Enabel

RESULTS REPORT

2018

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

UGA 1603611

Belgian development agency

enabel.be

Table of contents

Acronyms

DHMT	District Health Management Team
DHO	District Health Office
DLG	District Local Government
DM	Database Manager
Enabel	Belgian Development Agency
EUR	Euro
GH	General Hospital
HC III	Health Centre level III
HC IV	Health Centre level IV
HDP	Health Development Partner(s)
HF	Health Facility
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
ICB II	Institutional Capacity Building Project in Planning Leadership and Management in the Uganda Health Sector – ICB Phase II
IHFE	International Health Finance Expert
IICM	International Intervention Co-Manager
MB	Medical Bureau
MEA	Monitoring and Evaluation Assistant
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health
NTA	National Technical Advisor
NTA-TL	National Technical Advisor – Team Leader
PFC	Project Financial Controller
PFP	Private for Profit
PNFP	Private non for Profit
PSC	Project Steering Committee
RAFI	International Finance and Contracting Coordinator
RBF	Results Based Financing

RH	Referral Hospital
SPHU	Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda
SRHR	Sexual and Reproductive Health and Rights
TFF	Technical and Financial File
TWG	Technical Working Group
URMCHIP	Uganda Reproductive Mother and Child Health Improvement Program
USD	United States Dollar
WB	World Bank

1 Intervention at a glance (max. 2 pages)

1.1 Intervention form

Intervention title	Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU)
Intervention code	UGA 1603611
Location	Uganda
Total budget	EUR 6,000,000
Partner Institution	Ministry of Health
Start date Specific Agreement	December 13, 2017
Date intervention start/Opening steering committee	September 26, 2018
Planned end date of execution period	April 30, 2019
End date 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[1]	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	Result 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
	Result 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
	Result 3: The capacity of Health Districts to manage the quality of care, the right to health and the integrated local health system is strengthened
	Result 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened
Year covered by the report	2018

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

1.2 Budget execution

Specification	Budget	Expenditure 2018	Balance	Disbursement rate at the end of year 2018
Total	6,000,000	271,230	5,728,770	4,52%
Output 1	1,755,000	-	1,755,000	0,00%
Output 2	1,746,500	55	1,746,445	0,00%
Output 3	563,440	846	562,594	0,15%
Output 4	1,223,800	197,598	1,026,202	16,15%
Contingency	104,550	-	104,550	0,00%
General means	606,710	72,731	533,979	11,99%

1.3 Self-assessment performance

1.3.1 Relevance

	Performance
Relevance	**A**

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), is fully adequate.

The approach to strengthen the capacity of the Ministry of Health (MoH), District Local Governments (DLG), 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.

The SPHU project consolidates the activities of PNFP and ICB II projects.

1.3.2 Effectiveness

	Performance
Effectiveness	**A**

The intervention has been effective in improving management and quality assurance practices at the levels of MoH, DLG, and HF, and has supported implementation of National RBF framework. The intervention has established cooperation with PFP HF, and various MBs.

1.3.3 Efficiency

	Performance
Efficiency	**B**

In the reporting period, the intervention has remained efficient. However, the transition processes and preparatory activities, listed below, have delayed implementation of project activities.

The Implementation Agreement was signed on December 13, 2017. The first Project Steering Committee meeting was organised on September 26, 2018.

The International Health Financing Expert joined the team on June 20, 2018. The International Intervention Co-Manager for the PNFP and ICB II projects completed his assignment on August 31, 2018. The Database Manager joined the team on November 5, 2018. The new International Intervention Co-Manager was recruited and started work on November 7, 2018. After a five months medical leave, the RAFI re-joined the team on February 1, 2019.

In November 2018 – February 2019, several important preparatory activities have been organised. The End Term Review of PNFP and ICB II projects has been completed. The experience of PNFP and ICB II projects implementation has been capitalised in cooperation with the Makerere University School of Public Health. The backstopping missions of Enabel Coordinator Health Unit, Mr. Paul Bossyns and Enabel RAFI, Ms. Katrien Gielis, were organised and completed.

An audit of health facilities in Rwenzori and West Nile regions was performed by Deloitte in May 2018 and November 2018. An audit of PNFP, ICB II, and SPHU projects by the Enabel College of Auditors is presently in progress.

The major causes of payment delays within the PNFP and ICB II projects related to organisation of verification visits and financial reporting requirements, have been identified and addressed to the PSC and Enabel Headquarters.

The relevant TFF sections 3.4. "Expected results and proposed activities", 3.5. "Indicators and means of verification", 4.1. "Financial resources", Annex 7.1. "Logical framework" and Annex 7.2. "Budget" are being adjusted to intervention timeframe (December 31, 2019), and currently available budget (EUR 6 million) and additional funding (EUR 160,000). The latter amount represents the unused budget balance of the PNFP project. The risk analysis matrix has been updated, and risk management strategies have been implemented.

