Enabel

2019 Results Report

UGA 1603611 Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU)

Uganda

Belgian development agency

enabel.be

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1 Abbreviations

CDC	Centre for Disease Control
DHMT	District Health Management Team
DHO	District Health Office
DLG	District Local Government
DRC	Democratic Republic of Congo
EUR	Euro
FO	Financial Officer
FY	Financial Year
GDP	Gross Domestic Product
GFF	Global Financing Facility
GH	General Hospital
GO4HR	Enabel Human Resource Management System
GoU	Government of Uganda
HC III	Health Centre level III
HC IV	Health Centre level IV
HDP	Health Development Partner(s)
HF	Health Facility(ies)
HFQCAP	Health Facility Quality of Care Assessment Program
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HSDP	Health Sector Development Plan
ICB II	Institutional Capacity Building Project in Planning Leadership and Management in the Uganda Health Sector – Phase II, UGA 1408211
IHFE	International Health Finance Expert
IICM	International Intervention Co-Manager
IP	Implementing Partner(s)
JRM	Joint Review Meeting
MB	Medical Bureau
MLG	Ministry of Local Government
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health

N/A	Not available (Not applicable)
NTA	National Technical Assistant
NTA-TL	National Technical Assistant – Team Leader
Open RBF	Open source software for management of Result and Performance Based Financing in the Health, Education, and Governance sector
PBB	Program Based Budgeting
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNFP	Institutional Support for the Private-Non-For-Profit Health Sub-sector to Promote Universal Health Coverage in Uganda, UGA 1302611
RAFI	International Finance and Contracting Coordinator
RBF	Result Based Financing
RHITES-N	Regional Health Integration to Enhance Services-North, Lango, project funded by the United States Agency for International Development
SC	Steering Committee
SIDA	Swedish International Development Cooperation Agency
SPHU	Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU) UGA 1603611
TFF	Technical and Financial File
TWG	Technical Working Group
UGIFT	Uganda Intergovernmental Fiscal Transfers Program
UGX	Ugandan Shilling
UNHCR	United Nations Refugee Agency
UNMHCP	Uganda National Minimum Health Care Package
URMCHIP	Uganda Reproductive Mother and Child Health Improvement Program
USA	United States of America
USAID	United States Agency for International Development
USAID EHA	Roll out the national Results-based financing policy in the Acholi Sub-Region, Uganda, UGA180371T
USD	United States Dollar
WB	World Bank
WHO	World Health Organisation

2 Summary of the intervention

2.1 Intervention form

Title of the intervention	**Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU)**
Code of the intervention	**UGA 1603611**
Location	**Uganda**
Total budget	**EUR 6,000,000**
Partner institution	**Ministry of Health**
Start date of the Specific Agreement	**December 13, 2017**
Start date of the intervention/ Opening steering committee	**September 26, 2018**
Expected end date of execution	**June 30, 2020**
End date of the Specific Agreement	**June 13, 2021**
Target groups	**Direct beneficiaries are the Ministry of Health, the Medical Bureaux, the district health office and Public and PNFP facilities in Rwenzori and West Nile region. Indirect beneficiaries are the rural population, particularly the poorest and most vulnerable.**
Impact	**Contribute to Universal Health Coverage in Uganda following a Rights Based Approach.**
Outcome	**Build the capacities of the Ugandan health system in order to roll-out a Strategic Purchasing mechanism for Public and PNFP Health Services, with a particular focus on women, children and other vulnerable groups.**
Outputs	**Output 1: The equitable access to quality health care at public and PNFP HC IIIs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point.**

	Output 2: The equitable access to quality health care at public and PNFP General Hospitals & HC IVs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point.
	Output 3: The capacity of Health Districts to manage the quality of care, the right to health and the integrated local health system is strengthened.
	Output 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened.
Year covered by the report	**2019**

2.2 Self-evaluation of performance

1.1.1 Relevance

	Performance
Relevance	A

Assessment of intervention relevance has remained unchanged since 2018. The intervention remains fully relevant to the priorities of the Republic of Uganda and the Kingdom of Belgium. The intervention logic, described in the Technical and Financial File (TFF), remains fully adequate. The approach to strengthen the capacity of the Ministry of Health (MoH), District Local Governments (DLGs), and Health Facilities (HF) to use the Results Based Financing (RBF) to increase accessibility and quality of health services for the general population remains fully relevant for the context of Uganda.

1.1.2 Effectiveness

	Performance
Effectiveness	A

Assessment of intervention effectiveness has remained unchanged since 2018. The intervention activities contribute to improvement of management and quality assurance practices at the levels of the MoH, DLGs, and HFs, and support implementation of National RBF framework.

1.1.3 Efficiency

	Performance
Efficiency	B

Assessment of intervention effectiveness has remained unchanged since 2018. The most important efficiency evaluation criteria are outlined below.

Human resources of the intervention have been properly managed. On July 7, 2019 the International Finance and Contracting Coordinator for the SPHU project was replaced. From November 1, 2019, the Project's Financial Controller joined the Enabel Representation Office in the same position.

By December 2019, the GO4HR development circles for the national staff have been completed. The contracts of the National Technical Assistant – Team Leader for Rwenzori region and the Project Logistical Officer were not extended after December 31, 2019, based on the results of the performance appraisal.

To allow smooth implementation of SPHU intervention, the labour contracts of some of the national personnel have been extended until June 30, 2020. Equally, some of the national staff have been transferred to the USAID Enhancing Health in Acholi Sub-Region (EHA) intervention. The organizational diagrams of both interventions have been adjusted accordingly.

Important outputs have been achieved in all output areas, in close cooperation with the National RBF Unit of the MoH. The data for intervention indicators have been recovered, collected, and reported. Budget utilisation rate was 75,8% as of December 31, 2019. The expected budget utilization rate by June 2020 is 99%.

The high-level Capitalization Symposium was organised on November 27, 2019 in cooperation with Makerere University School of Public Health. The symposium was attended by the representatives of the MoH, DLGs, Medical Bureaus, Embassy of the Kingdom of Belgium, USAID, and various Health Development Partners. The major results achieved by of PNFP, ICB II and SPHU interventions were presentedat the conference.

Technical assistance to the MoH in elaboration of project proposal for utilisation of EUR 1,5 million contribution of the Republic of Uganda to implement Specific Agreement UGA 1603611 N.N. 1272 was provided. The project proposal was submitted by the MoH to the Ministry of Finance, Planning, and Economic Development (MoFPED) on October 18, 2019.

The Memorandum of Understanding, signed between Enabel Representation Office and the MoH for maintenance of 23 vehicles, used for activities of SPHU intervention, has been fully executed.

The contract with Blue Square has been extended until June 30, 2020 to allow a smooth transition of RBF data to the MoH.

The intervention team has actively supported the Enabel Representation Office in the elaboration of the Country Assessment Report and Country Action Plan.

Identified risks have been properly managed in close collaboration with the MoH.

Identified issues include allocation of EUR 1,5 million by the Republic of Uganda for the implementation of Specific Agreement UGA 1603611 N.N. 1272, which is pending.

Audit recommendations have been analysed and implemented.

Management decisions have been implemented as planned. The intervention is being prepared for the End of Term Review, Audit, and official closure.

Steering Committee (SC) meetings were organised on time, on February 11, 2019 and May 15, 2019. The decisions of the SC meetings were implemented. The fifth SC meeting was planned for December 3, 2019. However, this meeting was cancelled by the Chairperson who was the Undersecretary of the MoH at short notice on December 3, 2019, and was postponed for Quarter 1 2020.

1.1.4 Potential sustainability

	Performance
Potential sustainability	A

Assessment of the interventions' potential sustainability has remained unchanged since 2018.

In the short-term prospective, i.e. 2020-2021, sustainability of intervention will be ensured by the transfer of RBF supported health facilities in Rwenzori and West Nile regions to the Uganda Reproductive Maternal and Child Health Improvement Project (URMCHIP), funded by the Government of Uganda (GoU) IDA Loan from the World Bank, SIDA Grant and Global Financing Facility (GFF) Grant for every woman and every child, beginning Quarter 1 2020. The URMCHIP project is expected to continue until December 31, 2021. Possible allocation of EUR 1,5 million contribution by the GoU for implementation of the Specific Agreement No. 1272 (UGA 1603611) will also increase the short-term intervention sustainability.

In the medium-term prospective, sustainability of intervention will depend on the increase of public budget allocation to the health sector in absolute and relative terms through the non-wage Primary Health Care (PHC) grant system and on the potential support of the World Bank trough the Uganda Intergovernmental Fiscal Transfers Program (UGIFT).

In the long-term prospective, sustainability of intervention it will depend on increase of public budget allocation to the health sector in absolute and relative terms, and on shifting the priorities from input-based to output-based financing. Implementation of National Health Insurance (NHI) in the Republic of Uganda may increase the potential sustainability of intervention through strengthening of the resource generation, financing, and stewardship of the health care system. In this case, utilisation of the RBF approach may positively influence provision of health services.

1.1.5 Conclusions

1. The SPHU intervention is a logical continuation of PNFP and ICB II interventions. It is effective, efficient, and fully relevant to the priorities of the Government of the Republic of Uganda and the Kingdom of Belgium.

2. The PNFP, ICB II, and SPHU interventions have demonstrated a positive impact in the strategic areas of health service utilisation, health system management, financial management, human resources, medicines and health supplies, data quality and use, and have contributed to the development and implementation of the National RBF Framework.

3. Implementation of the National RBF Framework may contribute to shifting of focus from input-based to output-based financing of health facilities and may support establishment of NHI in the Republic of Uganda.

4. The National RBF Framework should be continuously improved with participation of all major stakeholders, including the GoU, World Bank, USAID, Enabel, and other Health Development Partners.

5. The MoH should advocate for implementation of NHI, which has the potential to strengthen the resource generation, financing, and stewardship of the health care system. It should also advocate for the steady increase of public budget allocation to the health sector in absolute and relative terms, and for the regionalisation of health system.

National Execution Officer	Intervention Manager Enabel
Dr. Sarah Byakika Kyeyamwa	Dr. Dumitru Maximenco

3 Monitoring of results

3.1 Evolution of the context

3.1.1 General and institutional context

The general context has not changed as compared to the previous year. The political and economic situation of the Republic of Uganda have remained stable. According to the African Development Bank[1], 2019, the economic outlook remained positive, with a real Gross Domestic Product (GDP) growth rate estimated at 5,5%. According to the UNHCR[2], 2019, Uganda was expected to host 1,74 million refugees from Democratic Republic of Congo (DRC), South Sudan, and Burundi, with over 60% of refugees being younger than 18 years. According to the WB[3], 2019, Uganda remained the largest refugee host in Africa and the third largest refugee host in the world. The open-door refugee policy puts additional strain on the host communities and health facilities. Uganda's population growth rate of over 3% per year remained among the highest in the world.

The institutional context has been marked by important policy changes. On June 24, 2019 the Cabinet approved the National Health Insurance Scheme Bill for discussions by the Parliament. Under the proposed scheme, all Ugandans above 18 years are supposed to pay health insurance premiums before accessing the health services across the country.

The National Health Policy 2011-2020[4] and the Health Sector Development Plan (HSDP) 2015/16-2019/20[5] remain the key framework policy documents of the health system. Review of the above mentioned documents has been initiated by the MoH.

The National Health Policy 2011-2020 has 10 guiding principles that include: Primary Health Care; Decentralization; Evidence-based and forward looking strategy; Gender-sensitive and responsive health care; Pro-poor and sustainability; Partnerships; UNMHCP; Integrated health care delivery; Mainstreaming of health in all policies; and Uganda in the international context.

