balance	Disburse-ment rate at the end of year 2015
		Previous years	Year covered by report (2015)		
Total	**21.000.000**	**NA**	**287.730,14**	**20.712.269,85**	**1.3%**
Result 1	1.704.500	NA	0	1.704.500	0%
Result 2	3.487.200	NA	70.171,60	3.417.028,4	2%
Result 3	6.655.000	NA	7.296,51	6.647.703,49	0.1%
Result 4	1.326.000	NA	0	1.326.000,00	0%
Result 5	1.330.000	NA	3.804,82	1.326.195,18	0.3%
Result 6	3.724.500	NA	60.981,96	3.663.518,04	1.6%
Contingencies	474.000	NA	0	474.000,00	0%
General means	2.298.800	NA	145.475,25	2.153.324,75	6.3%

The specific agreement was signed on 30th June 2015 and the first steering committee took place on 4th December 2015 to approve action plans among other decisions. As a result, very few activities could take place in 2015

1.3 Self-assessment performance

1.3.1 Relevance

	Performance
Relevance	A

1.3.2 Effectiveness

	Performance
Effectiveness	B

Note: the program has just started and further complementary work and analysis on logic of intervention will be required and developed in the baseline report planned in Q1 2016

1.3.3 Efficiency

	Performance
Efficiency	Not relevant - this is too early in project implementation

Note: this intervention will be a test for national execution modality

1.3.4 Potential sustainability

	Performance
Potential sustainability	Not relevant yet - this is too early in program implementation and no activities have fully taken place yet

1.4 Conclusions

From the signature of the specific agreement on 30th June 2015 until the end of this reporting period, activities that have been carried out are mostly in relation to set up the team and the start-up of the intervention.

What has been done in 2015?

- Operational & Financial Planning: the signing of the specific agreement allowed for continuity with the previous program 'Minisanté 4'. This enabled some technical support while financial and administrative issues were addressed. Therefore, the operational period was considered to have started on 1st October 2015 with the organization of planning workshops to develop action plans for the first two years. This led to the first Steering Committee (SC) meeting that was held on 4th December to approve the proposed action plans and practically kick-start the program. Besides, as this program is the first program to be managed in 'National Execution' mode, numerous meetings took place with MOH, RBC and MINECOFIN to prepare the integration of the program into IFMIS system. In the mean time, the program reviewed the procedures manual of RBC/SPIU that will be used for the program implementation manual with additional specific components related to scope management and regie activities.

- HR: following the organigram in the TFF, a number of International and national staff have been identified to support the implementation of this program. The program is anchored at RBC/SPIU level but some staff will be deployed at MOH and City of Kigali as well. However, prior to launching of the recruitment, the organogram and staff job descriptions had to be sent to MIFOTRA for confirmation and validation. The positions will be advertised in 2016 and the staff will be contracted by RBC and funded by Ubuzima Burambye program. A mechanism of joint evaluation (combining Performance contract and development circles) will be put in place at the start of the operational period.

  BTC HQ has proceeded in the recruitment of the six International Technical Advisors (ITA) positions: ITA Public Health – Program Coordination, ITA Mental Health, ITA Health Care Asset management and RAFi Expert Health Program were recruited and started immediately. ITA for Health Institutional Support and ITA for Health Information Monitoring and Evaluation Systems positions were advertised and recruitment was not finalised by end of the year. Selections have been conducted jointly through interviews that have been held by videoconference. ITA for Health Institutional Support was selected in December 2015 and MOH confirmed the selection in January 2016. ITA for Health Information Monitoring and Evaluation Systems (epidemiologist) has not been successfully identified by December 2015 and the position has been relaunched.

  The recruitment and selection processes have been made in a very constructive approach. Both parties were involved and aware that the intervention team needs to be skilled and well trained in a result-based spirit to be successful.

- Technical support (scope management): considering the availability of some ITA, technical support to Quality of services, Mental Health and medical asset management was provided to assist the respective divisions in technical expertise related to the program. In particular issues around accreditation agency setup, third cycle of Psychiatry program, in depth assessment of hospital equipment and infrastructure as well as the development of the architectural design of the proposed district hospital and mental health day care were amongst the main activities that benefited of technical support during the onset of the program

- National Execution:

  Ubuzima Burambye is the first program in Rwanda that is managed under the national execution modality. This has been made possible following the positive organizational assessment done by an external consultant in 2014. Financial and procurement will be managed by RBC/SPIU while ITA will provide technical support and will engage in the scope management.
  Integration into IFMIS has been prepared in coordination with MINECOFIN and Planning M&E and Business Strategy Division of Rwanda Biomedical Center (RBC)

- Baseline report:

  Document review and preliminary analysis was initiated with the divisions, SPIU and the representation. A workshop will be held in Q1 2016 and the report will be presented to the next steering committee for approval.

National execution official[1]	BTC execution official[2]
Dr Daniel NGAMIJE **RBC/SPIU Coordinator**	**Dr Vincent TIHON** **DELCO - Program Coordinator**

UBUZIMA BURAMBYE PROGRAM * RBC / SPIU B.P. 6089 KIGALI * LONG HEALTHY LIFE

2 Results Monitoring[3]

2.1 Evolution of the context

2.1.1 General context

No major evolution since the signature of the specific agreement

2.1.2 Institutional context

Since the finalization of the formulation by April 2015, the institutional context has not much changed except a request by Ministry of Health that infrastructure works be further decentralized to the districts instead of being managed by RBC SPIU as per TFF. MOH request followed the national trend and support towards further decentralization of health services to the district as per decision by the authorities after the signature of the program specific agreement.