The SPHU organisational diagram and the contracts of all project personnel have been updated. The project team has been consolidated, and implementation of planned activities is in progress.

1.3.4 Potential sustainability

	Performance
Potential sustainability	**A**

In the short-term prospective, i.e. years 2020 – 2021, the sustainability of intervention will depend on the decision of the Government of Uganda to allocate EUR 1,5 million for implementation of SPHU project activities within the framework of Specific

Agreement No. 1272 (UGA 16 036 11), and on availability of additional funding from the Health Development Partners.

In the long-term prospective, sustainability of intervention will depend on the capacity of MoH to advocate for increase of public budget allocation to the health sector, and shifting from input-based to output-based financing.

It should be mentioned, that interventions funded by the WB and USAID may increase the sustainability of the project results, through continuous development of the National RBF Frameworks and provision of funding for implementation of RBF activities at the level of HF and DHO.

Implementation of National Health Insurance in the Republic of Uganda may increase the sustainability of project results through strengthening of the resource generation, financing, and stewardship of the health care system. In this case, utilisation of RBF may have a positive impact on provision of health care services.

The project has started elaboration of an exit strategy, which will address all important sustainability issues of the intervention.

1.4 Conclusions

1. Transition of all activities from the PNFP and ICB II projects to the SPHU project has been successfully completed.

2. The experience of PNFP and ICB II project implementation has been capitalised. The necessary End Term Review, Backstopping, and Audit missions have been organised. The recommendations given have been discussed with the SPHU project team and implemented.

3. The major causes of payment delays within the PNFP and ICB II projects have been identified and have been addressed to the Project Steering Committee and Enabel Headquarters. Improvements to verification process have been implemented. Improvements to grant agreements and financial reporting requirements are being implemented.

4. Update of the TFF sections, which govern SPHU project implementation, has been initiated and will be completed in March 2019. A new data collection routine has been established, individual responsibilities for data collection and reporting of logical framework indicators have been assigned. Data collection for SPHU project indicators is in progress.

5. The SPHU project team has been consolidated. Implementation of planned activities of the SPHU project is in progress.

National execution official	Enabel execution official
Dr. Sarah Byakika	Dr. Dumitru Maximenco

2 Results Monitoring

2.1 Evolution of the context

2.1.1 General context

The SPHU project started on September 26, 2018. It is implemented according to the Specific Agreement No. 1272 (UGA 16 036 11) between the Republic of Uganda and the Kingdom of Belgium. The Belgian contribution to project implementation is EUR 6 million.

According to the mentioned agreement, "The Government of Uganda committed to contribute cash towards implementation of Results Based Financing (RBF) and in kind (taxes, human resources, office space). The cash contribution is estimated at 25% of the Belgian contribution, equivalent to 1,500,000 Euro (one million five hundred thousand Euro) only to the realization of this project".

The Government of Uganda is expected to provide its contribution to project implementation in year 2020.

The SPHU project is supposed to capitalise on the experience of ICB II and PNFP projects in the strategic areas of health system governance; medicines and health supplies; data quality and verification; utilisation, equity and patient-centred care; financial management; and human resource management. The SPHU project is also supposed to support the MoH in consolidation of its activities in mentioned areas.

The project activities in Rwenzori and West Nile regions will be completed in December 2019.

2.1.2 Institutional context

At the central level, the project is anchored in the Planning and Development Directorate of the MoH, led by Dr. Sarah Byakika, the Ag. Commissioner Planning. This contributes to ownership and sustainability of the project by the MoH, and facilitates discussion of necessary actions in the strategic areas.

The PSC is the decision-making body of the project. It also serves as a platform for discussion between the MoH, MoFPED, DHO, DLG, Enabel, and HDP.

At the level of Rwenzori and West Nile project regions, the project is anchored in the District Health Offices and Health Facilities.

The project participates in the activities of various MoH Technical Working Groups (TWG), e.g. Health Sector Budget Working Group, Supervision, Monitoring Evaluation & Research TWG, RBF Taskforce established by the MoH, and collaborates with HDP present in Uganda.

2.1.3 Management context: execution modalities

The project uses the execution modalities established by the PNFP and ICB II projects. In terms of budget execution, approx. 2/3 of the total project budget is managed by the project to facilitate execution of routine activities and public tenders. The budget lines

for RBF payments, which accounted for approx. 1/3 of the budget, are co-managed by the MoH to increase ownership of project results.

The project works in close cooperation with the Planning and Development Directorate of the MoH, the Health Sector Budget Support TWG, and the National RBF Task Force.

The Kampala project office is responsible for general management of project activities, including organisation of public tenders, maintenance of vehicles, organisation of training activities and conferences, etc.

The Rwenzori and West Nile project offices support the DHMT in implementation of RBF activities at the level of District Health Offices and Health Facilities.

Enabel Headquarters provides methodological and backstopping support to the project team. Enabel Representative Office in Uganda provides guidance in implementation of Enabel procedures in the context of specific project activities.