The HHSDP 2015/16-2019/20 prioritizes investment in seven health systems areas including: Health governance and partnerships; Service delivery systems; Health information; Health financing; Health products and technologies; Health workforce and health infrastructure.

The Mid-Term Review Report of the HSDP 2015/16 – 2019/20[6] has recognised that "Among the 41 HSDP indicators, 13 indicators were on track, 16 made progress but too slow to meet the target, and 10 were not on track. For two indicators no data could be obtained. Major areas of success included child mortality declines, child

[1] https://www.afdb.org/en/countries/east-africa/uganda/uganda-economic-outlook

[2] http://reporting.unhcr.org/sites/default/files/Uganda%20Country%20RRP%202019-20%20%28January%202019%29.pdf

[3] https://www.worldbank.org/en/country/uganda/overview

[4] http://library.health.go.ug/sites/default/files/resources/Second%20National%20Health%20Policy%202010.pdf

[5] http://library.health.go.ug/sites/default/files/resources/Health%20Sector%20Development%20Plan%202015-16_2019-20.pdf

[6] http://library.health.go.ug/sites/default/files/resources/HSDP%20MTR%20Report-Final_25.10.2018%20final2222.pdf

nutritional status improvements and HIV. Major areas of concern included neonatal mortality, maternal mortality and adolescent fertility."

According to the National Health Accounts (NHA) report for FY 2016/17 and FY 2017/18[7] , the Total Health Expenditure remained low in relative and absolute terms, amounting to 1,1% GDP or USD 51 per capita per year respectively, being considerably below the minimum USD 84, recommended by the WHO.

According to the NHA Report, FY 2016/2017, "the Total Health Expenditure per year is UGX 7,5 trillion. Out of this 15% is from Government funding, 42% from donors, 41% from individuals, and 2% from pre-payment mechanisms like health insurance, community payment mechanisms".

For FY 2019/20, the public budget allocation to the health sector is UGX 2,278,417 billion, which is a reduction from the previous FY 2018/19 (UGX 2,363,374 billion). Taking into account the population increase and inflation, this budget reduction is not insignificant. The GoU and MoFPED are taking measures to reverse this trend.

In this situation households bear the greatest proportion of health costs and incur catastrophic health expenditures in case of serious illnesses, while the MoH does not have sufficient funds to implement the much needed reforms of the health system and capital investment programs.

3.1.2 Management context

The management context has been marked by changes of responsible persons. At the central level, the intervention has remained anchored in the Department of Planning, Financing and Policy. This has contributed to ownership of the intervention by the MoH, facilitated discussion of necessary actions in the strategic areas, and increased intervention sustainability.

The SC remained the decision-making body of the intervention. It served as a platform for discussion between the MoH, MoFPED, DLG, Enabel, HDP and Medical Bureaus.

At the level of Rwenzori and West Nile pilot regions, the intervention has remained anchored in the Rwenzori and West Nile Project Offices, District Health Offices, and HFs.

The intervention team has participated in the activities of MoH Technical Working Groups, i.e. Health Sector Budget Working Group; Supervision, Monitoring Evaluation and Research; RBF Taskforce. The intervention team has participated at the HDP coordination meetings.

The Chairperson - Undersecretary of the MoH was transferred from the MoH in December 2019. This resulted in cancellation at short notice of the 5th SC meeting, scheduled for December 3, 2019 and a delay of approval of important decisions. A new person, responsible for organisation of the SC meetings, is to be appointed by the MoH in Quarter 1, 2020.

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[7] http://library.health.go.ug/sites/default/files/resources/NHA_FINAL%20-UGANDA-1%20FY%202016-17_2017-18%20final%20%20%202018-1.pdf

3.1.2.1 Partnership modalities

In 2019, grant agreements have been signed with 65 HC III, 8 HC IV, and 12 General Hospitals (GHs) from Rwenzori and West Nile regions. Implementation of the Memorandum of Understanding for maintenance of 23 vehicles used for the activities of intervention in Rwenzori and West Nile region, signed on December 13, 2018, has been successfully completed on December 31, 2019.

New partnership modalities have been realised in 2019. The results, achieved by Enabel in implementation of PNFP, ICB II, and SPHU interventions in Uganda, have been recognised by USAID. On January 23, 2019, USAID and Enabel signed a USD 11 million grant agreement for implementation of intervention UGA180371T "Roll out the national RBF programme in the Acholi Sub-Region, Uganda" (USAID EHA). Funds have been received by Enabel. The activities of the first year have been successfully completed.

3.1.2.2 Operational modalities

The chosen operational modalities have remained completely appropriate for the expected results of the intervention. No challenges in the current operation of the intervention have been encountered.

3.2 Performance of outcome

The outcome and output indicators included in the TFF, were reviewed by the intervention team during the backstopping mission of Mr. Paul Bossyns, Coordinator Health Unit, on January 21-25, 2019. The results of the review were presented in the PSC meeting on February 11, 2019. The letter of non-objection with regards to utilisation of updated outcome and output indicators of the MoH was received on February 28, 2019. The reviewed TFF Chapter 3.5. indicators and means of verification and the letter of non-objection of the MoH are included in Annex 10.2.

The Monitoring and Evaluation Expert was recruited and employed on June 19, 2019. Since then, systematic efforts to collect, verify, and report the data on PNFP, ICB II, and SPHU indicators have been taken.

Data has been collected from all RBF supported health facilities in Rwenzori and West Nile pilot regions. Data sources included Registers of Family Planning, Maternity, Outpatient and Inpatient Services; HMIS records; District and Health Facility Strategic Plans; Health Facility Professional Development Plans; Drug Stock Books; and accounting documents. The present report includes data from 2016 to July 1, 2019.

The following limitations have been noted in the process of data collection and analysis:

(i) Output Indicators 1.3 and 1.4 could not be influenced by the intervention.

(ii) Outcome Indicators 4 and 5 could not be calculated as rates per 1,000 population, because the exact number of population served by the HC III, HC IV, and GH was not always known. Therefore, Outcome Indicators 4 and 5 have been calculated as percentages, reflecting hospitalisation rates out of total number of outpatient visits.

(iii) The indicators reflect the situation in RBF supported health facilities. Considering that only 40% of the target health facilities (HC III, HC IV and GH) from Rwenzori and West Nile regions have received RBF support, it is not possible to assess the impact of the intervention on the operation of the entire health system in mentioned regions.

(iv) Gender-disaggregated data are available from HMIS but the design of the RBF indicators did not cater for gender-disaggregated data analysis.

(v) The values of indicators for 2019 are based on data from January 1, 2019 to July 1, 2019, and are influenced by seasonal variations on health service utilisation. These values may change after inclusion of data for the second semester of 2019. Data collection for the second semester of 2019 is in progress.

3.2.1 Progress of indicators

Outcome: Build the capacities of the Ugandan health system in order to roll-out a Strategic Purchasing mechanism for Public and Private Not For Profit (PNFP) Health Services, with a particular focus on women, children and other vulnerable groups.				
Indicator	2016 (baseline)	2017	2018	July 2019
1. Tested and updated RBF model, accepted by MoH and GoU as the national model, available	No	No	Yes	Yes
2. % of the national health budget which is output-based	N/A	N/A	N/A	N/A
3. Utilisation rate for curative consultation at HC III level, total and gender-disaggregated	177,80 / 1000 (R) 161,47 / 1000 (W)	192,09 / 1000 (R) 168,19 / 1000 (W)	183,66 / 1000 (R) 171,51 / 1000 (W)	N/A N/A
4. Hospitalisation rate for HC III level health facilities, total and gender-disaggregated	12% (R) 11% (W)	15% (R) 13% (W)	15% (R) 13% (W)	15% (R) 13% (W)
5. Hospitalisation rate for GH and HC IV level, total and gender-disaggregated, in RBF supported health facilities	32% (R) 25% (W)	42% (R) 32% (W)	28% (R) 27% (W)	32% (R) 32% (W)
6. Percentage of RBF supported GH and HC IV, which implement strategic plans	38% (R) 25% (W)	77% (R) 50% (W)	92% (R) 100% (W)	100% (R) 100% (W)
7. Strategic plans for GH and HC IV institutionalized as National Policy	0%	100%	100%	100%

3.2.2 Analysis of progress made

Outcome Indicator 1 demonstrated good progress. The RBF interventions, funded by the Kingdom of Belgium and implemented by Enabel through the SPHU project, have contributed to the development and nationwide implementation of the National

RBF Framework. The framework is also supported by the World Bank through the URMCHIP intervention and by the USAID through the USAID EHA intervention.

Outcome Indicator 2 demonstrated good progress in terms of recently implemented budget policy changes. The financial data which describes progress of this indicator is not yet available.

Since FY 2018/2019, in a wake of a broader national budgeting reform led by the MoFPED, the MoH has implemented the Program Based Budgeting system, structured around programs, objectives, and activities.

The RBF mechanism implemented under the URMCHIP project has been integrated in the PHC grant system, changing its logic of operation from pre-paid block grants to post-paid grants, linked to the results achieved by health facilities.

In the last 10 years the allocation decision of the MoFPED in relation to the non-wage PHC grant was to keep the nominal amount constant, despite the growing population and inflation. According to estimate of the Ministry of Finance, in 2019 the allocation of non-wage PHC grant amounted to USD 0,36 per capita. Having understood the importance of this issue, the MoFPED has decided to substantially increase the non-wage PHC grant and to adjust it to the population growth and inflation in the future.

Outcome Indicator 3 has increased in Rwenzori and West Nile regions. In Rwenzori region, the reasons for increase were the improved service delivery, availability of medicines, and improved health-seeking behaviour of the local population. The fluctuations of indicator value could be explained by refugees from the DRC, seeking health services.

In West Nile region, the reasons for increase were the community interventions, such as: (i) Community case management of malaria, pneumonia, and diarrhoea; and (ii) Community led total sanitation. Mentioned interventions have improved management of patients at the level of HC III and at the same time reduced the number of cases of diseases, which required hospitalisation.

Outcome Indicator 4 has increased in Rwenzori and West Nile regions. The reason for increase was the improved capacity of HC III to provide services without referring patients to HC IV and GH. Patient fees, set at affordable levels and non-increase of fees have also contributed to the progress of this indicator.

Outcome Indicator 5 demonstrated fluctuations in both regions, and has increased in West Nile region. In Rwenzori region, increased availability of medicines, improved diagnostic services, availability of medical equipment and supplies has allowed management of patients without hospital admission.

In West Nile region, the increase of hospitalisation rates could be explained by recruitment of critical cadres in most HC IV and GH, and increase of availability of medicines, medical equipment, and supplies.

However, health-seeking behaviours of the population need permanent improvement. Referral systems, including ambulance service, should be continuously improved.

Outcome Indicators 6 and 7 demonstrated good progress, caused by the continuous support given by Rwenzori and West Nile intervention teams to the RBF supported HF, and by respect of conditions of Performance Agreements by the management of HF.

The strategic plans for GH and HC IV have been incorporated in the planning guidelines, and became a part of the National RBF Framework. However, development and implementation of strategic plans at the HF level remains a challenge, because of limited funding.