This represents a major shift from the TFF and such a modification requires a strong motivation by the partner, a consensus to consider the change followed by an external organizational assessment of the respective districts (Nyarugenge for the construction of the district hospital and Gasabo for the mental health day care center). The representation and the embassy requested to meet the Minister of Health but the meeting could only take place in February 2016.

As a result, an organizational assessment will take place in March 2016 and the findings will enable the steering committee to decide whether to request a change in the TFF or to keep the current one. A change in the TFF will need to be validated by BTC and DGD in Brussels with the approval of Inspector of Finance. Meanwhile the program coordination suggested to set up a joint task force with all relevant stakeholders to oversee the design and preparations for the constructions.

The coordination of the sector and the sector dialogue in general have not been very dynamic following the Mid Term Review of the Health Sector Strategic Plan III. While this did not have any significant impact on the program, it should be a point of attention for the coming year.

2.1.3 Management context: execution modalities

Execution modalities will be 'National Execution'. The TFF describes how it will be applied (it differentiates systems and responsibilities that are to be used) in each of the management areas and specifies that national execution will only concern the financial management and procurement and not the scope management that will still be joint.

During the first months, only the HR process was concerned. This process however faced a setback as all national positions that were agreed upon in the TFF had to be reassessed and revalidated by Ministry of Labor (MIFOTRA). As a result, no national position recruitment could be initiated in 2015, pending approval by MIFOTRA.

Because the Rwanda fiscal year 2015-2016 had already started before actual program implementation, the financial management will use the FIT tool (BTC system) for the first year of the program and will be integrated into the Integrated Financial Management Information System (IFMIS – Rwanda system) for the year 2016-2017 onwards.

The alignment to the Rwandan system (national execution) and fiscal year calls for an

[3] Impact refers to global objective, Outcome refers to specific objective, output refers to expected result

alignment of the reporting period. A request for aligning reporting period to the Rwandan fiscal year will be formally made by MOH to DGD during Q1 2016.

2.1.4 Harmo context

The health sector has followed MINECOFIN instructions and has a Health Sector Working Group (HSWG) that should meet quarterly, chaired by PS and co-chaired by a development partner, currently the US government.

In 2015 HSWG met three times and oversaw the Mid Term Review (MTR) of the Health Sector Strategic Plan Phase III (HSSPIII). By the time of the writing of this report, the report of MTR of HSSPIII had not yet been validated and disseminated for use.

Below the HSWG, there are a number of Technical Working Groups (TWG) where BTC ITA are members or even co-chairs:

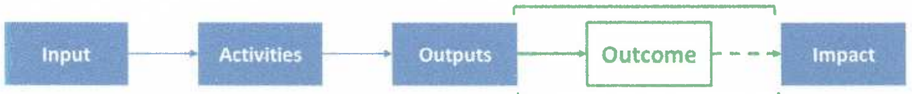
	Technical Working Groups	chair	co-chair	BTC	back-up BTC
SWG&JSR		MoH	USG	Charlotte T & Jan B	Vincent T
DPG	Development Partners Group	USG	n/a	Charlotte T & Jan B	Vincent T
Sub SWG	Maternal Care Community Health - MCCH	MCH	UNICEF	Jan B	
	Infectious Disease	IHDPC	USG	*No priority*	
	Non Communicable Disease	NCD	WHO	*No priority*	
	Mental Health	MH	BTC	Achour AM	Vincent T
	Health Promotion	RHCC	UNICEF		
	Planning, Health financing & Information systems	Planning &HIS	BTC	Jan B / Charlotte T / ATI Planning	Vincent T
	HRH	HRH	USG	Jan B	Vincent T
	Infrastructure & Supply	RBC BIOS	WHO (alternate BTC)	Sankaran N	Vincent T
	Research & Knowledge management	Planning &HIS	SDC	Jan B / ATI Data	Vincent T
	Quality & Standards	clinical services	BTC	Vincent T	Jan B

However the level of activity of the TWG has been variable and it appears that the interests in those TWG has not been fully renewed. This will be among issues for discussion in 2016.

Meanwhile, an internal coordination within the health sector including all ITA for the programs (SBS, CDPF, UB), BTC RepRwa and Embassy regularly meets to review progress of the sector, program implementation, good practices and challenges. This enables a coherent response from Belgium to the health sector needs.

The collaboration with Belgian Embassy and especially with the Attaché in charge of health has been continuous and constructive, which is of importance in the complex context of health sector in Rwanda.

2.2 Performance outcome



This section of the results report is not relevant for the reporting period, because the intervention is in its start-up phase. Effective implementation will start in January 2016.

2.3 Performance output 1-2-3-4-5-64

This section of the results report is not relevant for the reporting period, because the intervention is in its start-up phase. Effective implementation will start in January 2016.

2.4 Transversal Themes

This section of the results report is not relevant for the reporting period, because the intervention has not yet actually started.

The three transversal themes of gender, sexual and reproductive health and HIV as well as environment are included in the TFF
Their inclusion in the logical framework activities included some indicators that will be reviewed during the baseline exercise.

