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RESULTS REPORT 2012

PROJECT: INSTITUTIONAL CAPACITY BUILDING IN PLANNING, LEADERSHIP AND MANAGEMENT IN THE UGANDAN HEALTH SECTOR – UGA 0901711



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Acronyms

AHSPR	Annual Health Sector Performance Report
BTC	Belgian Technical Cooperation – Belgian Development Agency
C-PIC	Central Project Implementation Committee
DHO	District Health Officer / Office
DHS(P&D)	Director Health Services (Planning & Development)
DMT	District Management Team
GH	General Hospital
G&HHR	Gender & Health Human Rights
HC IV	Health Centre level IV
HDP	Health Development Partner
HPD	Health Planning Department
HSD	Health Sub-District
HSS	Health Systems Strengthening
HSSIP	Health Sector Strategic & Investment Plan
HW	Health Worker(s)
ICB	Institutional Capacity Building
JLCB	Joint Local Consultative Body (Steering Committee)
JRM	Joint Review Mission / Meeting
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOFPED	Ministry of Finance, Planning and Economic Development
MOLG	Ministry of Local Government
NDP	National Development Plan
NHA	National Health Assembly
NRH	National Referral Hospital
PC	Project Coordinator
PLM	Planning, Leadership & Management
PS	Permanent Secretary
QAD	Quality Assurance Department
R-PIC	Regional Project Implementation Committee
RRH	Regional Referral Hospital
SBS	Sector Budget Support
SC	Steering Committee
SHP	Senior Health Planner
SIP	Strategic & Investment Plan
SIDA	Swedish International Development Agency
UHSSP	Uganda Health Systems Strengthening Programme

1 Intervention at a glance (max. 2 pages)

1.1 Project form

Project name	"Institutional Capacity Building in Planning, Leadership and Management in the Ugandan health sector"
Project Code	DGD nr: 3008322 BTC code: UGA 09 017 011
Location	Uganda
Budget	Eur 7,850,000=00
Key persons	Dr Isaac Ezati, Project Coordinator Dr Hans Beks, TA / co-manager
Partner Institution	Ministry of Health - Uganda
Date of implementation Agreement	December 2009
Duration (months)	60 months
Target groups	MOH HQ, RRH & GHs, DMT & HSD MTs, HWs
Impact / Global Objective	"To improve effective delivery of an integrated Uganda National Minimum Health Care Package".
Outcome / Specific Objective	"The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government Levels".
Outputs / Results	<ol style="list-style-type: none"> 1. The MoH is strengthened in its organisational and institutional capacity. 2. One selected Regional Referral Hospital (Fort Portal) and two general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity*. 3. One further Regional Referral Hospital (Arua) and two additional general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity*. 4. District management teams are strengthened in their managerial capacity, leadership and planning functions. 5. A comprehensive approach on capacity building of HSD management teams is operational. 6. Two training centres/demonstration sites for capacity building of HSD management teams are functional*. 7. A scientific support team accompanies the capacity building process in the Ugandan health sector.

*Modified during Technical review June 2011.

1.2 Project performance

	Efficiency	Effectiveness	Sustainability
Outcome: "The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government Levels".	B	C	A
Output 1. The MoH is strengthened in its organisational and institutional capacity.	B	D	A
Output 2. One selected Regional Referral Hospital (Fort Portal) and two general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity*.	B	B	A
Output 3: One further Regional Referral Hospital (Arua) and two additional general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity*.	B	D	A
Output 4. District management teams are strengthened in their managerial capacity, leadership and planning functions.	C	D	D
Output 5. A comprehensive approach on capacity building of HSD management teams is operational.	D	D	D
Output 6. Two training centres/demonstration sites for capacity building of HSD management teams are functional*.	N/A	N/A	N/A
Output 7. A scientific support team accompanies the capacity building process in the Ugandan health sector.	N/A	N/A	N/A

1.3 Budget execution


Total Budget	Expenditure at 31/12/2011	Expenditure at 31/12/2012	Balance	Total Disbursement rate
EUR 7,850,000	EUR 342,607 (4 %)	EUR 2,014,622	EUR 5,835,378	26 %

1.4 Summary

Formulate 5 key points (briefly, in one or two sentences) that a reader of this report should remember.