3.3 Performance of output 1

3.3.1 Progress of indicators

Output 1: The equitable access to quality health care at public and PNFP HC IIIs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point				
Indicator	2016 (baseline)	2017	2018	July 1, 2019
1.1 Percentage of RBF supported HC III in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH	N/A (R) N/A (W)	N/A (R) N/A (W)	N/A (R) N/A (W)	N/A (R) 0 (W)
1.2 Percentage of institutional based deliveries which meet the MoH quality standards in RBF supported HC III	80% (R) 75% (W)	100% (R) 91% (W)	96% (R) 95% (W)	93% (R) (94%) (W)
1.3. Percentage of RBF supported HC III providing modern family planning services	42% (R) 58% (W)	42% (R) 58% (W)	42% (R) 58% (W)	42% (R) 58% (W)
1.4 HIV/AIDS care and treatment services, including PMTCT, are integrated and functioning according to MoH quality norms in RBF supported HC III	100%	100%	100%	100%

3.3.2 State of progress of the main activities

Progress of main activities[8]	Progress:			
	A	B	C	D
1. Support the selected HCIII health facilities, according to the district coverage plan, to comply with RBF accreditation criteria		X		
2. Implement the RBF approach at the level of the accredited HC III		X		

3.3.3 Analysis of progress made

Since the beginning of the activity and until December 31, 2019, a total amount of EUR 871,655 has been disbursed to 65 HC III in Rwenzori and West Nile regions. In Rwenzori region, an amount of EUR 442,762 has been paid to 32 HC III, and in West Nile region an amount of EUR 428,893 has been paid to 33 HC III.

It should also be mentioned that from July 1, 2017 a part of the Kabarole district, the Bunyangabo county, became an independent district. This administrative reform has increased the number of districts covered by the intervention, but did not increase the number of RBF supported health facilities.

Output Indicator 1.1 has not been assessed in Rwenzori region and has demonstrated no progress in West Nile region.

The Health Facility Quality of Care Assessment Program (HFQAP) is implemented by the MoH. The HFQAP evaluates the health facility performance according to 10 standards: (i) Leadership and Governance; (ii) Human Resources for Health; (iii) Health Financing; (iv) Health Information; (v) Medicines, Health Supplies, Vaccines and Equipment; (vi) Health Infrastructure; (vii) Reproductive, Maternal, Neonatal, Child and Adolescent Health; (viii) Clinical Care, Surgical Care, Referral, and Emergency Services; (ix) Diagnostic Services; and (x) Client Centred Care and Safety. The performance scores of mentioned standards are aggregated in “stars”.

Due to budget limitations, from 2015 to 2018 the MoH did not perform the HFQAP. During that period the MoH received data on quality of services from various HDP, active in Rwenzori and West Nile regions.

In October 2019, the Quality of Care Assessment was conducted by the MoH in West Nile region with the financial support of AVSI/UNICEF. The assessment included all HC II, HC III, HC IV, GH, and RRH, both RBF supported and non RBF supported. The assessment was conducted in 37 out of 39 RBF supported HF. The Adjumani Mission

[8] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

HC III and Moyo GH were not assessed. The assessment results have been shared with the intervention team. No HF has received the score of 4 stars.

Output Indicator 1.2 has increased in Rwenzori and West Nile regions. This could be explained by sustained efforts of the MoH to strengthen mother and child care and systematic support given by the intervention teams to all 65 HC III in Rwenzori and West Nile regions. The support given by the MoH and Enabel focused on enforcing institutional-based deliveries and ensuring their compliance with the MoH quality standards.

Output Indicator 1.3 could not be influenced by the SPHU intervention. This could be explained by the fact that modern family planning methods[9] were provided by all health facilities owned by the Protestant, Orthodox, and Muslim Medical Bureaux and were not provided by all health facilities, owned by the Catholic Medical Bureau. Therefore, the value of indicator did not change.

Output Indicator 1.4 could not be influenced by the SPHU intervention. This could be explained by the fact that the MoH and HDP, active in Rwenzori and West Nile regions, support all health facilities in provision of HIV/AIDS care and treatment services, including PMTCT. The services are provided in line with the MoH standards. Therefore, the value of indicator did not change.

However, compliance with the treatment regimens has remained a universal challenge, especially in the districts bordering the DRC where people move freely across the border. Poor compliance with treatment regimens has made following up the patients and testing them for viral load very difficult, and has minimised the benefits of HIV/AIDS treatment.

[9] All contraceptive methods, excluding the calendar family planning method

3.4 Performance of output 2

3.4.1 Progress of indicators

Output 2: The equitable access to quality health care at public and PNFP General Hospitals & HC IVs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point				
Indicator	2016 (baseline)	2017	2018	July 1, 2019
2.1 Percentage of RBF supported GH and HC IV in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH	N/A (R) N/A (W)	N/A (R) N/A (W)	N/A (R) N/A (W)	N/A (R) 0 (W)
2.2 Percentage of RBF supported GH and HC IV in the targeted districts that experience essential drugs out-of-stock for any of the 6 tracer medicines in a month	30,8% (R) 62,8% (W)	44,5% (R) 50,3% (W)	30,8% (R) 47,3% (W)	25,0% (R) 53,5% (W)
2.3. Percentage of RBF supported public GH and HC IV in the targeted districts with a functional e-patient file system	0%	0%	0%	100% (5 public GH and 4 public HC IV)

3.4.2 State of progress of the main activities

Progress of main activities[10]	**Progress:**			
	A	B	C	D
1. Prepare General Hospitals & HC IVs to receive RBF		X		

[10] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

2. Implement the RBF approach at the level of selected public and PNFP General Hospitals & HC IVs		X		
3. Consolidate implementation of a functional e-patient file system in selected public and PNFP hospitals & HC IVs		X		

3.4.3 Analysis of progress made

Since the beginning of activity and until December 31, 2019, a total amount of EUR 513,976 has been disbursed to 8 HC IV in Rwenzori and West Nile regions. In Rwenzori region, an amount of EUR 392,789 has been paid to 6 HC IV, and in West Nile region an amount of EUR 121,187 has been paid to 2 HC IV.

Since the beginning of the activity and until December 31, 2019, a total amount of EUR 1,191,165 has been disbursed to 12 GH in Rwenzori and West Nile regions. In Rwenzori region, an amount of EUR 629,483 has been paid to 7 GH, and in West Nile region an amount of EUR 561,682 has been paid to 5 GH. Collaboration with Kuluva GH from Arua district of West Nile region has been cancelled due to fraud, and no payments have been made to it.

Output Indicator 2.1 has not been assessed in Rwenzori region and has demonstrated no progress in West Nile region, as already explained in Chapter 3.3 Performance of Output 1.

Output Indicator 2.2 has decreased in Rwenzori and West Nile regions. It should be mentioned that availability of essential drugs is subject to quarterly and yearly fluctuations, caused by the (i) Increased availability of financial resource for purchase of drugs after receipt of RBF payments; (ii) Variations of number of population served, including refugees; and (iii) Variations in demand for health services.

Output Indicator 2.3 demonstrated good progress. Implementation of e-patient file system has started in the end of 2018, with software design, purchase and installation of IT equipment, and establishment of local area networks at the RBF supported health facilities. The e-patient file system is based on the Patient Unique Identification Number, and has the capacity to improve planning of medical services, allocation of resources, reporting, and evaluation of performance of health facilities.

In 2019, the e-patient file systems have been established in 9 pilot health facilities in Rwenzori and West Nile regions, including 5 public GH and 4 public HC IV. Training of health professionals has been conducted, and utilisation of systems have started.

As noted by the users and intervention team, utilisation of e-patient file systems has been affected by: (i) Frequent disruptions of electric power supply and Internet connectivity; (ii) Low computer literacy of health professionals and their reluctance to use informational technologies; (iii) Lack of technical capacities to perform the basic tuning and service of equipment at the level of health facilities; (iv) Lack of funds for purchasing of consumable materials; and (v) Theft of equipment. Presently, the e-patient file system is used in 6 health facilities in Rwenzori (3 HC IV and 3 GH) and 3 health facilities in West Nile (I HC IV and 2 GH) regions.

3.5 Performance of output 3

3.5.1 Progress of indicators

Output 3: The capacity of Health Districts to manage the quality of care and the integrated local health system is strengthened				
Indicator	2016 (baseline)	2017	2018	July 1, 2019
3.1. Percentage of RBF supported HC III, HC IV, and GH in the targeted districts which implement a Continuous Professional Development plan	68,0% (R) 42,3% (W)	69,8% (R) 68,0% (W)	89,3% (R) 87,3% (W)	97,3% (R) 94,8% (W)
3.2 Percentage of HC III, HC IV, and GH in the targeted districts which have received supportive supervision visits of the DHMT in a quarter	82,5% (R) 58,5% (W)	73,0% (R) 68,5% (W)	86,8% (R) 83,3% (W)	94,8% (R) 92,0% (W)
3.3 Percentage of PNFP health facilities (HC III, HC IV and GH) supervised by the Medical Bureaus	73,0% (R) 50,0% (W)	79,3% (R) 61,3% (W)	87,8% (R) 82,5% (W)	97,0% (R) 88,8% (W)
3.4 The District Strategic Plans are compliant with the National Health Planning Guidelines in RBF districts	0% (R) 0% (W)	0% (R) 0% (W)	100% (R) 67% (W)	100% (R) 100% (W)
3.5 Percentage of reduction of debt of RBF supported PNFP HC III, HC IV, and GH in the targeted districts	100% (R) 92% (W)	96% (R) 5% (W)	100% (R) 79% (W)	98% (R) 100% (W)
3.6. Regional Joint Review Missions of the MoH organised in Rwenzori and West Nile regions	N/A (R) N/A (W)	2 (R) 2 (W)	1 (R) 2 (W)	1 (R) 1 (W)

3.5.2 State of progress of the main activities

Progress of main activities[11]	**Progress:**			
	A	B	C	D
1. Support reviewing of the annual district plans based on the analysis of the coverage plans, and in line with the district development plan		X		
2. Improve the management and quality of care of the health facilities through RBF verification, supportive supervision and in-service training by the DHMT		X		
3. Assure continuous training of Health Facilities by the (general/regional) hospital staff		X		
4. Support the national system of evaluation and ranking of health districts, including community assessments		X		
5. Support maintenance of vehicles used for SPHU intervention activities, based on MoU		X		
6. Support quarterly and annual regional health reviews in the Rwenzori and West-Nile regions		X		

3.5.3 Analysis of progress made

Output Indicator 3.1 demonstrated good progress in Rwenzori and West Nile regions, due to the permanent support given by the regional intervention teams to HF in development and implementation of Continuous Professional Development plans.

Output Indicator 3.2 and 3.3 demonstrated good progress in Rwenzori and West Nile regions, due to the support given by the regional intervention teams to DHMT in implementation of supportive supervision visits to health facilities. Catholic, Muslim, Orthodox, and Protestant Medical Bureaus have been supported in implementing supportive supervision visits to their respective health facilities.

Output Indicator 3.4 demonstrated good progress in Rwenzori and West Nile regions, due to the support given by the regional intervention teams to DHO in elaboration and implementation of District Strategic Plans.

Output Indicator 3.5 demonstrated good progress in Rwenzori and West Nile regions. This indicator reflects the number of RBF supported health facilities which

[11] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

had debts in the beginning of the year and have reduced their debts to zero by the end of the year. Considering the fact that the calendar year and the financial year in the Republic of Uganda do not coincide, this indicator reflects cyclical fluctuations of debt of health facilities rather than the improvement of their financial situation.

It should be also mentioned that RBF support was not intended to be used for re-payment of debts of health facilities or compensate for the costs of provided health services.

The purpose of the RBF support was to contribute to strengthening of management practices of health facilities, increase personnel motivation and quality of health services, and improve availability of essential drugs and medical equipment.

Output Indicator 3.6 demonstrated good progress in Rwenzori and West Nile regions, which reflects institutionalisation of regional JRM. Mentioned meetings were organised by the RRH, and were attended by the: (i) Representatives of all health facilities in the region, both RBF supported and non RBF supported; (ii) HDP, active in the region.