2.5 Risk management

- **Accreditation (R1):**
  Accreditation is an ambitious program that is heavy to implement at institution level (currently the provincial and district hospitals) in terms of time and resources. It will require additional funding sources that are not yet identified. Expected impact of UB support may not be effective if the accreditation agency is not adequately set up.
- **Constructions (R3, R4):**
  The programme will support the construction of a district hospital (Nyarugenge district), a mental health day care center and the renovation or construction of medical maintenance workshops in up to 15 district hospitals. These constructions must be fully functional before the end of the programme. An organizational assessment will be done to assess whether the management of the constructions will be done by the districts or by RBC/SPIU as per TFF
- **Sustainability of MMed Psychiatry (R2):**
  While the program is fully embedded in the national structure including at the School of Medicine, there has been so far limited ownership by University of Rwanda and high donor dependency for the coordination and training. Issue of sustainability need to be addressed by the University with the support of the program to maintain gains accumulated by our previous programs (APNSM and MS4) as well as the high quality standards developed
- **Urban health and hospital networking (R3)**:
  Local elections will be happening in February-March 2016 and staff workload are challenges identified by both the partner and the program. It is expected that the ITA coming in March and the recruitment of the national network coordinator will significantly boost the implementation of the activities. Particularly the hospital networking that is a condition for the implementation of the construction of Nyarugenge District Hospital
- **Biomedical maintenance (R6):**
  Maintenance of biomedical equipment and health infrastructures is an area that still requires much attention and support by RBC as well as donors. Belgium is the only partner working within the system to strengthen the institution. However, as the institution is weak in its strategic vision and operations, the impact of UB program may be affected following a number of identified challenges including: lack of national strategy on biomedical maintenance, high workload and continuous requests from MOH, RBC as well as from decentralised institutions

Risk/ Issue Event	Period	Logical Frame work	Categ ory	Likel ihoo d	Impac t	Magnitu de	Action(s)	Resp.	Deadli ne	Progress	Status
Construction of Mental Health Day care Centre compromised as CoK unilaterally reduced the size of the plot with 37% and the remaining part has topographic challenges (high slope and swampy area in lower side)	Start-up	A_02_02	Effectiveness	Issue	High	High	Inform BTC RR	Program Coor	Oct-15	BTC RR meeting and issue to be included on SC agenda	On Track
							Coordinate with District officials and CoK	DI RBC SPIU	Oct-15	meeting held with VMSA Gasabo, district engineer expecting feedback (identification of new site or increase of current site)	On Track
							Involve CoK VM SA	DI RBC SPIU	Oct-15	meeting held on 28/10 to be followed up by district meetings: decision to increase plot size by purchase of adjacent land	On Track
							Implement soil testing and topographic map to assess feasibility of construction for the identified plot				
Duration of the Specific Agreement might be insufficient, since it mentions 60 months instead of the 72 specified in the TFF	Start-up		Effectiveness	Issue	Medium	Medium	Inform BTC RR and Belgian Embassy	Program Coor	Oct-15		
							consider introduce request to correct Specific agreement	Program Coor			
Construction of Nyarugenge District Hospital not started in time	Start-up	A_03_05	Sustainability	Medium	High	High Risk	Drafting of Master Plan & Preliminary design financed by Study Fund in order to speed up	RepRWA	Aug-15	Difficult relationship with the consultant, deliverables to be ready by end Q4 2015	Late
							ensure prompt initiation of final design by external firm through careful drafting of TOR for request for Proposal	ITA Biomed Engr	Jan-16		
Inaccurate integration of UB in GoR budget if MINECOFIN requires it to be done at the time of the budget revision FY15/16	Start-up		Effectiveness	Low	Medium	Low Risk	Meeting requested with DG Budget MINECOFIN	DI RBC SPIU	Oct-15	No formal reply from DG Budget	Late
							meeting held with MINECOFIN IFMIS and agreement on integrating IFMIS in 2016-17	Finance Advisor	Nov-15	agreement	On Track

Risk/ Issue Event	Period	Logical Frame work	Category	Likelihood	Impact	Magnitude	Action(s)	Resp.	Deadline	Progress	Status
							ensure that correct data is included in the final document	Finance Advisor	Mar-06	ongoing meetings with divisions and Planning Division at RBC	
Baseline postponed due to late arrival of the Public Health Expert (recruitment process cancelled and relaunched)	Start-up	A_03_06	Efficiency	High	Low	Medium Risk	Infor BTC PO RR	Program Coor	Oct-15	done	Completed
							workshop indicators of results with support of ITA and Jan Borg	Program Coor	Jan-16		Not yet due
							consider Support for indicators of change from MDF and ITA epidemio	Program Coor	Mar-16		Not yet due
Lack of office space for the Program once all staff have been recruited (assigned office at RBC building occupied by other staff)	Start-up		Effectiveness	Low	Medium	Low Risk	Follow-up with RBC regarding the date of move to new offices	DI RBC SPIU	Dec-15	tender by SPIU to contract a moving company was launched end September	On Track
										office space earmarked for UB	On Track
delay in effective onset of some activities due to late recruitment of support staff	Start-up		Effectiveness	Medium	Medium	Medium Risk	support divisions to finalise ToR reviews and assist HR SPIU in launching the recruitment and in facilitating selection process	DI RBC SPIU	Jan-16	all TOR revised	Completed
							engage with MIFOTRA for insertion of project staff in the structure	HR SPIU	Nov-15	Approval of positions by MIFTRA in Feb 2016	Late
delay in the creation of the accreditation agency because of funding not confirmed from USAID	Start-up		Effectiveness	Low	High	Medium Risk	engage with MOH Clinical Services and MSH to assess available funding options	ITA QA	Mar-16		Not yet due
sustainability of Mmed Psychiatry coordination at University of Rwanda	Start-up		Sustainability	Medium	High	High Risk	prepare sustainability plan with all actors involved	ITA MH	Mar-16		Not yet due
recruitment of additional CHW/Health promoter for Mental Health not confirmed	Start-up		Effectiveness	Low	High	Medium Risk	engage with Community Medicine and NCD Division to monitor risk and identify alternative options	MHD	Jun-16		Not yet due