<ul style="list-style-type: none"> • Technical review June 2011 – increase of project budget (SIDA delegated cooperation) and expansion of project scope.
<ul style="list-style-type: none"> • June 2011: expansion of outputs 2 and 3 to full regional approach and inclusion of revitalisation of HMDC (output 6)

<ul style="list-style-type: none"> • June 2011: Project period (60 months, start December 2010) extended with one year to December 2015 (72 months).
<ul style="list-style-type: none"> • Execution rate December 2011 at 4%, execution rate at December 2012 at 26 % (22 % over 2012 only!). Project now in full implementation mode.
<ul style="list-style-type: none"> • MTR to take place in Q2 2013 – revision of log-frame and implementation period; initiation of project identification (Phase II HICB)

National execution official ¹	BTC execution official ²
Dr. Ezati, Isaac – DHS(P&D) MOH Uganda	Dr. Beks, Hans – TA ICB MOH / BTC 

2 Analysis of the intervention¹

2.1 Context

2.1.1 General context

Implementation of the Institutional Capacity Building project within a central government institution is proving to be challenging. Although the top-leadership in the Ministry of Health is now well established (2011), the link to the various implementation levels is rather weak (within MOH HQ, as well as with health service delivery levels).

Major improvements have taken place since the start of the project (see previous annual report). The intervention has become embedded within the sector structures and is well appreciated.

Belgian Sector Budget Support (SBS) has not been disbursed for a variety of reasons since the start of the ICB project. The ICB project was formulated as an additional intervention to support effectiveness of SBS. None disbursement of the SBS has changed the implementation environment of the project (from institutional strengthening to activity implementation).

2.1.2 Institutional context

<i>Results areas</i>	<i>Interventions</i>	<i>Effects(pos / neg)</i>	<i>Score</i>
MoH strengthened in its organizational and institutional capacity	<ul style="list-style-type: none"> • <i>L&M training</i> • <i>Logistics support departments & units</i> 	<ul style="list-style-type: none"> • <i>Increased anchorage of ICB project within MOH HQ</i> 	<i>Very appropriate (organizational development)</i>
One selected RRH and two GH are strengthened in their institutional and organisational capacity	<ul style="list-style-type: none"> • <i>L&M training</i> • <i>Logistics support DMTs and facilities</i> 	<ul style="list-style-type: none"> • <i>Increased approach towards regional performance</i> 	<i>Very appropriate (institutional development)</i>
One further RRH (Arua) and two additional general hospitals strengthen in its institutional and	<ul style="list-style-type: none"> • <i>L&M training</i> • <i>Logistics support DMTs and facilities</i> 	<ul style="list-style-type: none"> • <i>Increased approach towards regional performance</i> 	<i>Very appropriate (institutional development)</i>
Four DMTs strengthened in their managerial capacity, leadership and planning	<ul style="list-style-type: none"> • <i>L&M training</i> • <i>Logistics support DMTs and facilities</i> 	<ul style="list-style-type: none"> • <i>Increased approach towards regional performance</i> 	<i>Very appropriate (improved coordination)</i>
Comprehensive approach on capacity building of sub-district management teams is operational	<ul style="list-style-type: none"> • <i>MOH assessment study on Health Sub-District concept</i> • <i>Evaluation of previous capacity development initiatives</i> 	<ul style="list-style-type: none"> • <i>Streamlining of L&M initiatives by MOH</i> 	<i>Very appropriate (improved coordination)</i>

¹ In this document: Impact is a synonym for global objective, Outcome is a synonym for specific objective, output is a synonym for result

Two training and demonstration sites for HSD management team functional	•	<ul style="list-style-type: none"> • <i>Lack of leadership at institutional level and no strategic vision on future direction</i> • <i>Strategic and Investment plan under development</i> • <i>JA support for introduction of e.learning</i> 	<i>Very appropriate (improved coordination and support mobilisation)</i>
A Scientific support team accompanies the capacity building process	• <i>Identifications of health sector areas for scientific support</i>	• <i>No anchorage within MOH; to be assessed during MTR</i>	N/A