Initially, Enabel supported 100% of the JRM costs. Since 2018, the following partners have started to support JRM in West Nile region: AVSI Foundation, funded by UNICEF; Infectious Disease Institute, funded by CDC; Medical Teams International, funded by UNHCR; Care International, funded by UNFPA. This has allowed Enabel to decrease its support to 40-50% of the initial amount. The JRM have systematically documented the performance and challenges of HF.

In addition to that, quarterly RBF review meetings were organised by the intervention teams in Rwenzori and West Nile regions. The meetings attended by the representatives of RBF supported HF, DHO, DHMT, and District Internal Auditors. The most important topics related to RBF implementation at the level of RBF supported HF and DHO were discussed, and support to preparation of reports and invoices was provided.

3.6 Performance of output 4

3.6.1 Progress of indicators

Output 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened				
Indicator	2016 (baseline)	2017	2018	July 1, 2019
4.1 Percentage of RBF invoices paid with a delay of over 3 months	N/A	N/A	N/A	4%
4.2 RBF exit strategy of SPHU intervention elaborated and submitted to the MoH	No	No	No	Yes

3.6.2 State of progress of the main activities

Progress of main activities[12]	**Progress:**			
	A	B	C	D
1. Support the RBF unit in the Planning department of the MoH		X		
2. Enhance the capacities of the MoH to utilise the digitalised RBF information system for evidence-based decision making		X		
3. Refine the national RBF model based on the pilot experience in Rwenzori and West-Nile in collaboration with stake-holders concerned		X		

3.6.3 Analysis of progress made

Output Indicator 4.1 demonstrated good progress. The delays of payment of RBF invoices, reported in the beginning of the SPHU intervention, have been practically eliminated. This has been possible due to the actions, presented below.

[12] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

The responsibility to organise and finance the verification missions has been transferred from the DHO to the Rwenzori and West Nile interventions teams. Payment delays to verifiers have been eliminated.

The principle of rotation of verification teams within the region has been implemented. The situations of conflict of interest have been reduced.

A web-based platform, connected the Health Management Information System of the Ministry of Health has been deployed to digitize the data entry, verification, invoicing, and reporting processes. The platform used open source software, including Data Collect, OpenRBF, DHIS2 and DataViz, and worked on portable devices, i.e. tablets and laptop computers. The platform has increased productivity of RBF payment process at all stages.

The Rwenzori and West Nile intervention teams have supported the HF in improvement of quality of RBF invoices. The Kampala intervention team has supported the National RBF Unit in validation of invoices and solving of challenges. This continuous support has increased productivity of RBF payment process at all stages.

It should be mentioned that in December 2019 the MoH has decided to build a new RBF digitised system for nationwide RBF implementation within the framework of the URMCHIP project, having appreciated the results of the digital system introduced by Enabel. The intervention team and the Enabel contractor Bluesquare will support utilisation of system, developed by Enabel, until June 30, 2020. During this period the data accumulated by the SPHU intervention will be transferred to the MoH.

Output Indicator 4.2 demonstrated good progress. Capitalisation of experience of PNFP, ICB II, and SPHU interventions has been performed by the Makerere University School of Public Health, in cooperation with the MoH, DHO, MB, and HF. The positive impact of interventions in the strategic areas of health service utilisation, health system management, financial management, human resources, medicines and health supplies, data quality and use has been documented and widely disseminated. The capitalisation study report and evidence briefs are included in Annex 10.6.

The capitalisation study results have been presented in the high-level Capitalisation Symposium “Result Based Financing in Uganda: Impact, Lessons Learnt and Implications for Policy and Practice” on November 27, 2019. The symposium has been attended by the representatives of the MoH; MoFPED; DLG; MB and HF; Embassy of the Kingdom of Belgium to the Republic of Uganda; USAID; HDP.

The Exit Strategy has been elaborated based on the capitalisation study results, with participation of District Health Management Teams from Rwenzori and West Nile regions. The strategy has been shared with the Ministry of Health.

4 Budget monitoring

The SPHU intervention budget execution rate was 75,8% as of December 31, 2019.

	Budget	Expenditure		Balance	Rate of disbursement at the end of 2019
		Preceding years	Year 2019		
Total sum	6,000,000	2018: 214,088 2017: 57,731	4,279,630	1,450,549	75.8%
Output 1	1.651.039	2018: 0 2017: 0	1,181,201	469,837	72%
Output 2	2,600,738	2018: 54 2017:0	1,834,243	766,440	71%
Output 3	518,874	2018: 1,846 2017: 0	435,320	81,707	81%
Output 4	647,018	2018: 190,337 2017: 2,977	375,345	78,357	88%

The 4th Steering Committee meeting of May 15, 2019 approved the budget reallocation, which increased the operational budget by EUR 129 thousand, coming from the reserve and general means budget lines.

Within this operational bugdet, the approved reallocations led to the following:

Output 1: Decrease of budget by EUR 105 thousand;

Output 2: Increase of budget by EUR 855 thousand;

Output 3: Decrease of budget by EUR 45 thousand;

Output 4: Decrease of budget by EUR 576 thousand.

The next budget reallocation has been prepared for approval in the next Steering Committee meeting. The 5th Steering Committee meeting that was scheduled to take place on the 3rd December 2019 was cancelled at short notice. Therefore, the proposed budget modification has not been approved, and has not been reflected in the present report.

5 Risks and Issues

The SPHU intervention has 15 risks, of which 13 are operational and 2 are financial. The total number of risk management actions is 26, of which 14 actions are in progress and 12 actions have been completed.

The main issue, managed by the intervention team is the allocation of EUR 1,5 million contribution of the Republic of Uganda to implementation of Specific Agreement UGA 1603611 N.N. 1272.

To address this issue, the intervention team has provided technical assistance to the MoH in elaboration of project proposal for investment of this amount, as requested by the MoFPED. The project proposal has been submitted by the MoH to the MoFPED on October 18, 2019.

The update overview of risks is presented below.

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
1. Broad scope of activity, understaffing of MoH with high competency profiles, underdeveloped vision on RBF implementation.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Support to be provided by the IHFE and RAFI to the National RBF Unit.	Paolo Reggio D'Aci, Arnaud Truyens	N/A	The IHFE and RAFI support the National RBF Unit on a permanent basis.	In Progress
Support to be provided by the NTA-TL and NTA to the DHMT.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi	N/A	The NTA-TL and NTA support the DHMT on a permanent basis.	In Progress
The experience of ICB II and PNFP intervention implementation to be capitalised in a participatory way and presented to the MoH.	Paolo Reggio D'Aci	November 29, 2020	The high-level Capitalisation Symposium has been organised on November 27, 2019.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
2. HC IV and GH do not properly develop and follow their strategic plans.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status

Supportive Supervision and Joint Review Missions to be performed by the MoH and DHO, with intervention support.	Sarah Byakika	N/A	The MoH organises Support Supervision and Joint Review Missions on a regular basis. The MoH is supported by the SPHU intervention regional teams.	In Progress
NTA-TL and NTA to follow up on development and implementation of strategic plans.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi	N/A	NTA-TL and NTA work together with the DHO and HF on development and implementation of strategic plans.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
3. Paralysis of the RBF process due to complex financial reporting requirement of Enabel, under the current grants procedure.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Grant agreements and financial reporting requirements to be simplified and made feasible for implementation by the supported RBF facilities.	Arnaud Truyens	N/A	After consultations with Enabel Headquarters and MoH, the Grant agreements and financial reporting requirements have been simplified.	Completed
Continuous dialogue to be maintained between the IICM, IHFE, RAFI, Enabel Representation and Enabel Headquarters on streamlining of grants, financial management, and reporting procedures.	Dumitru Maximenco, Paolo Reggio D'Aci	N/A	The financial team, in close collaboration with Rwenzori and West Nile regional teams monitor compliance of DHO and HF with updated financial reporting requirements and provide necessary support.	Completed
Separate bank accounts for Enabel RBF grants to be opened and operated by the health facilities.	Byakika Sarah	N/A	Bank accounts are opened as necessary.	Completed
Support to NTA-TL and NTA to be provided by	Dumitru Maximenco, Paolo Reggio	N/A	A general project meeting to review the	Completed

the IICM, IHFE, RAFI.	D'Aci, Arnaud Truyens		SPHU intervention pending issues, changes to Project Implementation Manual, changes to RBF Implementation Manual, issues related to implementation of Pilot and UBW systems has been organised on April 1-5, 2019.	
Enabel HQ web-based financial reporting tools to be implemented. Locally designed verification and invoice generation systems to be implemented.	Arnaud Truyens, Abel Kusemererwa	N/A	Implementation of UBW and Pilot systems is in progress. Support to RAFI is provided by DM.	Completed
The role of National RBF Unit in validation and approval of invoices to be strengthened.	Paolo Reggio D'Aci	N/A	The IHFE supports the National RBF unit on a permanent base.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
4. Possible opposition of the MoH to decentralisation of decision-making to regional and district level.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
All important decisions to be discussed and agreed with the MoH.	Dumitru Maximenco	N/A	The IICM coordinates all important project issues with the MoH Intervention Manager.	In Progress
SPHU intervention to support DHO and health facilities in pilot regions in technical aspects mostly.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi	N/A	The NTA-TL and the NTA focus on technical aspects of strengthening of management capacity of DHO and HF.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
5. Limited ownership of RBF by the Ministry of Health.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Good relations and regular exchange of information with MoH to be maintained. MoH to be regularly informed about the project progress and added value.	Dumitru Maximenco	N/A	The IICM coordinates all important project issues with the MoH Intervention Manager.	In Progress
The experience of ICB II and PNFP project implementation to be capitalised in a participatory way and presented to the MoH.	Paolo Reggio D'Aci	November 29, 2020	The high-level Capitalisation Symposium was organised on November 27, 2019.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
6. Insufficient management capacity within MoH, multitude of stakeholders.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Support to National RBF unit to be provided by the IHFE and RAFI.	Paolo Reggio D'Aci, Arnaud Truyens	N/A	The IHFE and RAFI support the National RBF unit on a permanent base.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
7. Utilisation of RBF subsidies for other purposes, which are not in line with Performance Improvement Plans.	January 25, 2019	FIN	Low	High	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Utilisation of funds to be followed up by NTA-TL, NTA, and FO.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi, Grace Apeduno	N/A	Kampala, Rwenzori, and West Nile project teams follow on utilisation of funds. Control missions are be organised as necessary.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
8. False reporting of RBF indicators.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Rwenzori and West Nile project teams to support the DHO, DHMT, and HF in implementation of project activities. RBF payments to be done only after verification of RBF supported health facilities, based on rotation.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi, Grace Apeduno	N/A	Planning of project activities is updated regularly. Regional teams support the DHO and HF in implementation of project activities. Implementation of verification visits, based on rotation, is in progress.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
9. Insufficient medical equipment to assure necessary quality of care.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Availability of SPHU intervention funds for investment in medical equipment to be clarified.	Paolo Reggio D'Aci	N/A	Based on the progress of payment of RBF grants, it has been concluded that no funds are left for procurement of equipment by the end of project implementation.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
10. Insufficient coordination of service provision and especially referrals, at regional level.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Performance review meetings to be organised by the NTA-TL and NTA in cooperation with the DHO.	Sylvia Bahireira, Richard Musabe, Herbert Bumbi	N/A	Performance review meetings are planned and organised on a regular base.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
11. The Government of Uganda will not provide the EUR 1,5 million contribution for implementation of Specific Agreement UGA 1603611 N.N. 1272 in FY 2019-2020.	January 25, 2019	FIN	High	High	Very High