2.1.4 Harmo context

Based on the experience of ICB II and PNFP project implementation, the USAID has approved a grant to Enabel of USD 11 million for implementation of RBF activities in Acholi region. The grant agreement was signed on January 23, 2019. The activities in Acholi region are expected to begin in April 2019.

The RBF approach, developed by the PNFP and ICB II projects, is used by the URMCHIP program funded by the WB.

2.2 Performance outcome

2.2.1 Progress of indicators

The SPHU project has taken over the activities of the PNFP and ICB II projects, and has initiated update of TFF sections 3.4. "Expected results and proposed activities", 3.5. "Indicators and means of verification", 4.1. "Financial resources", Annex 7.1. "Logical framework" and Annex 7.2. "Budget". Update of mentioned sections is in progress. Data will be collected and reported, staring with 2016.

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					
Indicators	**Baseline value, 2016**	**Value, 2017**	**Value, 2018**	**Value, 2018**	**End Target**
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					

2.2.2 Analysis of progress made

In 2018, the project implemented preparatory activities mostly. Due to this fact, it has made moderate progress to achievement of the outcome.

2.2.3 Potential Impact

At this point, evaluation of potential impact of the project can not be done, because the indicators have not been calculated.

2.3 Performance output 1

2.3.1 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					
Indicators	**Baseline value, 2016**	**Value, 2017**	**Value, 2018**	**Value, 2019**	**End Target**
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					

2.3.2 Progress of main activities

Progress of main activities [2]	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	

2.3.3 Analysis of progress made

Grant agreements with 35 HC III have been signed. Disbursement of funds has started.

2.4 Performance output 2

2.4.1 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					
Indicators	**Baseline value, 2016**	**Value, 2017**	**Value, 2018**	**Value, 2019**	**End Target**
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					

2.4.2 Progress of main activities

Progress of main activities [3]	Progress:			
	A	B	C	D
1. Prepare General Hospitals & HC IVs to receive RBF			X	
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	

2.4.3 Analysis of progress made

[2] 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.

[3] 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.

Grant agreements with 3 HC IV and 8 GH have been signed. Disbursement of funds has started.

2.5 Performance output 3

2.5.1 Progress of indicators

Output 3: The capacity of Health Districts to manage the quality of care and the integrated local health system is strengthened					
Indicators	**Baseline value, 2016**	**Value, 2017**	**Value, 2018**	**Value, 2019**	**End Target**
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					

2.5.2 Progress of main activities

Progress of main activities [4]	**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 project activities, based on MoU		X		
6. Support quarterly and annual regional health reviews in the Rwenzori and West-Nile regions		X		

2.5.3 Analysis of progress made

The MoU between Enabel and the MoH on maintenance of 23 vehicles used for project activities in Rwenzori and West Nile pilot regions was signed on December 13, 2018. Since then, three vehicles have been repaired and brought back into operation. Two

[4] 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.

vehicles had their engines failed and cannot be operated. Replacement of failed engines is planned for February – March 2019.

The team has organised a consultative meeting with representatives of DHO and HF from Rwenzori and West Nile pilot regions to elaborate on the modalities of RBF support to RRH, GH, and HC IV.

The team has organised one engagement meeting for Regional Hospitals in West Nile Region.

2.6 Performance output 4

2.6.1 Progress of indicators

Output 4: The capacity of MoH to steer the implementation of the health financing strategy is strengthened					
Indicators	**Baseline value, 2016**	**Value, 2017**	**Value, 2018**	**Value, 2019**	**End Target**
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					

2.6.2 Progress of main activities

Progress of main activities [5]	**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		

2.6.3 Analysis of progress made

The team has supported the National RBF Unit in reviewing of performance of health facilities, which have participated at the PNFP and ICB II projects. As a result, the list of health facilities has been updated and approved by the MoH.

The experience of grant payments and financial reporting of the PNFP and ICB II projects has been analysed. Organisation of verification visits by the DHO has been identified as the first major cause of payment delays. A proposal to delegate this responsibility to regional project teams has been made, and has been accepted by the Project Steering Committee meeting No. 2 from December 04, 2018.

[5] 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 complex financial reporting requirements under the current grants agreement have been identified as the second major cause of payment delays. This finding has been discussed in the Project Steering Committee meeting No. 3 from February 11, 2019. Proposals to amend the grant agreement and simplify the financial reporting requirements have been formulated and submitted to Enabel headquarters for review and approval.

A grant database has been recently implemented. All grant agreements and invoices of the PNFP, ICB II, and SPHU projects have been evidenced in the database.

A working meeting between the National RBF Unit and Bluesquare has been organised to support implementation of digitalised RBF information system for evidence-based decision making.

2.7 Transversal Themes

The intervention is supposed to focus on following transversal themes: (i) Gender; (ii) Sexual and Reproductive Health and Rights (SRHR); and (iii) HIV/AIDS, according to the priorities set by the National Health Policy II.

