



BTC



RESULT REPORT 2015

INSTITUTIONAL CAPACITY BUILDING PROJECT IN PLANNING, LEADERSHIP AND MANAGEMENT IN THE UGANDA HEALTH SECTOR - ICB PHASE II

UGANDA

DGD CODE : NN 3016425

NAVISION CODE : UGA 1402811

1	INTERVENTION AT A GLANCE.....	3
1.1	INTERVENTION FORM.....	3
1.2	BUDGET EXECUTION	4
1.3	SELF-ASSESSMENT PERFORMANCE	4
1.3.1	<i>Relevance</i>	5
1.3.2	<i>Effectiveness</i>	5
1.3.3	<i>Efficiency</i>	5
1.3.4	<i>Potential sustainability</i>	5
1.4	CONCLUSIONS	6
2	RESULTS MONITORING	7
2.1	RISK MANAGEMENT	7
3	STEERING AND LEARNING.....	10
3.1	RECOMMENDATIONS	10
4	ANNEXES	11
4.1	QUALITY CRITERIA.....	11
4.2	DECISIONS TAKEN BY THE STEERING COMMITTEE AND FOLLOW-UP.....	14
4.3	UPDATED LOGICAL FRAMEWORK.....	14
4.4	MORE RESULTS AT A GLANCE.....	14
4.5	“BUDGET VERSUS CURENT (Y – M)” REPORT.....	15

1 Intervention at a glance

1.1 Intervention form

Intervention title	Institutional Capacity Building Project in Planning, Leadership and Management in the Uganda Health Sector – ICB Phase II
Intervention code	UGA 1402811
Location	Uganda – Ministry of Health
Total budget	EUR 5,000,000
Partner Institution	Ministry of Health Uganda
Start date Specific Agreement	28th of July 2015
Date intervention start	28th of July 2015
Planned end date of execution period	30th of June 2018
End date Specific Agreement	27th of July 2019
Target groups	Ministry of Health, public health facilities and institutions in Rwenzori and West Nile region, personnel of these facilities, rural population of Rwenzori and West Nile
Impact¹	To further improve effective delivery of an integrated Uganda Minimum Health Care Package
Outcome	To strengthen the planning, leadership & management capacities of (public) health staff – particularly at local government level. This should include the provision of quality services within an integrated health system.
Outputs	<ol style="list-style-type: none"> 1. The quality of care at general hospital and HC IV is strengthened 2. District health offices and management teams are strengthened in their capacity to manage integrated district health systems and to strengthen quality of care 3. Integrated regional network of health facilities in place 4. The normative role of the MoH is strengthened

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

Year covered by the report	August 2015 – December 2015
-----------------------------------	------------------------------------

1.2 Budget execution

Budget execution at date of 31st of January 2016

	Budget	Expenditure		Balance	Disbursement rate at the end of year 2015
		Previous years	Year covered by report (2015)		
Total	5.000.000 €	N/A	86.222 €	4.913.778 €	2 %
Output 1	1.525.500 €	NA	0	1.525.500	0%
Output 2	1.475.500 €	NA	0	1.475.500 €	0%
Output 3	397.600 €	NA	44.742 €	352.858 €	11%
Output 4	870.150 €	NA	5.947 €	864.203 €	0,7%
Budgetary reserve	137.850 €	NA	0 €	137.850 €	0%
General means	593.400 €	NA	35.533 €	557.867 €	6%

1.3 Self-assessment performance

During 2015 the project was still in the starting and preparation phase.

The Finance and Contracting Coordinator for the BTC health projects in Uganda, assumed her role in the project.

Personnel was contracted for the main office in Kampala under Service Level Agreement modality as they are shared by the Institutional Support for the Private-Non-For-Profit (PNFP) Health Sub-sector to Promote Universal Health Coverage in Uganda (UGA 1302611) project.

The selection procedure for the International Technical Assistant was concluded in December 2015 and his contract will start on the 1st of March 2016.

The only other activities were the purchase of 2 vehicles for the intervention regions by public tender and continuation of subsidies for the ambulances as in ICB I. Both activities are in Result 3

The scoring has to be interpreted taking into account this situation of limited activities in the starting phase of the project.

1.3.1 Relevance

	Performance
Relevance	A

The project aligns with 9 of the 10 guiding principles of the Ugandan National Health Policy II (2011-2020) and is completely in support to content of the Uganda Health Sector Development Plan 2015/16-2019/20).

The introduction of Results Based Financing in public facilities responds to a growing interest in Uganda to implement this output based financing mechanism. Furthermore, the new financing mechanism is to be a stepping stone on the road towards universal health coverage.

1.3.2 Effectiveness

	Performance
Effectiveness	NA

No activities contributing to results have been implemented.