Risk/ Issue Event	Period	Logical Frame work	Categ ory	Likel ihoo d	Impac t	Magnitu de	Action(s)	Resp.	Deadli ne	Progress	Status
delay in adoption of Mental Health law	Start-up		Effecti veness	Med ium	Mediu m	Medium Risk	close monitoring of progress in adoption of the law				Not yet due
slow implementation of hospital network due to unclear scope, high number of actors and numerous prerequisites	Start-up		Effecti veness	Med ium	Mediu m	Medium Risk	close monitoring and support of the network	ITA PH	Jun-17		Not yet due
high staff mobility may reduce district stewardship capacity	Start-up		Effecti veness	Med ium	Low	Low Risk	close support to MOH and mentoring of districts	ITA PH	Jun-17		Not yet due
low data use for decision making at district level	Start-up		Effecti veness	Med ium	Mediu m	Medium Risk	ensure mentoring and capacity support is provided to all districts	ITA PH	Jun-17		Not yet due
high workload at MTI may delay implementation of plans	Start-up		Effecti veness	Med ium	High	High Risk	assist MTI in completing all staffing recruitment	ITA Biomed Engr	Jun-16		Not yet due
							assist MTI Director Planning to ensure realistic plans are developed implementation	ITA Biomed Engr	Jun-17		On Track
							mobilize support to finalize approval of MTI strategic plan	ITA Biomed Engr	Jun-16		Not yet due

3 Steering and Learning

3.1 Strategic re-orientations

Result 2 and 3:

While it is premature to anticipate any re orientation at this stage, the request of MOH to transfer the management of infrastructure to the districts will require an external Organizational Assessment (OA) to be done in Q1 of 2016. The conclusions of the organizational assessment will be discussed at the steering committee. In the meantime, a joint task force involving all actors (MOH, RBC/SPIU, MTI, City of Kigali, Districts of Gasabo and Nyarugenge, Rwanda Housing authority) will oversee the approval of the constructions designs and the preparations of tenders. Initially chaired by SPIU, the task force chairmanship will shift to the districts in case of positive OA and approval by BTC and DGD Brussels (including Inspector of Finance)

Service framework contract that was expected to provide the master plan and preliminary design did not produce the expected work

3.2 Recommendations

Main recommendations or points of attention:

Starting up UBUZIMA BURAMBYE :		**Pilot**	**Date limit / period**	**Actual situation**
Recruitment ATN	Ensure prompt recruitment as soon as MIFOTRA approval has been received	RBC/SPIU HR	Q2 2016	Pending approval of positions by MIFOTRA
In depth assessment medical equipment and infrastructure	Respond to consultant request for contract addendum and finalize study	RBC/MTI	Q2 2016	36 out of 42 hospital assessed so far
Sustainability plan MMed Psychiatry	Request by SC to assist UR to develop a sustainability plan for MMed PSY	RBC/MHD	Q2 2016	Draft plan
Concept note Knowledge management	Reflexion meetings	UB pgm (ITA and respective divisions)	Q2 2016	Due next year
	Note			
Baseline report	M&E workshop	UB Coord	Q1 2016	Documents collections
	Baseline report		Q2 2016	draft
Preliminary and final design of Nyarugenge District Hospital	BTC framework contract consultancy	UB Coord and Task Force	Q1 2016	Incomplete draft so far
Preliminary and final	Finalize plot	UB Coord	Q2 2016	Preliminary

design of Gasabo District Mental health Day Care center	feasibility assessment and architectural design	and Task Force		drafts

3.3 Lessons Learned

1. **Formulation:**
   In order to minimize delays in the inception period and in particular in regard with human resource recruitment, it will be advisable to include stakeholders such as MIFOTRA in the formulation.

2. **National Execution.**
   The shift from co-management to national execution requires good appreciation of respective roles and responsibilities of all actors involved in the program. This requires ownership at all levels and support from authorities. Inclusion of the activities in the Imihigo and performance management plan will assist in effective and timely implementation of the activities

   Integration into IFMIS system takes time and should not be rushed. As a result, the decision to integrate IFMIS only in the second year has allowed for intensive consultations with MINECOFIN and Planning at RBC. That close coordination must be kept until completion to ensure that all actors share the same understanding of the process and avoid over/underspending during implementation. While this may appear as a constraints and reduction of flexibility, it calls for improved planning from all the concerned divisions and units.