Integration of transversal issues in the themes activities will be done after receiving of specific instructions from Enabel. The specific progress markers have not been measured yet.

2.8 Risk management

Risk identification			Risk analysis			Risk treatment			Follow-up of risk	
Description of risk	Period of identification	Risk category	Probability	Potential impact	Total	Action(s)	Resp.	Deadline	Progress	Status
IMPLEMENTATION RISKS										
Broad scope of activity, understaffing of MoH with high competency profiles, underdeveloped vision on RBF implementation.	Baseline	OPS	Medium	Medium	Medium Risk	Support to be provided by the IHFE and RAFI to the National RBF Unit.	IHFE, RAFI	Ongoing	Support is provided.	In progress
						Support to be provided by the NTA-TL and NTA to the DHMT.	NTA-TL, NTA	Ongoing	Support is provided.	
						The experience of ICB II and PNFP project implementation to be capitalised in a participatory way and presented to the MoH.	IHFE	Ongoing	Capitalization has been finalised. Results to be presented in symposium in April 2019.	
HC IV and GH do not properly develop and follow their strategic plans.	Baseline	OPS	Medium	Medium	Medium Risk	Supportive Supervision and Joint Review Missions to be performed by the MoH and DHO, with project support.	IICM, IHFE, NTA-TL, NTA	Ongoing	Supportive supervision plans to be elaborated by the MoH, DHO, NTA-TL and NTA.	In progress
						NTA-TL and NTA to follow up on development and implementation of strategic plans.	IICM, IHFE, NTA-TL, NTA	Ongoing	Regional working plans to be updated to include follow-up activities.	
Paralysis of the RBF process due to complex financial reporting requirement of Enabel, under the current grants procedure.	Baseline	OPS	High	High	Very High Risk	Grant agreements and financial reporting requirements to be simplified and made feasible for implementation by the supported RBF facilities.	IHFE, RAFI, PFC	Started	The proposed changes to the grant agreement and financial reporting requirements to be discussed with Enabel HQ and presented to the Project Steering Committee in March 2019.	In progress

						Continuous dialogue to be maintained between the IICM, IHFE, RAFI, Enabel Representation and Enabel Headquarters on streamlining of grants, financial management, and reporting procedures.	IICM, IHFE, RAFI, Enabel RR and HQ	Ongoing	Backstopping mission of Mr. Paul Bossyns and Ms. Katrien Gielis has been organised on January 21-25, 2019. The relevant sections of TFF have been reviewed, and recommendations to simplify the grant agreements and financial reporting requirements have been elaborated with participation of PFC, IHFE, NTA-TL and TL from Rwenzori and West Nile regions.	
						Separate bank accounts for Enabel RBF grants to be opened and operated by the health facilities.	RAFI, PFC	Not yet started	The decision is to be taken by the Project Steering Committee in March 2019.	
						Support to NTA-TL and NTA to be provided by the IICM, IHFE, RAFI.	IICM, IHFE, RAFI	Ongoing	Support is provided.	
						Enabel HQ web-based financial reporting tools to be implemented. Locally designed verification and invoice generation systems to be implemented.	RAFI, PFC, DM	Ongoing	New Enabel HQ financial reporting tools implemented. Design of local systems is in progress.	
						The role of National RBF Unit in validation and approval of invoices to be strengthened.	IHFE	Ongoing	Support is provided.	
Possible opposition of the MoH to decentralisation of decision-making to regional and district level.	Baseline	OPS	Low	Medium	Low Risk	All important decisions to be discussed and agreed with the MoH.	IICM	Ongoing	Project Steering Committee meetings to be organised on a regular base.	In progress
						SPHU project to support DHO and health facilities in pilot regions in technical aspects mostly.	IICM, NTA-TL, NTA	Ongoing	Regular meetings with NTA-TL and NTA to be organised, sensitive issues to be discussed.	

Limited ownership of RBF by the Ministry of Health.	Baseline	OPS	Medium	Medium	Medium Risk	Good relations and regular exchange of information with MoH to be maintained. MoH to be regularly informed about the project progress and added value.	IICM, IHFE, NTA-TL, NTA	Ongoing	Relations are maintained.	In progress
						The experience of ICB II and PNFP project implementation to be capitalised in a participatory way and presented to the MoH.	PMT, Regional Team, MoH	Ongoing	Capitalization has been finalised. Results will be presented in symposium in April 2019.	In progress
MANAGEMENT RISKS										
Insufficient management capacity within MoH, multitude of stakeholders.	Baseline	OPS	Low	Medium	Low Risk	Support to National RBF unit to be provided by the IICM, IHFE, and RAFI.	IICM, IHFE, RAFI	Completed	Support is provided.	In progress
Utilisation of RBF subsidies for other purposes, which are not in line with Performance Improvement Plans.	Baseline	FIN	Low	High	Medium Risk	Utilisation of funds to be followed up by NTA-TL, NTA, FO, and PFC.	NTA-TL, NTA	Ongoing	Optimal follow-up modalities to be defined by the Rwenzori and West Nile project teams.	In progress
EFFECTIVNESS RISKS										
False reporting of RBF indicators.	Baseline	OPS	Low	Medium	Low Risk	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.	NTA-TL, NTA, FO	Ongoing	Working plans and plans of verification activities to be elaborated by Rwenzori and West Nile project teams.	New
Insufficient medical equipment to assure necessary quality of care.	Baseline	OPS	Low	Medium	Low Risk	Availability of SPHU project funds for investment in medical equipment to be clarified.	IICM, IHFE	Ongoing	Not yet started.	