1.3.3 Efficiency

	Performance
Efficiency	A

The only activity, the purchase of the project vehicles for the intervention regions, followed the framework contract modality.

The efficiency of the subsidies for the ambulance services in the Rwenzori and West Nile Regions was evaluated positively in the End Term Evaluation of ICB I.

1.3.4 Potential sustainability

	Performance
Potential sustainability	NA

It is too early to assess the potential sustainability as virtually no activities contributing to results have been implemented.

1.4 Conclusions


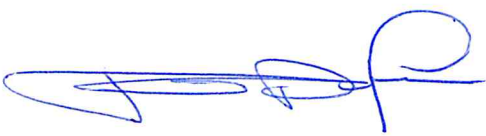
As the project is still in the starting phase only a very limited amount of activities have been implemented.

Part of the staff, mainly the positions in Kampala are in place.

The International Technical Assistant starts his contract on the 1st of March 2016.

The 2 National Technical Assistants, one for each region, still have to be recruited.

Because there is not more information than what is mentioned in this chapter 1, the majority of the chapter 2 on Results Monitoring and chapter 3 (Steering and Learning) is not included in this report. The risks are those mentioned in the Technical and Financial File. The recommendations are extracted from the End Term Evaluation of the Institutional Capacity Building Phase I project.

<p>Dr. Sarah Byakika Commissioner, Planning Ministry of Health Project Manager MoH/BTC ICB II Project.</p>	<p>Dr. Tony De Groote International Technical Assistant Project Co- Manager MoH/BTC ICB II Project</p>
	

2 Results Monitoring

2.1 Risk management

Implementation risks	Risk Level	Alleviation measure
Objective: Large scope, MoH understaffed with high competency profiles, vision on RBF underdeveloped	Medium	NTA, work with consultancies, organise capitalisation and technical workshops to increase awareness and competence. An international administrative and financial officer will facilitate the execution
Result 1: HC IV and GH do not develop or respect business plans	Low	Proximity of NTA Capacity building, tools and guidelines provided by project Execution agreements Quarterly control according RBF norms and procedures outside regular auditing
Result 2: Support to HC III through the DHO Vertical HIV and SRH programmes limit DHO capacity to develop a sustainable approach.	Low Medium	Idem as for result 1 Actions to be taken through the policy dialogue with the MoH, the Ugandan AIDS Commission and other HDP as well as with the AIDS Development Partners
Result 3: Political sensitivity to decentralise technical ministries before political consensus	Low	All decisions will be supported by MoH Coordination and information meetings foreseen with local politicians
Result 4: Shortage of sufficient national expertise Political instability within the ministry	Low Medium	Support / create expertise Work ITA integrated in the MoH institutions Capacity building by the programme and in synergy with SDHR project

Management risks	Risk Level	Alleviation measure
Objective: Low management capacity within MoH	Low	International administrative and financial officer
result 1 Subsidies from RBF cannot be absorbed or are used for other purposes	Low	Detailed and quarterly follow-up of use of funds by project staff
result 2 Subsidies from RBF cannot be absorbed or are used for other purposes Restricted and basically theoretical understanding of gender and human rights based approach to health	Low Medium	Detailed and quarterly follow-up of use of funds by project staff Financing based on business plans

Effectiveness risks	Risk Level	Alleviation measure
result 1 Drug supply system and free health care makes health facilities dependent from others to improve their performance	Intermediate	Structure donor coordination and policy dialogue Use PNFP project to demonstrate alternatives in terms of drug supply and user fee policies Discuss the problems in national workshops to demonstrate the drawbacks in the system
result 2 Drug supply system and free health care makes health facilities dependent from others to improve their performance	Intermediate	Structure donor coordination and policy dialogue Use PNFP project to demonstrate alternatives in terms of drug supply and user fee policies Discuss the problems in national workshops to demonstrate the drawbacks in the system
result 4 The MoH has no clear vision on the HMDC	Low	The project will work on a global vision of continuous training

Sustainability risks	Risk Level	Alleviation measure
Objective: The national government does not fulfil its long-term engagements due to political or economic developments	Low	Donor coordination and policy dialogue
result 1: The MoH is not capable to organise an alternative financing mechanism and to reorient its actual budgeting efforts	Intermediate	Donor coordination and policy dialogue National workshops and participation in technical working groups organised by MoH
result 2: Idem R1	Intermediate	Idem

Fiduciary risks	Risk Level	Alleviation measure
Multiple actors, outside MoH at a distance	Low	<ul style="list-style-type: none"> Regional Technical Assistants and Financial Officers at Regional level Payments only after verification of achievement of activities
Misuse of funds, wrong accounting information	Medium	<p>Strong follow-up by Finance and Technical team at project level</p> <p>=> ITA & RAFI at national level; and regional antennas</p> <p>* Control mechanism to put in place</p>
High transaction costs	Low	<ul style="list-style-type: none"> Cost sharing with PNFP Use of PNFP systems in place

3 Steering and Learning

3.1 Recommendations

The team of the End Term Evaluation made a few recommendations concerning the Institutional Capacity Building Phase II project. As the project hadn't started yet at the time of their mission, their recommendations are only based on the reading of the Technical and Financial File ICB II. As such, the appropriateness of their comments have still to be analysed and evaluated.