3. **Constructions:**
   The much anticipated time gain through the use of BTC framework contract for designing the hospital could not be capitalized due to inability of the consultant to deliver the expected work on time. Attention to expertise of consultants and clear contract terms of reference must be adhered to at all levels

4 Annexes

4.1 Quality criteria

<table>
<tr><td colspan="6">1. RELEVANCE: The degree to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries</td></tr>
<tr><td colspan="6">In order to calculate the total score for this quality criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D</td></tr>
<tr><td colspan="2" rowspan="2">Assessment RELEVANCE: total score</td><td>A</td><td>B</td><td>C</td><td>D</td></tr>
<tr><td>X</td><td></td><td></td><td></td></tr>
<tr><td colspan="6">1.1 What is the present level of relevance of the intervention?</td></tr>
<tr><td>X</td><td>A</td><td colspan="4">Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.</td></tr>
<tr><td>…</td><td>B</td><td colspan="4">Still fits well in national policies and Belgian strategy (without always being explicit), reasonably compatible with aid effectiveness commitments, relevant to target group's needs.</td></tr>
<tr><td>…</td><td>C</td><td colspan="4">Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.</td></tr>
<tr><td>…</td><td>D</td><td colspan="4">Contradictions with national policies and Belgian strategy, aid efficiency commitments; relevance to needs is questionable. Major adaptations needed.</td></tr>
<tr><td colspan="6">1.2 As presently designed, is the intervention logic still holding true?</td></tr>
<tr><td></td><td>A</td><td colspan="4">Clear and well-structured intervention logic; feasible and consistent vertical logic of objectives; adequate indicators; Risks and Assumptions clearly identified and managed; exit strategy in place (if applicable).</td></tr>
<tr><td>X</td><td>B</td><td colspan="4">Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.</td></tr>
<tr><td></td><td>C</td><td colspan="4">Problems with intervention logic may affect performance of intervention and capacity to monitor and evaluate progress; improvements necessary.</td></tr>
<tr><td></td><td>D</td><td colspan="4">Intervention logic is faulty and requires major revision for the intervention to have a chance of success.</td></tr>
</table>

<table>
<tr><td colspan="6">4. EFFICIENCY OF IMPLEMENTATION TO DATE: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into results in an economical way
Too early to assess since SC took place in December 2015</td></tr>
<tr><td colspan="6">In order to calculate the total score for this quality criterion, proceed as follows: 'At least two 'A', no 'C' or 'D' = A; Two times 'B', no 'C' or 'D' = B; at least one 'C', no 'D'= C; at least one 'D' = D</td></tr>
<tr><td colspan="2" rowspan="2">Assessment EFFICIENCY : total score</td><td>A</td><td>B</td><td>C</td><td>D</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">2.1 How well are inputs (financial, HR, goods & equipment) managed?</td></tr>
<tr><td></td><td>A</td><td colspan="4">All inputs are available on time and within budget.</td></tr>
<tr><td></td><td>B</td><td colspan="4">Most inputs are available in reasonable time and do not require substantial budget adjustments. However there is room for improvement.</td></tr>
<tr><td></td><td>C</td><td colspan="4">Availability and usage of inputs face problems, which need to be addressed; otherwise results may be at risk.</td></tr>
<tr><td></td><td>D</td><td colspan="4">Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.</td></tr>
</table>

2.2 How well is the implementation of activities managed?		
	A	Activities implemented on schedule
	B	Most activities are on schedule. Delays exist, but do not harm the delivery of outputs
	C	Activities are delayed. Corrections are necessary to deliver without too much delay.
	D	Serious delay. Outputs will not be delivered unless major changes in planning.
2.3 How well are outputs achieved?		
	A	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.
	B	Output delivery is and will most likely be according to plan, but there is room for improvement in terms of quality, coverage and timing.
	C	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.
	D	Quality and delivery of outputs has and most likely will have serious deficiencies. Major adjustments are needed to ensure that at least the key outputs are delivered on time.

3. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N ***NB/ Initial tentative assessment: to be confirmed after the project is more advanced in activity implementation***				
In order to calculate the total score for this quality criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D				
Assessment EFFECTIVENESS: total score	A	B	C	D
		B		

3.1 As presently implemented what is the likelihood of the outcome to be achieved?		
	A	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.
X	B	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.
	C	Outcome will be achieved only partially among others because of negative effects to which management was not able to fully adapt. Corrective measures have to be taken to improve ability to achieve outcome.
	D	The intervention will not achieve its outcome unless major, fundamental measures are taken.
3.2 Are activities and outputs adapted (when needed), in order to achieve the outcome?		
	A	The intervention is successful in adapting its strategies / activities and outputs to changing external conditions in order to achieve the outcome. Risks and assumptions are managed in a proactive manner.
X	B	The intervention is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.
	C	The intervention has not entirely succeeded in adapting its strategies to changing external conditions in a timely or adequate manner. Risk management has been rather static. An important change in strategies is necessary in order to ensure the intervention can achieve its outcome.
	D	The intervention has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.