						The quality of investment plan, included in the strategic plan, to be verified.	IICM, IHFE	Ongoing	Not yet started.	
Insufficient coordination of service provision and especially referrals, at regional level.	Baseline	OPS	Medium	Medium	Medium Risk	Performance review meetings to be organised by the NTA-TL and NTA in cooperation with the DHO.	PMT, Regional Team, MoH	Not yet started	Not yet started.	
SUSTAINABILITY RISKS										
The Government of Uganda may not provide the EUR 1,5 million contribution for SPHU project implementation, according to the Specific Agreement UGA 1603611 - No. 1272.	Baseline	OPS	Medium	High	High Risk	A permanent dialogue to be maintained between the MoH, MoFPED, Enabel Representation, Enabel Headquarters, and Embassy of Belgium. The non-essential SPHU project activities to be reduced to save the budget and allow implementation of RBF activities. The TFF sections 3.4. "Expected results and proposed activities", 3.5. "Indicators and means of verification", 4.1. "Financial resources", Annex 7.1. "Logical framework" and Annex 7.2. "Budget" to be updated accordingly.	Embassy of Belgium, Enabel Representation	Ongoing	The MoH has officially addressed the MoFPED on 27.11.2018. The issue has been discussed in the Project Steering Committee meeting on 04.12.2018. The MoFPED response has been received on 07.01.2019. The Enabel Representation and Embassy of Belgium have been informed accordingly. The issue to be followed up by the MoH, Enabel Representation, and Embassy of Belgium. Update of the respective TFF sections has started.	In progress
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.	Baseline	OPS	Medium	Medium	Medium Risk	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.	IICM, IHFE	Ongoing	The Makerere University School of Public Health has been contracted to complete the capitalisation exercise for the ICB II and PNFP projects. Two capitalisation workshops have been organised. The structure of exit strategy has been elaborated with participation of Paul Bossyns and SPHU project team. The exit strategy to be elaborated until end of 2019.	In progress

FIDUCIARY RISKS										
Multiple stakeholders outside the MoH, sometimes located in remote areas, involved in implementation of project activities.	Baseline	OPS	Low	Medium	Low Risk	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.	NTA-TL, NTA, FO	Ongoing	Working plans and plans of verification activities to be elaborated by Rwenzori and West Nile project teams.	New
Misuse of funds, presentation of incorrect or deliberately false reports, etc. Application of different user fees for different patients.	Baseline	OPS	Low	Medium	Low Risk	RAFI and PFC, in cooperation with the Rwenzori and West Nile project teams to verify utilisation of project funds by the grantees. Regular control missions of RAFI, PFC, and FO to be organised to Rwenzori and West Nile regions.	RAFI, PFC, NTA-TL, NTA, FO	Ongoing	Plan of control missions to Rwenzori and West Nile regions to be elaborated by RAFI in cooperation with Rwenzori and West Nile project teams.	New
Low capacity of HC III, especially public, to absorb RBF funding and manage it properly.	Baseline	OPS	Medium	Low	Low Risk	Training activities on financial management and reporting requirements to be organised for the RBF supported health facilities in Rwenzori and West Nile regions.	RAFI, PFC, NTA-TL, NTA, FO	Ongoing	Plans of training in financial management and reporting requirements to be elaborated by Rwenzori and West Nile project teams.	New
						Project progress at the level of health facilities to be monitored by the Rwenzori and West Nile project teams.	NTA-TL, NTA, FO	Ongoing	NTA-TL and NTA to provide regular reports as per "Indicators and means of verification" template.	New

3 Steering and Learning

3.1 Strategic re-orientations

Not applicable.

3.2 Recommendations

Not applicable.

3.3 Lessons Learned

The lessons learned are based on the reflections of the SPHU project team, including reflections on the experience of PNFP and ICB II project implementation.