Some of the recommendations mentioned in the Evaluation Report are already discarded because they resulted from an erroneous interpretation of the content of the Technical and Financial File.

Recommendations	Actor	Deadline
Reconsider idea of not supporting under RBF first care services for hospitals/ HC-IV	<i>Project Team, Program Team, EST Health</i>	2016 Q3
Ensure adequate attention for Results 3 and 4	Project Team	2016 Q2
Revisit the idea of a real-life portfolio approach in the two regions under PNFP and ICB-II	Program Team, ResRep	2016 Q1
Consider to extend the life-time of ICB-II and PNFP using underutilised funds under HSBS/ HBF	ResRep, Embassy, HQ BTC, DGD	2017 Q4

4 Annexes

4.1 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				
<i>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</i>				
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.		
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).		

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				
<i>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</i>				
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.

2.2 How well is the implementation of activities managed?	
X	A Activities implemented on schedule

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.

3. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N				
<i>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</i>				
Assessment EFFECTIVENESS : total score	A	B	C	D
	Non Applicable			

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).					
<i>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</i>					
Assessment SUSTAINABILITY : total score	POTENTIAL	A	B	C	D
	Non Applicable				

4.2 Decisions taken by the steering committee and follow-up

The 25th of June 2015 the Steering Committee approved latest version of the Technical and Financial File

4.3 Updated Logical framework

No up-date of logical framework. The logical framework of the TFF is still valid.

4.4 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	No.
Baseline Report registered on PIT?	No.
Planning MTR (registration of report)	03/2017 (estimate)
Planning ETR (registration of report)	04/2018 (estimate)
Backstopping missions since 01/01/2015	None

4.5 “Budget versus curent (y – m)” Report

Budget vs Actuals (Year to Month) of UGA1402811

Project Title : Institutional Capacity Building project In Planning, Leadership and Management in the Uganda Health sector

Budget Version: C02

Year to month : 31/01/2016

Currency : EUR

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

	Status	Fin Mode	Amount	Start to 2015	Expenses 2016	Total	Balance	% Exec
A SPECIFIC OBJECTIVE			4.268.750,00	50.689,07	0,00	50.689,07	4.218.060,93	1%
01 The quality of care at hospital and HC IV is strengthened			1.525.500,00	0,00	0,00	0,00	1.525.500,00	0%
01 Develop regional coverage plan for general hospitals and		REGIE	35.500,00	0,00	0,00	0,00	35.500,00	0%
02 Support priority hospitals and HC-IV to realize a business		REGIE	62.000,00	0,00	0,00	0,00	62.000,00	0%
03 Support basic requirements for quality of care		REGIE	270.000,00	0,00	0,00	0,00	270.000,00	0%
04 Improve drugs and medical supplies managements		REGIE	54.000,00	0,00	0,00	0,00	54.000,00	0%
05 Introduce e-patient files		REGIE	204.000,00	0,00	0,00	0,00	204.000,00	0%
06 Implement RBF approach in general hospitals and HC-IV		COGES	900.000,00	0,00	0,00	0,00	900.000,00	0%
02 District health offices and management teams are			1.475.500,00	0,00	0,00	0,00	1.475.500,00	0%
01 Interpret coverage plan for HCIII and II		REGIE	31.500,00	0,00	0,00	0,00	31.500,00	0%
02 Adjust district development plan according to coverage		REGIE	30.000,00	0,00	0,00	0,00	30.000,00	0%
03 Support basic requirements for quality of care		REGIE	150.000,00	0,00	0,00	0,00	150.000,00	0%
04 Implement RBF financing through execution agreements		COGES	900.000,00	0,00	0,00	0,00	900.000,00	0%
05 Assure Quality of care through support supervision and		REGIE	202.000,00	0,00	0,00	0,00	202.000,00	0%
06 Improve ambulance services and referral system at district		REGIE	162.000,00	0,00	0,00	0,00	162.000,00	0%
03 Integrated regional network of health facilities in place			397.600,00	44.742,44	0,00	44.742,44	352.857,56	11%
01 Regional project team		REGIE	269.600,00	44.742,44	0,00	44.742,44	224.857,56	17%
02 Organize quarterly regional health forum in the Rwenzori		REGIE	36.000,00	0,00	0,00	0,00	36.000,00	0%
03 Install a coordination body for integrated referral system		REGIE	0,00	0,00	0,00	0,00	0,00	?
04 Support continuous training from regional hospital		REGIE	92.000,00	0,00	0,00	0,00	92.000,00	0%
04 The normative role of the MoH is strengthened			870.150,00	5.946,63	0,00	5.946,63	864.203,37	1%
		REGIE	3.152.150,00	63.351,81	22.870,61	86.222,32	3.065.927,68	3%
		COGEST	1.847.850,00	0,00	0,00	0,00	1.847.850,00	0%
		TOTAL	5.000.000,00	63.351,81	22.870,61	86.222,32	4.913.777,68	2%