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
The project team will support the MoH Department of Planning in completion of forms to be submitted to the MoFPED.	Dumitru Maximenco, Paolo Reggio D'Aci	October 31, 2019	The project team has provided technical assistance to the MoH in elaboration of project proposal for utilisation of EUR 1,5 million contribution of the Republic of Uganda, as requested by the MoFPED. The MoH has submitted the project proposal to the MoFPED on October 18, 2019.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
12. The MoH has limited capacity to increase the budget allocation to the health sector, decrease the proportion of input-based funding, and increase the proportion of output-based funding in the structure of the health sector budget.	January 25, 2019	OPS	Medium	Medium	Medium

Risk Treatment	Follow-up of risk

Action(s)	Responsible	Deadline	Progress	Status
The capitalisation exercise of PNFP and ICB II project implementation experience to be completed, the results to be presented to the MoH. The exit strategy to be elaborated and presented to the MoH.	Dumitru Maximenco, Paolo Reggio D'Aci	31/12/2019	The high-level Capitalisation Symposium wasorganised on November 27, 2019. The draft Exit Strategy has been elaborated and submitted to the MoH on December 15, 2019, as a part of 5th Steering Committee materials.	Completed

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
13. Multiple stakeholders outside the MoH, sometimes located in remote areas, involved in implementation of project activities.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Rwenzori and West Nile project teams to support the DHO, DHMT, and HF in implementation of project activities. RBF payments to be done only after verification of RBF supported health facilities, based on rotation.	Richard Musabe, Sylvia Bahireira, Herbert Bumbi	N/A	Working plans and plans of verification activities are regularly updated and implemented by Rwenzori and West Nile project teams.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total

14. Misuse of funds, presentation of incorrect or deliberately false reports, etc. Application of different user fees for different patients.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
RAFI in cooperation with the Rwenzori and West Nile project teams to verify utilisation of project funds by the grantees. Regular control missions of RAFI and FO to be organised to Rwenzori and West Nile regions.	Arnaud Truyens, Grace Apeduno, Richard Musabe, Sylvia Bahireira, Herbert Bumbi	N/A	Control missions to Rwenzori and West Nile regions are regularly performed by the RAFI and FO in cooperation with Rwenzori and West Nile project teams.	In Progress

Risk Identification			Risk analysis		
Description of Risk	Period of Identification	Risk/Issue Category	Probability	Potential Impact	Total
15. Low capacity of HC III, especially public, to absorb RBF funding and manage it properly.	January 25, 2019	OPS	Low	Medium	Medium

Risk Treatment			Follow-up of risk	
Action(s)	Responsible	Deadline	Progress	Status
Training activities on financial management and reporting requirements to be organsied for the RBF supported health facilities in Rwenzori and West Nile regions.	Arnaud Truyens, Grace Apeduno, Richard Musabe, Sylvia Bahireira, Herbert Bumbi	N/A	Training of staff of health facilities in financial management and reporting requirements has been organised by the Rwenzori and West Nile project teams.	Completed
Project progress at the level of health facilities to be monitored by the Rwenzori and West Nile project teams.	Richard Musabe, Sylvia Bahireira, Herbert Bumbi	N/A	NTA-TL and NTA contribute to elaboration of project reports.	In Progress

6 Synergies and complementarities

6.1 With other interventions of the Portfolio

The SPHU intervention is synergetic and complementary with the USAID EHA intervention of the Enabel country portfolio. Although both interventions focus on RBF implementation, the funding is from different sources, they cover different geographical areas, and are at different stages of implementation.

The SPHU intervention is funded by the Kingdom of Belgium. It's implementation officially started on September 26, 2018 with integrating the unfinished activities of PNFP and ICB II interventions. It is implemented in Rwenzori and West Nile regions. The intervention is currently preparing for the End of Term Review, Audit, and official closing.

The USAID EHA intervention has officially started on January 22, 2019 by signing of the Grant Agreement between Enabel and USAID, and is implemented in Gulu region. It has completed its first, preparatory year of activity.

Both interventions are anchored in the Department of Planning, Financing and Policy, and are managed by the same team, working in Kampala office. The knowledge and experience of implementation of the SPHU intervention is actively used for implementation of the USAID EHA intervention.

The following knowledge resources of the SPHU intervention are used for implementation of the USAID EHA intervention:

- Report of the End-term Review of PNFP and ICB II interventions;
- Audit recommendations for PNFP, ICB II, and SPHU interventions;
- Capitalisation report of ICB II and PNFP interventions.

The Rwenzori and West Nile teams of the SPHU intervention share their practical experience with Gulu team of USAID EHA intervention in implementation of verification, counter-verification, supportive supervision, joint review, and training activities at the level of health facilities and District Health Offices. This has contributed to achievement of good progress by the USAID EHA intervention.

6.2 With third-party assignments

Enabel is executing the USAID EHA intervention, which is a third-party assignment with a budget of USD 11 million, funded by the USAID, and a part of the Enabel country portfolio. The objective of this intervention is to "To reinforce the health systems in the Acholi sub region in order to provide better health, financial protection and greater equity to the most vulnerable populations".

The USAID EHA intervention is implemented in Gulu, Nwoya, Amuru, and Omoro districts. The intervention has five output areas: (i) Increase the equitable access to quality health care services at public and PNFP Health Facilities in the Acholi sub-region, using RBF as an entry-point; (ii) Strengthen the regional emergency referral system; (iii) Improving the capacity of Health Districts to manage the quality of care, the RBF procedures and verification functions; (iv) Address the infrastructural gaps of health facilities in order to create a viable platform for quality service

delivery; and (v) Improve the process of learning, innovations and co-creation of a sustainable RBF approach to contribute to the conception of a robust national RBF system.

Enabel has executed the intervention “Proposal to Reinforce the Sexual and Reproductive Health / Family Planning with a Health System Strengthening Approach in the West Nile Region”. This third-party assignment had a budget of EUR 55,608 and was funded by the Ministry of Foreign Trade and Development Cooperation of the Kingdom of the Netherlands. The final study report “Assessment of the Potential of RBF Program to Increase Access to and Uptake of Quality Family Planning and Modern Contraceptive Needs” has been presented in May 2019.

The SPHU intervention has cooperated with mentioned third-part assignments to strengthen the National RBF Framework at the level of the MoH, DHO, and health facilities, and prepare the base for implementation of National Health Insurance.

6.3 Other synergies and complementarities

The SPHU intervention has cooperated with AVSI Foundation, funded by UNICEF; Infectious Disease Institute, funded by CDC; Medical Teams International, funded by UNHCR; Care International, funded by UNFPA in implementation of JRM in West Nile region. This is reflected in monitoring of progress of Output 3 (p. 24).

The SPHU intervention has taken note of the results of the Quality of Care Assessment, performed by the MoH in West Nile with the financial support of AVSI / UNICEF. This is reflected in monitoring of progress of Outputs 1 and 2.

7 Transversal themes

The SPHU intervention focuses on the transversal themes of Gender and Decent work.

7.1 Gender

The transversal theme of Gender is addressed through activities of Outputs 1 and 2, which aim to strengthen equitable access to quality health care at the level of public and PNFP HC III, HC IV, and GH.

The concrete actions include providing RBF support to public and PNFP HC III, HC IV, and GH, which allows purchasing of medicines and consumable materials for provision of health services to mothers and children from vulnerable groups, including those affected by HIV/AIDS. These actions are fully relevant to the context of Uganda because of the high population growth rate, migration of high number of young refugees, and the present state of social and economic development of the country.

The lesson learnt during addressing the Gender transversal theme is the necessity to mainstream the gender theme in all Enabel health interventions.

The successes include increased of health services utilisation, improved availability of medicines and quality of provided services.

The challenge related to the Gender transversal theme is the necessity to respect the cultural and religious beliefs of the communities, where the Enabel health interventions are implemented.

7.2 Decent work

The transversal theme of Decent Work is addressed through activities of Outputs 3 and 4, which aim to strengthening of management capacities at the level of health facilities, DHO, and the MoH. It is also addressed through professional development of SPHU intervention national personnel.

The concrete actions include maintaining of a permanent dialogue with the MoH, which supports development of institutional capacity and upholds high operational standards. In case of SPHU intervention national personnel, concrete actions include setting individual development objectives within the yearly Development Cycles.

The lessons learnt include: (i) The Enabel operational procedures should be aligned to the ones of the MoH; and (ii) The individual development objectives of SPHU intervention national personnel should be aligned with the overall intervention logic and Enabel core values.

The successes include a considerable increase of intervention budget utilisation rate, to 75,8% by December 31, 2019 and participation of seven national personnel in individual training programs, supported by Enabel.

The encountered challenges were mainly related to transfer of the Undersecretary, directly responsible for implementation of SPHU intervention, from the MoH.

8 Lessons learned

8.1 The successes

The successes of RBF implementation are presented below.

1. RBF is a strategic health service purchasing mechanism, which shifts the focus from input-based financing to output-based financing. It has demonstrated its potential to improve efficiency and quality of health services at all levels, by allowing the health facilities to reinvest the revenue, improve the conditions of operation, and finance new activities.

2. RBF stimulates both the demand and supply sides of the health services market. It has demonstrated its potential to encourage individuals, households and communities to receive quality health services and vaccines, and health workers to deliver good quality health services.

3. Implementation of SPHU intervention has brought positive changes in the strategic areas of health service utilisation, health system management, financial management, human resources, medicines and health supplies, data quality and use. Positive changes have been noticed at the level of MoH, DHO, DHMT, and participating health facilities.

4. RBF strengthens the role of the public health facilities in provision of health services. It has demonstrated its potential to stimulate the dialogue between MoH and private partners on coverage areas, optimal workload of health facilities, staffing norms, performance indicators, verification modalities, and governance structures that need to be put in place for efficient management of the health system.

5. A functional National RBF Unit has been established at the MoH, with a potential to support nationwide RBF implementation within the framework of the URMCHIP project, funded by the WB.

6. The RBF implementation experience of Enabel has been recognised by the MoH, USAID, and HDP. Implementation of RBF and health insurance has been brought on the agenda of the GoU and MoH.

8.2 The challenges

The most important challenges, encountered in the reporting period, are presented below.

- The progress of attainment of Health Policy objectives, and the progress of implementation of HSDP are low. The Mid-Term Review Report for the HSDP 2015/16 – 2019/20 has recognised that “Among the 41 HSDP indicators, 13 indicators were on track, 16 made progress but too slow to meet the target, and 10 were not on track. For two indicators no data could be obtained. Major areas of success included child mortality declines, child nutritional status improvements and HIV. Major areas of concern included neonatal mortality, maternal mortality and adolescent fertility.”

- Although the economic outlook of Uganda is positive, the financial and human resources of the health system remain limited and fall behind the minimal levels, recommended by the WHO. This challenge is further aggravated by the considerable immigration and high population growth rate. In this situation households bear the greatest proportion of health expenditures and incur catastrophic health expenditures in case of serious illnesses, while the MoH does not have sufficient funds to implement the much needed reforms of the health system and capital investment programs.

- The health system regionalisation policy is not yet in place. This results in centralisation of health system management at the MoH level and fragmentation of health system management and resource utilisation at district levels. The process of proliferation of administrative districts, district health offices, private and public health facilities continues. This prevents efficient separation of operative, district-level management from strategic, national-level management and makes the planning of health system resources difficult.

- Private and PNFP health facilities are established based on their revenue generating potential. The coverage maps and potential impact on the existing public health facilities are not sufficiently taken in consideration. This leads to duplication of services, decreases the resource utilisation efficiency, and deepens the health inequities.

- The economy of Uganda is presently dominated by the informal private sector. This imbalance limits the capacity of the government to raise tax revenues and increase budget allocations to the public health sector, necessary for implementation of a publicly funded Universal Health Insurance System.

- The referral policies between public and private health facilities of different levels are not clearly defined. The emergency care system is not sufficiently developed.