Lessons learned	Target audience
The project team should be fully mobilised by the beginning of project implementation. The organisational diagram should be updated soon after beginning of project implementation. All needed project personnel, especially the key personnel, should be recruited as soon as possible.	Enabel
The project team should be trained in the most important Enabel procedures in the beginning of project implementation. Short-term specific training sessions and on-the-job training should be organised on most important issues, such as financial management, procurement, logistics, communication, database management, etc.	Enabel
The key TFF sections should be updated in the beginning of project implementation. A team review of the following TFF sections is highly necessary to ensure good understanding and ownership of project activities by all team members: Expected results and proposed activities; Indicators and Means of Verification; Risk Analysis; Financial Resources; Logical Framework; Budget. The updated TFF sections should be discussed at the PSC meeting and approved by the MoH.	Enabel, Project team, MoH
The regional project teams should actively participate in elaboration or regional working plans and assume responsibility for implementation of project activities at regional level. The project activities should be decentralised to the levels of regional project offices, based on the principle of subsidiarity. The central project office should focus on general project management and execution of payments, which cannot be done at the level of regional project offices. The regional project offices should focus on implementation of project activities in cooperation with local partners and execution of payments within their mandate.	Project team
Regular interaction between central and regional project offices should take place. The IICM, PFC, and IHFE should regularly visit the regional project offices to oversee project implementation and check compliance with financial management and reporting requirements. They should assess the potential impact of mentioned requirements on project implementation delays. The NTA-TL and NTA should participate at the PSC	Project team

meetings and regularly update the central project office on project progress.	
A proper data collection routine should be established, individual responsibilities for reporting of logical framework indicators should be assigned. Update of TFF section “Indicators and Means of Verification” should include a check of data collection feasibility with members of regional teams and respective departments of the MoH, defining the periodicity of reporting of indicators, and assigning individual responsibilities. Dedicated personnel, i.e. the DM and MEA should be employed for continuous collection and processing of data. Delegation of data collection and processing tasks to DM and MEA will allow most efficient utilisation of working time of NTA-TL and NTA for implementation of project activities.	Project team

Annexes

3.4 Quality criteria

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

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

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

3. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N				
In order to calculate the total score for this quality criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D				
Assessment EFFECTIVENESS : total score	**A**	**B**	**C**	**D**
		X		

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

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).		
In order to calculate the total score for this quality criterion, proceed as follows: At least 3 'A's, no 'C' or 'D' = A ; Maximum two 'C's, no 'D' = B; At least three 'C's, no 'D' = C ; At least one 'D' = D		
Assessment POTENTIAL SUSTAINABILITY : total score	**A**	**B**	**C**	**D**
	X			
4.1 Financial/economic viability?		
	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.
X	**B**	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.
	C	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.
	D	Financial/economic sustainability is very questionable unless major changes are made.
4.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support?		
X	**A**	The steering committee and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.
	B	Implementation is based in a good part on the steering committee and other relevant local structures, which are also somewhat involved in decision-making. Likeliness of sustainability is good, but there is room for improvement.
	C	The intervention uses mainly ad-hoc arrangements and the steering committee and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.
	D	The intervention depends completely on ad-hoc structures with no prospect of sustainability. Fundamental changes are needed to enable sustainability.
4.3 What is the level of policy support provided and the degree of interaction between intervention and policy level?		
X	**A**	Policy and institutions have been highly supportive of intervention and will continue to be so.
	B	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the intervention, and are likely to continue to be so.
	C	Intervention sustainability is limited due to lack of policy support. Corrective measures are needed.
	D	Policies have been and likely will be in contradiction with the intervention. Fundamental changes needed to make intervention sustainable.
4.4 How well is the intervention contributing to institutional and management capacity?		
X	**A**	Intervention is embedded in institutional structures and has contributed to improve the institutional and management capacity (even if this is not an explicit goal).
	B	Intervention management is well embedded in institutional structures and has somewhat contributed to capacity building. Additional expertise might be required. Improvements in order to guarantee sustainability are possible.
	C	Intervention relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.
	D	Intervention is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.

3.5 Decisions taken by the steering committee and follow-up

Decision to take					Action			Follow-up	
Decision to take	**Period of identification**	**Timing**	**Source**	**Actor**	**Action(s)**	**Resp.**	**Deadline**	**Progress**	**Status**
GoU co-financing Obligation	January 2018		Specific Agreement	MoH, MoFPED	Communication made to MoFPED on commitment to fulfil Government obligation on co-financing.	MoH	-	Followed up in December 2018 and February 2019	On-going
PNFP Grant transition to SPHU	September 2018		PSC minutes	Enabel Health	The exit strategy undertaken was effected for all districts and HF, apart from Koboko and Ntoroko.	MoH, Enabel Project Team	September 2018	Approved and Realised	Closed
Organisation assessment	October 2018		PSC Minutes	Enabel Health	The Kasese and Nebbi districts were assessed at the beginning of the exercise since they were subject to signing immediately for funding under the SPHU project from June 2018. The remaining districts followed suit.	MoH, Enabel Project Team	November 2018	Approved and Realised	Closed
Changes in management of verification visits	December 2018		PSC Minutes	Enabel Health	Responsibility for verification of HF has been shifted from DHO to Enabel Regional offices.	Enabel Project Team	December 2018	Approved and Realised	Closed
Maintenance of vehicles	December 2018		PSC Minutes	MoH, Enabel Health	An MoU has been signed between Enabel and the MoH to allow the SPHU project to maintain the vehicles until December 31, 2019.	Enabel Project Team	December 2018	Approved and Realised	Closed
SPHU organisational diagram	December 2018		PSC Minutes	Enabel Health	The updated organisational diagram of the SPHU project has been approved.	Enabel	December 2018	Approved and Realised	Closed

3.6 Updated Logical framework

Updates to the TFF Chapter 3.4 "Expected results and proposed activities" and Chapter 3.5 "Indicators and means of verification" were discussed during the Project Steering Committee No. 3 on February 11, 2019 and have been submitted to the MoH for review and approval.