5. **POTENTIAL SUSTAINABILITY: The degree of likelihood to maintain and reproduce the benefits of an intervention in the long run (beyond the implementation period of the intervention).** *Too early to assess since SC took place in December 2015*				
In order to calculate the total score for this quality criterion, proceed as follows: At least 3 'A's, no 'C' or 'D' = A ; Maximum two 'C's, no 'D' = B; At least three 'C's, no 'D' = C ; At least one 'D' = D				
Assessment POTENTIAL SUSTAINABILITY: total score	A	B	C	D

4.1 Financial/economic viability?		
	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.
	B	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.
	C	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.
	D	Financial/economic sustainability is very questionable unless major changes are made.
4.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support?		
	A	The steering committee and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.
	B	Implementation is based in a good part on the steering committee and other relevant local structures, which are also somewhat involved in decision-making. Likeliness of sustainability is good, but there is room for improvement.
	C	The intervention uses mainly ad-hoc arrangements and the steering committee and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.
	D	The intervention depends completely on ad-hoc structures with no prospect of sustainability. Fundamental changes are needed to enable sustainability.
4.3 What is the level of policy support provided and the degree of interaction between intervention and policy level?		
	A	Policy and institutions have been highly supportive of intervention and will continue to be so.
	B	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the intervention, and are likely to continue to be so.
	C	Intervention sustainability is limited due to lack of policy support. Corrective measures are needed.
	D	Policies have been and likely will be in contradiction with the intervention. Fundamental changes needed to make intervention sustainable.
4.4 How well is the intervention contributing to institutional and management capacity?		
	A	Intervention is embedded in institutional structures and has contributed to improve the institutional and management capacity (even if this is not an explicit goal).
	B	Intervention management is well embedded in institutional structures and has somewhat contributed to capacity building. Additional expertise might be required. Improvements in order to guarantee sustainability are possible.
	C	Intervention relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.
	D	Intervention is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.

4.2 Decisions taken by the steering committee and follow-up

The first steering committee took place on 4th December 2015.

	Decisions						Follow-up of decision	
N°	Decision	Date	Source	Deadline	Organization in charge	Responsible	Progress	Status
1	Approval of the SC internal working regulations	4-déc.-15	PMU	immediate	PMU	PGM COORD	discussion with chair and cochair prior to SC meeting	Implemented
							Done during SC meeting	
2	SC agreed that Nyarugenge and Gasabo Districts will be represented in the SC by respective Vice -Mayor in charge of Social Affairs	4-déc.-15	SC	Dec-15	PMU	UB pgm	letter drafted	On Track
3	Request derogation to DGD to align reporting periods with Rwandan Government reporting periods to allow annual reporting end of July (June-July period)	4-déc.-15	PMU	Dec-15	PMU	UB. Program and MOH	PMU draft letter to PS to sign	Late
4	Perform a review of existing monitoring and reporting formats used by partner and BTC	4-déc.-15	SC	Mar-16	PMU	UB PO	PO UB to meet PO Reprwa	On Track
5	Presentation of the knowledge management strategy at the next steering committee	4-déc.-15	SC	Next SC	PMU	PGM COORD	discussion with Karel re options	On Track
							discussions ITA	
6	Approve the motivated request for additional coordination position MMed Psychiatry (increased budget) in a perspective of developing the department of psychiatry ; **DECISION POSTPONED**	4-déc.-15	PMU	Dec-15	PMU	DI	letter to CMHS	On Track
							Meeting CMHS Principal and Dean	done

	In the meantime *: UR to provide a motivation that will be assessed by SC upon reception -e-decision process)*							
7	Request a sustainable plan for the development of the deaprtment of Psychiatry at University of Rwanda	4-déc.-15	SC	Mar-16	RBC MHD	MHD	MHD to send letter to UR	On Track
							ITA MH to prepare concept and engage with UR	ongoing
8	Ceate a task force for the implementation and follow up of the constructions in Nyarugenge and Gasabo District	4-déc.-15	PMU	Mid - December	PMU	UB. Program	task Force created and active for Nyarugenge District	Implemented
							task Force created and active for Gasabo District	
9	To agree on the urgency of the need for a clear guidance for the management of the construction and their implications	4-déc.-15	SC	Dec-15	MOH	PS	internal consultation in view of meeting with Belgian embassy	Implemented
10	A meeting between MOH, COK and BTC on management modalities for the construction works will be organized before the end of the year	4-déc.-15	PMU	Before the end of the year 2015		MOH, CoK and BTC	meeting not called as waiting for PS internal discussions	Implemented
							Meeting finally held on 16 Feb 2016	
11	Approval of the operational and financial planning with emphasis on the need to ensure that any additional delay towards the implementation of the action plans must be strongly avoided in particular in regards to constructions	4-déc.-15	PMU	Dec-15	SC	voting members	communicate to Division of the approval of the plans and the need to implement without delays	Implemented
12	Approval of budget modification : 475.000 EUR from BTC managed budget lines (Regie) to RBC managed budget (NEX) upon approval by BTC HQ	4-déc.-15	PMU	Jan-16	PMU	FA	prepare memo motivation to BTC HQ for approval	Implemented
							if approved, enter the budget modification into FIT	

4.3 Updated Logical framework

Not applicable

4.4 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	Not yet
Baseline Report registered on PIT?	Not yet
Planning MTR (registration of report)	2017
Planning ETR (registration of report)	2019
Backstopping missions EST Health	May 2016

4.5 "Budget versus current (y – m)" Report

Budget vs Actuals (Year to Month) of RWA1309211

Project Title : **Improving the quality of health care and services**
Ubuzima Burambye