- The progress of implementation of modern IT technologies at district level is slow. This does not allow the health professionals and managers of health facilities to fully engage in the process of continuous on-the-job learning and interaction with their colleagues from other health facilities and the MoH, and slows down implementation of IT projects.

8.3 Strategic learning questions

The following strategic learning questions have been addressed by the intervention:

1. To which extents has the intervention achieved its impact, i.e. “Contribute to Universal Health Coverage in Uganda following a Rights Based Approach”. Answers to this question will be provided by the End of Term Review of SPHU intervention, scheduled for February 2020.

2. To which extent has the intervention achieved its outcome, i.e. “Build the capacities of the Ugandan health system in order to roll-out a Strategic Purchasing mechanism for Public and PNFP Health Services, with a particular focus on women, children and other vulnerable groups”. Answers to this question have been provided in the report “Capitalisation of Enabel ICB II and PNFP Health Projects in Uganda” and evidence briefs (Annex 10.6). Answers to this question will be also provided by the End of Term Review of SPHU intervention, scheduled for February 2020.

3. Which priorities should be included in the Enabel Country Program for the Republic of Uganda. Answers to this question have been provided in the contributions of the SPHU intervention team to strategic documents of the Enabel Representative Office in the Republic of Uganda. Answers to this question will be also provided by the End of Term Review of SPHU intervention, scheduled for February 2020.

8.4 Summary of lessons learned

The summary of lessons learned is given in the table as well as the potentially interested target group by the lessons learned.

Lessons learned	Target group
Update of Health Policy and Health Sector Development Plan, led by the MoH and supported by HDP, should continue. It should focus on strengthening of the core functions of health system, i.e. financing, resource generation, stewardship, and service provision.	MoH, HDP
The public budget allocation to the health sector should be steadily increased, in terms of percentage of GDP and in absolute terms. The minimum Total Health Expenditure of USD 84 per capita per year, recommended by the WHO, should be targeted.	MoH, MoFPED, GoU
The right mix of taxation, payment of individual health insurance premiums, and user fees should be found to generate resources for proper functioning of the health system and increase accessibility of health services for all population groups.	MoH, MoFPED, GoU
The feasibility of implementation of health insurance should be studied and the most appropriate health insurance model for the Republic of Uganda should be identified.	MoH, MoFPED, GoU
The MoH planning and regulatory role should be strengthened. Effective health system regionalisation policies should be implemented.	MoH, MLG, GoU
The regionalisation policies should strengthen the role of RRH in supportive supervision of primary health facilities, organising of emergency referral process, and provision of emergency care services.	MoH, MLG, GoU
Digitization of health system should be addressed through a multi-sectoral approach. The MoH, in cooperation with the MoICT, NITA-U, MoE, MoLG, DHO and MB, should support the health facilities in creation of basic conditions for IT equipment operation. Safe rooms, uninterrupted electric power supply, internet connectivity, and training of users should be provided before implementation of ambitious IT projects, such as e-patient files, etc.	MoH, MLG, DHO, MB

9 Steering

9.1 Changes made to the intervention

No changes have been made to the intervention in the reporting period. The intervention has been implemented as planned in the TFF.

9.2 Decisions taken by the Steering Committee

In 2019, two SC meetings were organised, on February 11, 2019 and on May 15, 2019. A summary of the SC decisions is presented below. The SC scheduled for December 3, 2019, was cancelled at short notice by the Chairperson - Undersecretary of the MoH. Its proposed decisions have not been approved and are not reflected in the present report.

On January 16, 2020 the Enabel Representative Office in the Republic of Uganda addressed a letter to the MoH, requesting clarifications on approval of the proposed decisions of SC or rescheduling of the SC for Quarter 1, 2020.

Decision to take		Period of Identification		Source
The PSC has reviewed the changes to the TFF Chapter 3.4 "Results and proposed activities" and Chapter 3.5 "Indicators and means of verification", elaborated by the project team in collaboration with the Enabel Coordinator Health Unit, Mr. Paul Bossyns in January 2019.		February 11, 2019		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Present the proposed changes with detailed explanations to the Intervention Manager, Dr. Sarah Byakika for comments and approval by exchange of letters.	Dumitru Maximenco	February 28, 2019		Completed
Approve the proposed changes.	Sarah Byakika	February 28, 2019		Completed

Decision to take		Period of Identification		Source
The PSC has been updated on allocation of EUR 1,5 million contribution of the GoU to implementation of the Specific Agreement by the representative of the MOFPED.		February 11, 2019		Steering Committee
Action(s)	**Responsible**	**Deadline**	**Progress**	**Status**
Follow up on allocation of EUR 1,5 million GoU contribution for implementation of the Specific Agreement UGA 1603611 N.N. 1272.	Sarah Byakika	N/A	The MoH has sent several letters to the MoFPED, reminding and following up on allocation of EUR 1,5 million GoU contribution for implementation of the Specific Agreement UGA 1603611 N.N. 1272.	In progress
Follow up on allocation of EUR 1,5 million GoU contribution for implementation of the Specific Agreement UGA 1603611 N.N. 1272.	Dumitru Maximenco	N/A	Enabel has sent several letters to the MoH reminding and following up on allocation of EUR 1,5 GoU contribution for implementation of Specific Agreement UGA 1603611 N.N. 1272. On March 6, 2019 the Embassy of the Kingdom of Belgium has organised a meeting with the MoFPED to follow up on this issue.	In progress
Assist the MoH in completing of forms, required by the MoFPED for allocation of EUR 1,5 million GoU contribution for implementation of the Specific Agreement UGA 1603611.	Dumitru Maximenco	October 31, 2019	The project team has provided technical assistance to the Ministry of Health in elaboration of project proposal for utilisation of EUR 1,5 million contribution of the Republic of Uganda to implementation of Specific Agreement UGA 1603611 N.N. 1272. The Ministry of Health has submitted the project proposal to the Ministry of Finance, Planning, and Economic Development on October 18, 2019.	Completed

Decision to take		Period of Identification		Source
The PSC has decided to approve the Result Reports 2018 of the ICB II, PNFP, and SPHU projects by exchange of letters, due to the tight schedules and high workload of the PSC members.		February 11, 2019		Steering Committee
Action(s)	**Responsible**	**Deadline**	**Progress**	**Status**
Integrate comments of the PSC members in the Results Reports 2018, present the Results Report for the signature of the MoH.	Dumitru Maximenco	February 28, 2019		Completed

Decision to take		Period of Identification		Source
The PSC has reviewed and approved the proposal to utilise the unspent amount of EUR 160,000 from the PNFP project budget for the activities of the SPHU project.		May 15, 2019		Steering Committee
Action(s)	**Responsible**	**Deadline**	**Progress**	**Status**
Plan utilisation of EUR 160,000 for the activities of the SPHU project, implement the plan.	Dumitru Maximenco	N/A		Completed

Decision to take		Period of Identification		Source
The PSC has reviewed and approved the updated RBF manual, template for the Grant Agreements, reporting guidelines and requirements, and penalties to be used by RBF supported health facilities.		May 15, 2019		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Implement the updated RBF manual, template for the Grant Agreements, reporting guidelines and requirements, and penalties to be used by RBF supported health facilities.	Dumitru Maximenco	N/A		Completed

Decision to take		Period of Identification		Source
The PSC has reviewed the proposed budget modification and has approved it.		May 15, 2019		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Implement the approved budget modification.	Dumitru Maximenco	N/A		Completed

Decision to take		Period of Identification		Source
The PSC has recommended organisation of Capitalization Symposium for ICB II and PNFP projects, and SPHU implementation experience in the end of November 2019.		May 15, 2019		Steering Committee
Action(s)	**Responsible**	**Deadline**	**Progress**	**Status**
Organise the Capitalisation Symposium in cooperation with the Makerere University School of Public Health.	Paolo Reggio D'Aci	November 29, 2019	The high-level Capitalization Symposium has been organised on November 27, 2019. The symposium has been attended by the representatives of the Ministry of Health, District Local Governments, Medical Bureaus, Embassy of the Kingdom of Belgium, USAID, and various Health Development Partners. The major results achieved by of PNFP, ICB II and SPHU projects have been presented.	Completed

Decision to take		Period of Identification		Source
The PSC has recommended informing the RBF supported health facilities about committed funds until SPHU project completion for a proper financial planning.		May 15, 2019		Steering Committee
Action(s)	**Responsible**	**Deadline**	**Progress**	**Status**
Draft the Exit Strategy, present the draft for review and approval of the MoH.	Paolo Reggio D'Aci	December 20, 2019	Regional workshops in Rwenzori and West Nile regions have been conducted to elaborate the project Exit Strategy, and its draft has been shared with the MoH for discussion.	Completed
Officially inform the RBF supported health facilities about the SPHU project Exit Strategy.	Sarah Byakika	December 20, 2019		In Progress

9.3 Considered strategic reorientations

No strategic reorientations have been made to the intervention in the reporting period.

9.4 Recommendations

The present recommendations are based on the results of implementation of the SPHU intervention and analysis of context.

Recommendation	Actor	Deadline
1. Follow up on allocation of EUR 1,5 million by the GoU and MoFPED in FY 2020/2021 under the Recurrent Budget for implementation of the Specific Agreement UGA 1603611 N.N. 1272.	MoH, Enabel	-
2. Allow utilisation of unused balance of the SPHU intervention for Technical Assistance to the MoH, before end of the Specific Agreement UGA 1603611 N.N. 1272.	Enabel	-
3. Consider allocation of additional budget for extension of SPHU intervention from June 30, 2020 to December 31, 2021 in order to support the MoH in implementation of URMCHIP project in Rwenzori and West Nile regions.	Enabel	-

10 Annexes

10.1 Quality criteria

1. RELEVANCE: The extent to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries.					
Do as follows to calculate the total score for this quality criterion: At least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C, no 'D' = C; at least one 'D' = D					
Appraisal of RELEVANCE: Total score		**A**	**B**	**C**	**D**
		X			
1.1 1.1. What is the current degree of relevance of the intervention?					
X	**A**	Clearly still anchored in national policies and the Belgian strategy, meets the commitments on aid effectiveness, extremely relevant for the needs of the target group.			
	B	Still embedded in national policies and the Belgian strategy (even though not always explicitly so), relatively compatible with the commitments on aid effectiveness, relevant for the needs of the target group.			
	C	A few questions on consistency with national policies and the Belgian strategy, aid effectiveness or relevance.			
	D	Contradictions with national policies and the Belgian strategy, the commitments on aid effectiveness; doubts arise as to the relevance vis-à-vis the needs. Major changes are required.			
1.2 Is the intervention logic as currently designed still the good one?					
X	**A**	Clear and well-structured intervention logic; vertical logic of objectives is achievable and coherent; appropriate indicators; risks and hypotheses clearly identified and managed; intervention exit strategy in place (if applicable).			
	B	Appropriate intervention logic even though it could need certain improvement in terms of hierarchy of objectives, indicators, risks and hypotheses.			
	C	Problems pertaining to the intervention logic could affect performance of an intervention and its capacity to control and evaluate progress; improvements required.			
	D	The intervention logic is faulty and requires an in-depth review for the intervention to possibly come to a good end.			