The formulation of performance outputs and respective indicators of the present report is based on the updated TFF Chapter 3.4 "Expected results and proposed activities" and Chapter 3.5 "Indicators and means of verification".

Lack of systematic reporting of indicators has been recognised as a weakness of PNFP and ICB II projects. It has been agreed that reporting of indicators for PNFP, ICB II, and SPHU projects will start in 2019.

Update of Chapter 3.7 "Risk analysis" has been completed. The results are presented on pages 18-22.

Update of Chapter 4.1 "Financial resources", Annex 7.1 "Logical framework", and Annex 7.2 "Budget" is in progress. It will be completed upon receipt of feedback from the MoH on the updated Chapter 3.4 "Expected results and proposed activities".

3.7 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	Update of TFF Chapter 3.4 "Expected results and proposed activities", Chapter 3.5 "Indicators and means of verification", Chapter 4.1 "Financial resources", Annex 7.1 "Logical framework", and Annex 7.2 "Budget" is in progress.
Baseline Report registered on PIT?	The baseline data collected by the ICB II and PNFP projects, as of beginning of 2016, will be used. No separate baseline study is foreseen.
Planning MTR (registration of report)	Not applicable.
Planning ETR (registration of report)	May 2020.
Backstopping missions	Ms. Katrien Gielis, RAFI, January 21 – 25, 2019. Mr. Paul Bossyns, Coordinator Health Unit, January 21 – 25, 2019.

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

See pages 32-34.

3.9 Communication resources

The project has established cooperation with the Makerere University School of Public Health, in order to capitalize the PNFP and ICB II project implementation experience with participation of the MoH, District Local Governments, and health professionals. Two capitalization workshops have been organized. The first workshop identified the strategic areas for capitalization, such as: health system governance; medicines and health supplies; data quality and verification; utilisation, equity and patient-centred care; financial management; and human resource management. The second workshop

systematised the available experience in strategic areas. The capitalized project implementation experience will be discussed in a high-level symposium in April 2019.

Budget vs Actuals (Year to Month) of UGA1603611

Project Title : **Establishing a financial mechanism for strategic purchasing of health services in Uganda**

Budget Version: **D01**
Currency : EUR
Year to month : 31/01/2019
YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2018	Expenses 2019	Total	Balance	% Exec
A BUILD THE CAPACITIES OF THE UGANDAN HEALTH SYSTEM			5.288.740,00	198.498,97	**42.307,42**	240.806,39	5.047.933,61	**5%**
01 The equitable access to quality health care at public and			1.755.000,00	0,00	**3.315,96**	3.315,96	1.751.684,04	**0%**
01 Select HC3 on the basis of the district coverage plans		REGIE	30.000,00	0,00	**0,00**	0,00	30.000,00	0%
02 Provide investments for new HC3 and for priority needs of		REGIE	90.000,00	0,00	**0,00**	0,00	90.000,00	0%
03 Sign new grants to continue RBF financing		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
04 Assure RBF verification and monitoring		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
05 Sign new grants to continue RBF financing		REGIE	1.500.000,00	0,00	**0,00**	0,00	1.500.000,00	0%
06 Assure RBF verification and monitoring		REGIE	135.000,00	0,00	**3.315,96**	3.315,96	131.684,04	2%
02 The equitable access to quality health care at public and			1.746.500,00	54,56	**0,00**	54,56	1.746.445,44	**0%**
01 Support priority hospitals and HC-IV to update their		REGIE	10.000,00	0,00	**0,00**	0,00	10.000,00	0%
02 Complete basic requirements for quality of care		REGIE	400.000,00	0,00	**0,00**	0,00	400.000,00	0%
03 Implement the RBF approach at the level of all selected		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
04 implement a functional e-patient file system in selected		REGIE	99.000,00	0,00	**0,00**	0,00	99.000,00	0%
05 Implement the RBF approach at the level of all selected		REGIE	1.237.500,00	54,56	**0,00**	54,56	1.237.445,44	0%
03 The capacity of Health Districts to manage the quality of			563.440,00	846,48	**17.089,54**	17.936,02	545.503,98	**3%**
01 Support the bottom-up planning at district and health sub-		REGIE	15.000,00	0,00	**0,00**	0,00	15.000,00	0%
02 Assure Quality of care through RBF verification and		REGIE	36.700,00	846,48	**0,00**	846,48	35.853,52	2%
03 Assure specific monitoring of the PNFP Health facilities by		REGIE	28.000,00	0,00	**0,00**	0,00	28.000,00	0%
04 Support continuous training by regional hospital specialists		REGIE	62.000,00	0,00	**0,00**	0,00	62.000,00	0%