Budget Version: **C01** Year to month : 31/12/2015
Currency : EUR
YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2014	Expenses 2015	Total	Balance	% Exec
A A PEOPLE-CENTERED, INTEGRATED AND SUSTAINABLE			18.227.200,00	0,00	**142.254,89**	142.254,89	18.084.945,11	1%
01 The quality assurance system is set up and integrated			1.704.500,00	0,00	**0,00**	0,00	1.704.500,00	0%
01 Progress towards the creation of an autonomous		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
02 Update & disseminate norms, standards and models		COGES	225.000,00	0,00	**0,00**	0,00	225.000,00	0%
03 Facilitate and implement the accreditation process at all		COGES	283.500,00	0,00	**0,00**	0,00	283.500,00	0%
04 Finance people-centered improvement projects		COGES	1.100.000,00	0,00	**0,00**	0,00	1.100.000,00	0%
05 Medium term technical assistance in accreditation, quality		REGIE	96.000,00	0,00	**0,00**	0,00	96.000,00	0%
02 The mental health services are accessible from the			3.487.200,00	0,00	**70.171,60**	70.171,60	3.417.028,40	2%
01 Strengthen community interventions on mental health		COGES	250.000,00	0,00	**0,00**	0,00	250.000,00	0%
02 Consolidate Mental Health Care Services & a people-		COGES	2.015.200,00	0,00	**3.847,23**	3.847,23	2.011.352,77	0%
03 Develop multidisciplinary strategies and actions with		COGES	600.000,00	0,00	**0,00**	0,00	600.000,00	0%
04 Long term technical assistance in mental health and		REGIE	622.000,00	0,00	**66.324,37**	66.324,37	555.675,63	11%
03 The urban health service coverage is rationalized and			6.655.000,00	0,00	**7.296,51**	7.296,51	6.647.703,49	0%
01 Develop promotional activities on social determinants of		COGES	110.000,00	0,00	**0,00**	0,00	110.000,00	0%
02 Develop and validate a sound concept and equitable		COGES	82.000,00	0,00	**0,00**	0,00	82.000,00	0%
03 Support the implementation of the coverage plan through		COGES	400.000,00	0,00	**0,00**	0,00	400.000,00	0%
04 Create a functional, autonomous and efficient hospital		COGES	373.200,00	0,00	**0,00**	0,00	373.200,00	0%
05 Design, build and equip a 300 beds Hospital in Kicukiro		COGES	4.777.800,00	0,00	**0,00**	0,00	4.777.800,00	0%
06 Long term technical assistance in public health, hospital		REGIE	912.000,00	0,00	**7.296,51**	7.296,51	904.703,49	1%
04 The leadership and governance is reinforced, specifically			1.326.000,00	0,00	**0,00**	0,00	1.326.000,00	0%
01 Strengthen stewardship capacities at the level of the local		COGES	850.000,00	0,00	**0,00**	0,00	850.000,00	0%
02 Provide support to MoH and RBC with regard to their		COGES	380.000,00	0,00	**0,00**	0,00	380.000,00	0%
		REGIE	5.126.000,00	0,00	**249.044,93**	249.044,93	4.876.955,07	5%
		COGEST	15.874.000,00	0,00	**38.685,21**	38.685,21	15.835.314,79	0%
		TOTAL	21.000.000,00	0,00	**287.730,14**	287.730,14	20.712.269,86	1%

Budget vs Actuals (Year to Month) of RWA1309211

Project Title : **Improving the quality of health care and services Ubuzima Burambye**

Budget Version: **C01** Year to month : 31/12/2015

Currency : EUR

YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2014	Expenses 2015	Total	Balance	% Exec
04 Technical team		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
05 RAFI / PFM expert		REGIE	270.000,00	0,00	**11.932,07**	11.932,07	258.067,93	4%
02 Investments			55.000,00	0,00	**3.357,54**	3.357,54	51.642,46	**6%**
01 cars		REGIE	0,00	0,00	**0,00**	0,00	0,00	?%
02 Office equipment		REGIE	25.000,00	0,00	**0,00**	0,00	25.000,00	0%
03 IT equipment		REGIE	30.000,00	0,00	**3.357,54**	3.357,54	26.642,46	11%
04 Office refurnising		REGIE	0,00	0,00	**0,00**	0,00	0,00	?%
03 Functional costs			313.000,00	0,00	**9.189,17**	9.189,17	303.810,83	**3%**
01 Functioning costs cars		REGIE	60.000,00	0,00	**3.939,08**	3.939,08	56.060,92	7%
02 Tele communication		REGIE	40.000,00	0,00	**2.588,57**	2.588,57	37.411,43	6%
03 Office material		REGIE	40.000,00	0,00	**474,66**	474,66	39.525,34	1%
04 Missions		REGIE	40.000,00	0,00	**1.729,50**	1.729,50	38.270,50	4%
05 Representation costs and external communication		REGIE	40.000,00	0,00	**0,00**	0,00	40.000,00	0%
06 Training (including on HIV workplace policy)		REGIE	30.000,00	0,00	**0,00**	0,00	30.000,00	0%
07 Consultancy costs - PFM support		REGIE	48.000,00	0,00	**0,00**	0,00	48.000,00	0%
08 Financial transaction costs		REGIE	5.000,00	0,00	**19,76**	19,76	4.980,24	0%
09 Costs VAT		REGIE	0,00	0,00	**437,60**	437,60	-437,60	?%
10 Other functioning costs		REGIE	10.000,00	0,00	**0,00**	0,00	10.000,00	0%
04 Audit, monitoring and evaluation			480.000,00	0,00	**3.971,34**	3.971,34	476.028,66	**1%**
01 M&E costs (baseline, 1 EMP + 1 EF)		REGIE	130.000,00	0,00	**0,00**	0,00	130.000,00	0%
02 Audit		REGIE	50.000,00	0,00	**0,00**	0,00	50.000,00	0%
03 Capitalisation		REGIE	40.000,00	0,00	**0,00**	0,00	40.000,00	0%
		REGIE	5.126.000,00	0,00	**249.044,93**	249.044,93	4.876.955,07	5%
		COGEST	15.874.000,00	0,00	**38.685,21**	38.685,21	15.835.314,79	0%
		TOTAL	21.000.000,00	0,00	**287.730,14**	287.730,14	20.712.269,86	1%