Budget vs Actuals (Year to Month) of UGA1402811

Project Title : Institutional Capacity Building project In Planning, Leadership and Management In the Uganda Health sector

Budget Version: C02

Year to month : 31/01/2016

Currency : EUR

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

	Status	Fin Mode	Amount	Start to 2015	Expenses 2016	Total	Balance	% Exec
01 Ensure overall management and governance of the project		REGIE	633.400,00	5.946,63	0,00	5.946,63	627.453,37	1%
02 Capitalize from field experiences developed in Ruwenzori		REGIE	104.000,00	0,00	0,00	0,00	104.000,00	0%
03 Strengthen continuous training policies and modalities		REGIE	54.000,00	0,00	0,00	0,00	54.000,00	0%
04 Develop a model and strategies for a social health		REGIE	78.750,00	0,00	0,00	0,00	78.750,00	0%
X BUDGETARY RESERVE (MAX 5% OF TOTAL ACTIVITIES)			137.850,00	0,00	0,00	0,00	137.850,00	0%
01 budgetary reserve			137.850,00	0,00	0,00	0,00	137.850,00	0%
01 Budgetary reserve Co-management		COGES	47.850,00	0,00	0,00	0,00	47.850,00	0%
02 Budgetary reserve BTC management		REGIE	90.000,00	0,00	0,00	0,00	90.000,00	0%
Z GENERAL MEANS			593.400,00	12.662,74	22.870,61	35.533,25	557.866,75	8%
01 Staff costs			406.800,00	12.628,62	22.870,18	35.498,78	371.301,22	8%
01 International administrative and finance Responsible		REGIE	270.000,00	12.628,62	22.870,18	35.498,78	234.501,22	13%
02 Support staff		REGIE	136.800,00	0,00	0,00	0,00	136.800,00	0%
02 Investments			13.400,00	0,00	0,00	0,00	13.400,00	0%
01 Office and ICT equipment		REGIE	13.400,00	0,00	0,00	0,00	13.400,00	0%
03 Running costs			49.200,00	34,12	0,36	34,47	49.165,53	0%
01 Office recurrent costs		REGIE	20.400,00	34,12	0,36	34,47	20.365,53	0%
02 Missions		REGIE	28.800,00	0,00	0,00	0,00	28.800,00	0%
04 Audit and monitoring and evaluation			124.000,00	0,00	0,00	0,00	124.000,00	0%
01 Evaluation & Monitoring		REGIE	70.000,00	0,00	0,00	0,00	70.000,00	0%
02 Audit		REGIE	30.000,00	0,00	0,00	0,00	30.000,00	0%
03 Backstopping		REGIE	24.000,00	0,00	0,00	0,00	24.000,00	0%
		REGIE	3.152.150,00	63.351,81	22.870,61	86.222,32	3.065.927,68	3%
		COGEST	1.847.850,00	0,00	0,00	0,00	1.847.850,00	0%
		TOTAL	5.000.000,00	63.351,81	22.870,61	86.222,32	4.913.777,68	2%



Budget vs Actuals (Year to Month) of UGA1402811

Project Title : Institutional Capacity Building project in Planning, Leadership and Management in the Uganda Health sector

Budget Version: C02 Year to month : 31/01/2016
 Currency : EUR
 YTM : Report includes all closed transactions until the end date of the chosen closing

	Status	Fin Mode	Amount	Start to 2015	Expenses 2016	Total	Balance	% Exec
10 VAT			0,00	0,00	0,00	0,00	0,00	7%
01 VAT_Regie		REGIE	0,00	0,00	0,00	0,00	0,00	7%
02 VAT_comgt		COGES	0,00	0,00	0,00	0,00	0,00	7%
88 Conversion rate adjustment								0%

			3.152.150,00	63.351,81	22.870,61	86.222,32	3.065.927,68	3%
			1.847.850,00	0,00	0,00	0,00	1.847.850,00	0%
		TOTAL	5.000.000,00	63.351,81	22.870,61	86.222,32	4.913.777,68	2%