04 Support continuous training by regional hospital specialists	REGIE	62.000,00	0,00	**0,00**	0,00	62.000,00
05 Set-up a cost-effective, independent strategy for Patient	REGIE	10.000,00	0,00	**0,00**	0,00	10.000,00
06 Assure the set-up of a coordinated referral-system with	REGIE	88.000,00	0,00	**1.348,74**	1.348,74	86.651,26
07 Adapt the national guidelines on the referral system based	REGIE	15.000,00	0,00	**0,00**	0,00	15.000,00
08 Reinforce the functioning of the quarterly Regional Fora	REGIE	93.340,00	0,00	**0,00**	0,00	93.340,00
09 Support to the regional program team	REGIE	215.400,00	0,00	**15.740,80**	15.740,80	199.659,20
04 The capacity of MoH to steer the implementation of the		1.223.800,00	197.597,93	**21.901,92**	219.499,85	1.004.300,15
01 Support the creation of the RBF Unit	REGIE	394.500,00	118.567,24	**11.216,26**	129.783,50	264.716,50
02 Assure capacity building of the RBF teams	REGIE	61.000,00	0,00	**0,00**	0,00	61.000,00
03 Support the utilisation of the digitalised RBF information	REGIE	44.000,00	26.090,50	**0,00**	26.090,50	17.909,50
04 Capitalise/consolidate the BTC-MoH RBF experience of	REGIE	8.500,00	0,00	**0,00**	0,00	8.500,00
05 Support the dissemination of a sustainable national RBF	REGIE	42.000,00	0,00	**0,00**	0,00	42.000,00
06 Assure capacity building in relation to strategic financing	REGIE	85.000,00	0,00	**0,00**	0,00	85.000,00
07 Contribute to the Partnership Fund	REGIE	80.000,00	0,00	**0,00**	0,00	80.000,00
08 Support to the national program team	REGIE	508.800,00	52.940,19	**10.685,66**	63.625,85	445.174,15
X CONTINGENCY		104.550,00	0,00	**0,00**	0,00	104.550,00
01 Contingency		104.550,00	0,00	**0,00**	0,00	104.550,00
01 contingency CO-MANAGEMENT	COGES	0,00	0,00	**0,00**	0,00	0,00
02 Contingency BTC-management	REGIE	0,00	0,00	**0,00**	0,00	0,00

Z GENERAL MEANS		606.710,00	72.730,74	**16.728,81**	89.459,55	517.250,45	**15%**
01 Personnel costs		356.260,00	8.649,36	**7.632,41**	16.281,77	339.978,23	**5%**
01 International administrative and financial coordinator	REGIE	195.000,00	0,00	**549,01**	549,01	194.450,99	0%
02 Support staff	REGIE	161.260,00	8.649,36	**7.083,40**	15.732,76	145.527,24	10%
02 Investments		70.000,00	58.221,86	**3.721,36**	61.943,22	8.056,78	**88%**
01 Equipment	REGIE	65.000,00	56.197,56	**0,00**	56.197,56	8.802,44	86%
02 Office refurnising	REGIE	5.000,00	2.024,30	**3.721,36**	5.745,66	-745,66	115%
03 Functional costs		45.450,00	5.859,52	**5.375,04**	11.234,56	34.215,44	**25%**
01 Running costs	REGIE	28.200,00	3.536,45	**2.534,43**	6.070,88	22.129,12	22%
02 Representation costs and external communication	REGIE	6.000,00	257,86	**0,00**	257,86	5.742,14	4%
03 Missions	REGIE	10.000,00	2.065,21	**2.840,61**	4.905,82	5.094,18	49%
04 Financial transaction costs	REGIE	1.250,00	0,00	**0,00**	0,00	1.250,00	0%
04 Audit, monitoring and evaluation		135.000,00	0,00	**0,00**	0,00	135.000,00	**0%**
01 ME costs (baseline, 1 EF)	REGIE	35.000,00	0,00	**0,00**	0,00	35.000,00	0%
02 Audit	REGIE	18.000,00	0,00	**0,00**	0,00	18.000,00	0%
03 Missions	REGIE	32.000,00	0,00	**0,00**	0,00	32.000,00	0%
04 scientific support (including Quamed)	REGIE	50.000,00	0,00	**0,00**	0,00	50.000,00	0%
	REGIE	6.000.000,00	271.229,71	**59.036,23**	330.265,94	5.669.734,06	6%
	COGEST	0,00	0,00	**0,00**	0,00	0,00	?%
	TOTAL	6.000.000,00	271.229,71	**59.036,23**	330.265,94	5.669.734,06	6%