2. EFFICIENCY OF IMPLEMENTATION TO DATE: A measure of how economically resources of the intervention (funds, expertise, time, etc.) are converted in results.				
Do as follows to calculate the total score for this quality criterion: At least two 'A's, no 'C' or 'D' = A; two 'B's = B, no 'C' or 'D' = B; at least one 'C, no 'D' = C; at least one 'D' = D				
Appraisal of the EFFICIENCY: Total score	**A**	**B**	**C**	**D**
	X			

2.1 To what extent have the inputs (finances, HR, goods & equipment) been managed correctly?		
X	**A**	All inputs are available in time and within budget limits.
	B	Most inputs are available within reasonable time and do not require considerable budgetary adjustments. Yet, there is still a certain margin for improvement possible.
	C	The availability and use of inputs pose problems that must be resolved, otherwise the results could be at risk.
	D	The availability and management of the inputs is seriously lacking and threaten the achievement of the results. Considerable changes are required.
2.2 To what extent has the implementation of activities been managed correctly?		
	A	Activities are implemented within timeframe.
X	**B**	Most activities are on schedule. Certain activities are delayed, but this has no impact on the delivery of outputs.
	C	The activities are delayed. Corrective measures are required to allow delivery with not too much delay.
	D	The activities are seriously behind schedule. Outputs can only be delivered if major changes are made to planning.
2.3 To what extent are the outputs correctly achieved?		
X	**A**	All outputs have been and will most likely be delivered on time and in good quality, which will contribute to the planned outcomes.
	B	The outputs are and will most likely be delivered on time, but a certain margin for improvement is possible in terms of quality, coverage and timing.
	C	Certain outputs will not be delivered on time or in good quality. Adjustments are required.
	D	The quality and delivery of the outputs most likely include and will include serious shortcomings. Considerable adjustments are required to guarantee at least that the key outputs are delivered on time.

3. EFFECTIVENESS TO DATE: Extent to which the outcome (specific objective) is achieved as planned at the end of year N				
Do as follows to calculate the total score for this quality criterion: At least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C, no 'D' = C; at least one 'D' = D				
Appraisal of EFFECTIVENESS: Total score	**A**	**B**	**C**	**D**
		X		

3.1 At the current stage of implementation, how likely is the outcome to be realised?		
	A	It is very likely that the outcome will be fully achieved in terms of quality and coverage. Negative results (if any) have been mitigated.
X	**B**	The outcome will be achieved with a few minor restrictions; the negative effects (if any) have not had much of an impact.
	C	The outcome will be achieved only partially, among other things due to the negative effects to which the management was not able to fully adapt. Corrective measures should be taken to improve the likelihood of achieving the outcome.
	D	The intervention will not achieve its outcome, unless significant fundamental measures are taken.
3.2 Are the activities and outputs adapted (where applicable) in view of achieving the outcome?		
	A	The intervention succeeds to adapt its strategies/activities and outputs in function of the evolving external circumstances in view of achieving the outcome. Risks and hypotheses are managed proactively.
X	**B**	The intervention succeeds rather well to adapt its strategies in function of the evolving external circumstances in view of achieving the outcome. Risk management is rather passive.
	C	The project has not fully succeeded to adapt its strategies in function of the evolving external circumstances in an appropriate way or on time. Risk management is rather static. A major change to the strategies seems necessary to guarantee the intervention can achieve its outcome.
	D	The intervention has not succeeded to react to the evolving external circumstances; risk management was not up to par. Considerable changes are required to achieve the outcome.

4. 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).				
Do as follows to calculate the total score for this quality criterion: At least three '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				
Appraisal of POTENTIAL SUSTAINABILITY: Total score	**A**	**B**	**C**	**D**
	X			

4.1 Financial/economic sustainability?		
	A	Financial/economic sustainability is potentially very good: Costs related to services and maintenance are covered or reasonable; external factors will have no incidence whatsoever on it.
X	**B**	Financial/economic sustainability will most likely be good, but problems may arise in particular due to the evolution of external economic factors.
	C	The problems must be dealt with concerning financial sustainability either in terms of institutional costs or in relation to the target groups, or else in terms of the evolution of the economic context.
	D	Financial/economic sustainability is very questionable, unless major changes are made.
4.2 What is the degree of ownership of the intervention by the target groups and will it prevail after the external assistance ends?		
X	**A**	The Steering Committee and other relevant local instances are strongly involved at all stages of execution and they are committed to continue to produce and use the results.
	B	Implementation is strongly based on the Steering Committee and other relevant local instances, which are also, to a certain extent, involved in the decision-making process. The likelihood that sustainability is achieved is good, but a certain margin for improvement is possible.
	C	The intervention mainly relies on punctual arrangements and on the Steering Committee and other relevant local instances to guarantee sustainability. The continuity of results is not guaranteed. Corrective measures are required.
	D	The intervention fully depends on punctual instances that offer no perspective whatsoever for sustainability. Fundamental changes are required to guarantee sustainability.
4.3 What is the level of policy support delivered and the degree of interaction between the intervention and the policy level?		
X	**A**	The intervention receives full policy and institutional support and this support will continue.
	B	The intervention has, in general, received policy and institutional support for implementation, or at least has not been hindered in the matter and this support is most likely to be continued.
	C	The sustainability of the intervention is limited due to the absence of policy support. Corrective measures are required.
	D	Policies have been and will most likely be in contradiction with the intervention. Fundamental changes seem required to guarantee sustainability of the intervention.
4.4 To what degree does the intervention contribute to institutional and management capacity?		

X	**A**	The intervention is integrated in the institutions and has contributed to improved institutional and management capacity (even though it is not an explicit objective).
	B	The management of the intervention is well integrated in the institutions and has contributed in a certain way to capacity development. Additional expertise may seem to be required. Improvement is possible in view of guaranteeing sustainability.
	C	The intervention relies too much on punctual instances rather than on institutions; capacity development has failed to fully guarantee sustainability. Corrective measures are required.
	D	The intervention relies on punctual instances and a transfer of competencies to existing institutions, which is to guarantee sustainability, is not likely unless fundamental changes are made.

10.2 Updated Logical framework and/or Theory of Change

The letter of non-objection to review and update of TFF chapter 3.4. and 3.5., signed by the Ministry of Health, is presented below.

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IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO. **ADM.100/244/23**

THE REPUBLIC OF UGANDA

Ministry of Health
P. O. Box 7272
Kampala
Uganda

28th February, 2019

International Intervention Co-Manager
Enable/SPHU Project
Ministry of Health

UGA 1603611: REVIEW AND UPDATE OF THE SPHU TECHNICAL AND FINANCIAL FILE (TFF): CHAPTER 3.4 "RESULTS AND PROPOSED ACTIVITIES" AND CHAPTER 3.5 "INDICATORS AND MEANS OF VERIFICATION"

Reference is made to the recent submission of the project TFF for approval to the Steering Committee Meeting that took place on 11th February 2019.

Please receive the Ministry of Health no-objection to changes to the reviewed and updated TFF modified *Chapter 3.4 "Results and Proposed Activities" and Chapter 3.5 "Indicators and Means of Verification"*

Thanking your usual cooperation.

Dr. Sarah Byakika
FOR: PERMANENT SECRETARY

c.c Resident Representative
c.c Financial and Contracting Coordinator

The updated TFF Section 3.5. Indicators and Means of Verification is presented below.

Impact: Contribute to Universal Health Coverage (UHC) in Uganda following a Rights Based Approach	
No.	Impact indicators
1.	Maternal Mortality Ratio (336 per 100,000 live birth)
2.	Neonatal Mortality Rate (27 per 1,000)
3.	Infant Mortality Rate (43 per 1000)
4.	Under 5 Mortality rate (64 per 1000)
5.	Total Fertility Rate (5.4 live births per woman)
6.	Adolescent Pregnancy Rate (25%)

Outcome: Build the capacities of the Ugandan health system in order to roll-out a Strategic Purchasing mechanism for Public and Private Not For Profit (PNFP) Health Services, with a particular focus on women, children and other vulnerable groups	
No.	Outcome indicators
1.	Tested and updated RBF model, accepted by MoH and GoU as the national model, available
2.	% of the national health budget which is output- based
3.	Utilisation rate for curative consultation at HC III level, total and gender-disaggregated
4.	Hospitalisation rate for GH and HC IV level health facilities, total and gender-disaggregated
5.	Hospitalisation rate for GH and HC IV level, total and gender-disaggregated, in RBF supported health facilities
6.	Percentage of RBF supported GH and HC IV, which implement strategic plans
7.	Strategic plans for GH and HC IV institutionalized as National Policy

Output 1: The equitable access to quality health care at public and PNFP HC IIIs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point	
No.	Output 1 indicators
1.	Percentage of RBF supported HC III in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH
2.	Percentage of institutional based deliveries which meet the MoH quality standards in RBF supported HCIII
3.	Percentage of RBF supported HC III providing modern family planning services
4.	HIV/AIDS care and treatment services, including PMTCT, are integrated and functioning according to MoH quality norms in RBF supported HCIII

Output 2: The equitable access to quality health care at public and PNFP General Hospitals & HC IVs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point	
No.	Output 2 indicators
1.	Percentage of RBF supported GH and HC IV in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH
2.	Percentage of RBF supported GH and HC IV in the targeted districts that experience essential drugs out-of-stock during > 7 days for 6 tracer medicines
3.	Percentage of RBF supported public GH and HC IV in the targeted districts with a functional e-patient file system

Output 3: The capacity of Health Districts to manage the quality of care and the integrated local health system is strengthened	
No.	Output 3 indicators
1.	Percentage of RBF supported HCIII, HCIV, and GH in the targeted districts which implement a Continuous Professional Development plan
2.	Percentage of RBF supported HCIII, HCIV, and GH in the targeted districts which have received supportive supervision visits of the DHMT at least 3 times per year
3.	Percentage of supportive supervision visits completed by the Medical Bureaus, actual vs. planned
4.	The District Strategic Plans are compliant with the National Health Planning Guidelines in 17 districts
5.	Percentage of reduction of debt of RBF supported PNFP HCIII, HCIV, and GH in the targeted districts
6.	Regional Joint Review Missions of the MoH organised in Rwenzori and West Nile regions

Output 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened	
No.	Output 4 indicators
1.	Percentage of RBF invoices paid with a delay of over 3 months
2.	RBF exit strategy of SPHU project elaborated and submitted to the MoH

The changes, implemented to the TFF Section 3.5. Indicators and Means of Verification are explained below.