Budget vs Actuals (Year to Month) of RWA1309211

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Budget Version: **C01** Year to month : 31/12/2015

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	Status	Fin Mode	Amount	Start to 2014	Expenses 2015	Total	Balance	% Exec
03 Long term technical assistance in (district) capacity		REGIE	96.000,00	0,00	**0,00**	0,00	96.000,00	0%
05 Data are generated, analysed and used for evidence-			1.330.000,00	0,00	**3.804,82**	3.804,82	1.326.195,18	**0%**
01 Assure the integration of different systems of information		COGES	120.000,00	0,00	**0,00**	0,00	120.000,00	0%
02 Assure the production of quality data		COGES	140.000,00	0,00	**0,00**	0,00	140.000,00	0%
03 Develop strategies for effective utilization of data for		COGES	350.000,00	0,00	**0,00**	0,00	350.000,00	0%
04 Long term technical assistance in HMIS development and		REGIE	720.000,00	0,00	**3.804,82**	3.804,82	716.195,18	1%
06 An asset management system is designed and			3.724.500,00	0,00	**60.981,96**	60.981,96	3.663.518,04	**2%**
01 Develop, validate and disseminate policies, technical standards for HF in infrastructure and equipment, acquisition		COGES	66.000,00	0,00	**0,00**	0,00	66.000,00	0%
02 Develop a functional procurement & maintenance system		COGES	1.021.500,00	0,00	**2.318,71**	2.318,71	1.019.181,29	0%
03 Develop a waste management policy, strategy and		COGES	80.000,00	0,00	**0,00**	0,00	80.000,00	0%
04 Finance strategic improvement projects with impact on the		COGES	1.300.000,00	0,00	**0,00**	0,00	1.300.000,00	0%
05 Develop domestic human capacity with regard to asset		COGES	465.000,00	0,00	**0,00**	0,00	465.000,00	0%
06 Long term technical assistance in maintenance of		REGIE	792.000,00	0,00	**58.663,25**	58.663,25	733.336,75	7%
X CONTINGENCY			474.000,00	0,00	**0,00**	0,00	474.000,00	0%
01 Contingency			474.000,00	0,00	**0,00**	0,00	474.000,00	**0%**
01 contingency CO-MANAGEMENT		COGES	424.000,00	0,00	**0,00**	0,00	424.000,00	0%
02 Contingency BTC-management		REGIE	50.000,00	0,00	**0,00**	0,00	50.000,00	0%
Z GENERAL MEANS			2.298.800,00	0,00	**145.476,25**	145.475,25	2.153.324,75	6%
01 Personnel costs			1.450.800,00	0,00	**128.957,20**	128.957,20	1.321.842,80	**9%**
01 ITA Public Health – Program Coordinator (co-manager)		REGIE	720.000,00	0,00	**84.505,86**	84.505,86	635.494,14	12%
02 Program manager		COGES	72.000,00	0,00	**0,00**	0,00	72.000,00	0%
03 Finance and admin team		COGES	388.800,00	0,00	**32.519,27**	32.519,27	356.280,73	8%
		REGIE	5.126.000,00	0,00	**249.044,93**	249.044,93	4.876.955,07	5%
		COGEST	15.874.000,00	0,00	**38.685,21**	38.685,21	15.835.314,79	0%
		TOTAL	21.000.000,00	0,00	**287.730,14**	287.730,14	20.712.269,86	1%

Budget vs Actuals (Year to Month) of RWA1309211 Printed on donderdag 03 maart 2016 page: 2

Budget vs Actuals (Year to Month) of RWA1309211

Project Title : **Improving the quality of health care and services Ubuzima Burambye**

Budget Version: **C01** Year to month : 31/12/2015

Currency : EUR

YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2014	Expenses 2015	Total	Balance	% Exec
04 Backstopping expert department BTC		REGIE	60.000,00	0,00	**3.971,34**	3.971,34	56.028,66	7%
05 Scientific support		REGIE	200.000,00	0,00	**0,00**	0,00	200.000,00	0%
99 Conversion rate adjustment								**0%**
		REGIE	5.126.000,00	0,00	**249.044,93**	249.044,93	4.876.955,07	5%
		COGEST	15.874.000,00	0,00	**38.685,21**	38.685,21	15.835.314,79	0%
		TOTAL	21.000.000,00	0,00	**287.730,14**	287.730,14	20.712.269,86	1%

4.6 Communication resources

Not yet applicable