Impact: Contribute to Universal Health Coverage (UHC) in Uganda following a Rights Based Approach	
TFF formulation	Proposed changes
Maternal Mortality Ratio (336 per 100,000 live birth)	No change
Neonatal Mortality Rate (27 per 1,000)	No change
Infant Mortality Rate (43 per 1000)	No change
Under 5 Mortality rate (64 per 1000)	No change
Total Fertility Rate (5.4 live births per woman)	No change
Adolescent Pregnancy Rate (25%)	No change

Outcome: Build the capacities of the Ugandan health system in order to roll-out a Strategic Purchasing mechanism for Public and Private Not For Profit (PNFP) Health Services, with a particular focus on women, children and other vulnerable groups	
TFF formulation	Proposed changes
Tested and updated RBF model, accepted by MoH and GoU as the national model, available	No change
% of the national health budget which is output- based	No change
Utilisation rate for curative consultation at HC III level (gender-disaggregated)	Utilisation rate for curative consultation at HC III level, total and gender-disaggregated
Hospitalisation rate for GH and HC IV for supported facilities (gender-disaggregated)	Hospitalisation rate for GH and HC IV level health facilities, total and gender-disaggregated
	Hospitalisation rate for GH and HC IV level, total and gender-disaggregated, in RBF supported health facilities
Template and directives regarding Performance Improvement Plans for hospitals and HC IV are institutionalised at national level	To be deleted. This activity has already been completed.
	Percentage of RBF supported GH and HC IV, which implement strategic plans
	Strategic plans for GH and HC IV institutionalized as National Policy

Output 1: The equitable access to quality health care at public and PNFP HC IIIs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point	
TFF formulation	Proposed changes
HC III obtain a score of at least 4 stars to the Quality of Care Assessment of MoH	Percentage of RBF supported HC III in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH
Institutional based deliveries according to MoH quality standards in supported HCIII have increased	Percentage of institutional based deliveries which meet the MoH quality standards in RBF supported HCIII
	Percentage of RBF supported HC III providing modern family planning services
FP services, including access to modern contraceptives, are integrated and all public HC III provide the service	To be deleted. Not all HC III have accepted integration of FP services, including access to modern contraceptives.
HIV/AIDS care and treatment services, including PMTCT, are integrated and functioning conform MoH quality norms in supported HCIII	HIV/AIDS care and treatment services, including PMTCT, are integrated and functioning according to MoH quality norms in RBF supported HCIII

Output 2: The equitable access to quality health care at public and PNFP General Hospitals & HC IVs in the regions of West Nile and Rwenzori is strengthened using RBF as an entry-point	
TFF formulation	Proposed changes
Supported HC IV and General Hospitals obtain a score of at least 4 stars to the Quality of Care Assessment of MoH	Percentage of RBF supported GH and HC IV in the targeted districts which obtain a score of at least 4 stars to the Quality of Care Assessment of the MoH
Essential drugs out-of-stock during > 1 week for 6 tracer medicines	Percentage of RBF supported GH and HC IV in the targeted districts that experience essential drugs out-of-stock during > 7 days for 6 tracer medicines
Supported HC IVs and general hospitals with a functional e-patient file	Percentage of RBF supported public GH and HC IV in the targeted districts with a functional e-patient file system

Output 3: The capacity of Health Districts to manage the quality of care, the right to health and the integrated local health system is strengthened The words ", the right to health" are to be deleted. The project has no influence on the right to health.	
TFF formulation	Proposed changes
% of health facilities with a training plan	Percentage of RBF supported HCIII, HCIV, and GH in the targeted districts which implement a Continuous Professional Development plan
% of health facilities with a completion of the training plan	To be deleted. There is no training plan foreseen in the SPHU project. Training

	activities and plans are supported by other Enabel projects.
Health facilities receive a support supervision visit at least 3 times per year	Percentage of RBF supported HCIII, HCIV, and GH in the targeted districts which have received supportive supervision visits of the DHMT at least 3 times per year
Number of referred pregnant women using the ambulance system	To be deleted. Data for this indicator cannot be collected at this stage.
% of visits to the hospital facilities by the Medical Bureaus completed as per plan on a yearly basis	Percentage of supportive supervision visits completed by the Medical Bureaus, actual vs. planned
The District strategic plans are compliant with the National Health Planning Guidelines in 15 districts	The District Strategic Plans are compliant with the National Health Planning Guidelines in 17 districts
Reduction of total amount of debt of PNFP HCIV and General Hospitals	Percentage of reduction of debt of RBF supported PNFP HCIII, HCIV, and GH in the targeted districts
% of RBF enrolled health institutions with a functional Patient Satisfaction Survey system	To be deleted. The SPHU project is no longer implementing a Patient Satisfaction Survey system.
Regional coordination for ambulance services is functional in the 2 regions	To be deleted. The EMS policy has not been finalized yet by the MoH.
A Regional Joint Review Mission is organised in the 14 the regions before the end of the programme	Regional Joint Review Missions of the MoH organised in Rwenzori and West Nile regions
Supported health facilities (both public and PNFP) with a gender activity plan	To be deleted. Gender activities will be mainstreamed in SPHU project activities in all RBF supported health facilities.

Result 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened	
TFF formulation	Proposed changes
National RBF Unit institutionalised (in organigram of MoH and financed by the national budget)	To be deleted. The National RBF Unit has already been established in 2018.
Percentage of Periodic (quarterly) Performance Reports produced by the RBF	To be deleted. The indicator has been replaced by two new indicators, listed below.
	Percentage of RBF invoices paid with a delay of over 3 months
	RBF exit strategy of SPHU project elaborated and submitted to the MoH

10.3 Monitoring of change management processes forms (optional)

Not applicable.

10.4 Summary of MoRe Results

Results or indicators of the logical framework changed during the last 12 months?	Yes
Report of the Baseline registered in PIT?	Yes
MTR Planning (registered report) Note: End of Term Review Report for the PNFP and ICB II interventions	February 2019
ETR Planning (registered report)	April 2020
Backstopping missions	January 21-25, 2019 (Enabel Coordinator Health Unit, Mr. Paul Bossyns and Enabel RAFI, Ms. Katrien Gielis) October 6-11, 2019 (Enabel Coordinator Health Unit, Mr. Paul Bossyns)

10.5 ‘Budget versus Actuals (y – m)’ Report

Budget line	Budget A	Budget B	Total Budget	Actuals	Available
UGA1603611	6 000 000,00	0,00	6 000 000,00	4 558 362,33	1 441 637,67
UGA1603611_A	5 288 740,00	128 930,00	5 417 670,00	4 029 209,32	1 388 460,68
UGA1603611_A01	1 755 000,00	-103 962,00	1 651 038,00	1 181 201,37	469 836,63
UGA1603611_A0101	30 000,00	-30 000,00	0,00	42,94	-42,94
UGA1603611_A0102	90 000,00	-90 000,00	0,00	642,81	-642,81
UGA1603611_A0104	0,00	0,00	0,00	-4,97	4,97
UGA1603611_A0105	1 500 000,00	-239 154,00	1 260 846,00	925 893,01	334 952,99
UGA1603611_A0106	135 000,00	88 681,00	223 681,00	155 766,39	67 914,61
UGA1603611_A0107	0,00	0,00	0,00	477,28	-477,28
UGA1603611_A0108	0,00	0,00	0,00	68,90	-68,90
UGA1603611_A0109	0,00	25 000,00	25 000,00	2 790,23	22 209,77
UGA1603611_A0110	0,00	98 370,00	98 370,00	67 985,00	30 385,00
UGA1603611_A0111	0,00	43 141,00	43 141,00	27 539,78	15 601,22
UGA1603611_A02	1 746 500,00	854 237,00	2 600 737,00	1 836 946,37	763 790,63
UGA1603611_A0201	10 000,00	0,00	10 000,00	2 587,82	7 412,18
UGA1603611_A0202	400 000,00	-268 607,00	131 393,00	106 098,25	25 294,75
UGA1603611_A0204	99 000,00	-47 956,00	51 044,00	41 248,72	9 795,28
UGA1603611_A0205	1 237 500,00	1 130 800,00	2 368 300,00	1 675 379,87	692 920,13
UGA1603611_A0206	0,00	20 000,00	20 000,00	11 411,29	8 588,71
UGA1603611_A0207	0,00	20 000,00	20 000,00	220,42	19 779,58
UGA1603611_A03	563 440,00	-44 565,00	518 875,00	442 401,12	76 473,88
UGA1603611_A0301	15 000,00	-6 880,00	8 120,00	1 450,82	6 669,18
UGA1603611_A0302	36 700,00	70 088,00	106 788,00	117 396,41	-10 608,41
UGA1603611_A0303	28 000,00	-25 839,00	2 161,00	8 195,91	-6 034,91
UGA1603611_A0304	62 000,00	-30 556,00	31 444,00	23 412,20	8 031,80
UGA1603611_A0305	10 000,00	-10 000,00	0,00	0,00	0,00
UGA1603611_A0306	88 000,00	-83 824,00	4 176,00	37 986,18	-33 810,18
UGA1603611_A0307	15 000,00	-15 000,00	0,00	0,00	0,00
UGA1603611_A0308	93 340,00	-35 005,00	58 335,00	22 348,80	35 986,20
UGA1603611_A0309	215 400,00	92 451,00	307 851,00	231 610,80	76 240,20
UGA1603611_A04	1 223 800,00	-576 780,00	647 020,00	568 660,46	78 359,54
UGA1603611_A0401	394 500,00	-30 596,00	363 904,00	289 261,41	74 642,59
UGA1603611_A0402	61 000,00	-61 000,00	0,00	0,00	0,00
UGA1603611_A0403	44 000,00	26 609,00	70 609,00	72 011,39	-1 402,39
UGA1603611_A0404	8 500,00	1 770,00	10 270,00	3 219,09	7 050,91
UGA1603611_A0405	42 000,00	-42 000,00	0,00	0,00	0,00
UGA1603611_A0406	85 000,00	-85 000,00	0,00	0,00	0,00
UGA1603611_A0407	80 000,00	-80 000,00	0,00	0,00	0,00
UGA1603611_A0408	508 800,00	-306 563,00	202 237,00	204 168,57	-1 931,57
UGA1603611_X	104 550,00	-104 550,00	0,00	0,00	0,00

UGA1603611_X02	104 550,00	-104 550,00	0,00	0,00	0,00
UGA1603611_X0102	104 550,00	-104 550,00	0,00	0,00	0,00
UGA1603611_Z	606 710,00	-24 380,00	582 330,00	529 153,01	53 176,99
UGA1603611_Z01	356 260,00	-22 359,00	333 901,00	303 498,41	30 402,59
UGA1603611_Z0101	195 000,00	-26 887,00	168 113,00	157 819,28	10 293,72
UGA1603611_Z0102	161 260,00	4 528,00	165 788,00	145 679,13	20 108,87
UGA1603611_Z02	70 000,00	-2 142,00	67 858,00	60 412,05	7 445,95
UGA1603611_Z0201	65 000,00	-8 302,00	56 698,00	57 014,61	-316,61
UGA1603611_Z0202	5 000,00	6 160,00	11 160,00	3 397,44	7 762,56
UGA1603611_Z03	45 450,00	70 121,00	115 571,00	146 909,88	-31 338,88
UGA1603611_Z0301	28 200,00	31 723,00	59 923,00	82 498,15	-22 575,15
UGA1603611_Z0302	6 000,00	258,00	6 258,00	1 836,65	4 421,35
UGA1603611_Z0303	10 000,00	10 957,00	20 957,00	23 070,18	-2 113,18
UGA1603611_Z0304	1 250,00	1 683,00	2 933,00	32 279,16	-29 346,16
UGA1603611_Z0305	0,00	25 500,00	25 500,00	7 225,74	18 274,26
UGA1603611_Z04	135 000,00	-70 000,00	65 000,00	12 759,19	52 240,81
UGA1603611_Z0401	35 000,00	0,00	35 000,00	5 541,21	29 458,79
UGA1603611_Z0402	18 000,00	0,00	18 000,00	0,00	18 000,00
UGA1603611_Z0403	32 000,00	-20 000,00	12 000,00	5 180,16	6 819,84
UGA1603611_Z0404	50 000,00	-50 000,00	0,00	2 037,82	-2 037,82
UGA1603611_Z99	0,00	0,00	0,00	5 573,48	-5 573,48
UGA1603611_Z9998	0,00	0,00	0,00	5 573,48	-5 573,48
Total	6 000 000,00	0,00	6 000 000,00	4 558 362,33	1 441 637,67

10.6 Resources in terms of communication

No.	Name of resource	Type of resource
1.	Capitalisation of Enabel ICB II and PNFP Health Projects in Uganda	Report
2.	Does Results-Based Financing improve health service utilization and patient centeredness? Experiences from the Enabel RBF program in West-Nile and Rwenzori regions in Uganda	Evidence brief
3.	Effect of the Enabel RBF programme on Health System Management	Evidence brief
4.	Results-Based Financing and improved financial management: Experiences from the Enabel RBF Program in Uganda	Evidence brief
5.	Effect of Enabel RBF Programme on Human Resources For Health (HRH)	Evidence brief
6.	Effect of Enabel RBF programme on medicines and health supplies	Evidence brief
7.	Effects of Enabel RBF Programme on Data Quality and Use	Evidence brief