2.1.3 Management context: execution modalities

<i>Execution modality</i>	<i>Effects</i>	<i>Score</i>	
<i>Co- management</i>	<i>Administrative delays in implementation due to financial regulations;</i>	<i>Appropriate</i>	<i>Institutional strengthening</i>
	<i>Implementation responsibility not well taken-up by departments and institutions;</i>	<i>Appropriate</i>	<i>Institutional strengthening</i>
	<i>Ineffective procurement system (GOU / MOU)</i>	<i>Inappropriate</i>	<i>April 2012 budget modification (procurements form Co-Mgt to regie); Simultaneous procurement assessment to support system strengthening</i>
	<i>Implementation at district level centrally managed (ICB project under PS MOH, while DHOs are under MOLG)</i>	<i>Inappropriate</i>	<i>Development of execution agreement for delegation of activities.</i>
<i>BTC Management</i>	<i>Efficient financial procedures</i>	<i>Appropriate</i>	<i>Efficiency</i>
	<i>Procurement system complicated and insufficient support</i>	<i>Not Appropriate</i>	<i>Technical support required at country level</i>

2.1.4 Harmo-context

- Ownership of implementation was foreseen to be embedded within MOH. Ensuring ownership of activities by the various agencies (e.g. MOH departments, district health offices and health facilities) is still an important weakness and difficult to correct. MOH departments and institutions (due to weaknesses in staffing and capacity) consider 'funding under ICB' equal to 'implementation by ICB'. Rather than taking charge of an activity, frequently the department or institution simply awaits the 'product' (e.g. consultancy report, procurements or workshop).
- Project impact is negatively affected by the non-disbursement of Belgian SBS, as both support mechanism are supposed to be complementary.
- Harmonization with other development actors is organized through the Health Development Partners (HDP) group and Health Policy Advisory Committee (HPAC). Interventions in the areas of L&M are coordinated through the office of Director General Health Services. This is challenging as various partners interact at different levels (central, regional or district) and have different implementation modalities (direct implementation or collaboration with MOH)

2.2 Outcome / Specific objective

Specific objective / outcome: "The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government Levels".

2.2.1 Analysis of progress made

As the specific objective is very broad and ambitious, the logical framework only includes indicators for monitoring under the seven (7) result areas.

Assessing the achievements for both the general and specific objective is based on the national set of health- and service indicators as included in the National Health Sector Strategic and Investment Plan (HSSIP 2011/12 – 2014/15), and reported in the Annual Health Sector Performance Reports (AHSPR). A Mid-Term Review of the HSSIP will take place in quarter 2 of 2013, during which a revision of the logical framework (including (re-) formulation of indicators) will take place. .

Outcome : Strengthening of planning, leadership and management capacity of health sector staff at national and local government level.						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
No indicators formulated in logical framework.						
Analysis of progress made towards outcome:						
<i>Relation between outputs and the Outcome. (How) Are outputs (still) contributing to the achievement of the outcome:</i>	All activities in result areas contribute to outcome.					
<i>Progress made towards the achievement of the outcome (on the basis of indicators):</i>	Capacity strengthening activities are implemented within a hierarchical framework (i.e. tools, skills, infrastructure & staff, systems & structures, local context).					
<i>Unexpected results:</i>	Due to budget constraints MOH (non-disbursement of SBS), more MOH activities are supported under ICB project to support performance targets by sector (e.g. JRM, performance reviews, planning meetings, etc.).					

2.2.2 Risk management

Risk Identification			Risk analysis			Risk Treatment			Follow-up of risks	
Description of Risk	Period of identification	Risk category	Probability	Potential Impact	Total	Action(s)	Resp.	Deadline	Progress	Status
• Foreign exchange volatility	Q1 - Q4	Financial Risk	Medium	Medium	B	Improve financial planning accuracy	TA and P.Acc.		Partially done	
						Timely exchange transfers	P.Acc			
• Low execution rate of project budget	Q1 - Q4	Financial / Reputational	High	High	D	Exchange of letters for extension	ResRep/ PS MOH		Done	
						Adjust ICB project formulation for accelerated implementation	MTR			
• Non-disbursement of SBS	Q1 – Q4	Reputational	Medium	High	C	ICB project additional to SBS	Embassy			
• Focus on execution rate rather than on ICB process	Q1 – Q4	Reputational / Financial	High	Medium	C	Maintain focus on organizational and institutional strengthening	RESUGA/ BTC HQ			

2.2.3 Potential Impact

Institutional and organizational developments are time consuming and their impact will only be seen at the level of performance over a number of years.

The impact of the ICB project at service delivery level will be shown by improved management capacity, improved management systems and increased functionality of facilities.

Institutional Capacity Building is a process that depends on the environment in which it is implemented. MOH is open to support and provides a fertile environment. However the financial constraints in the health budget, increases the demand on project funds for non-ICB activities.

2.2.4 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		
<i>In order to calculate the total score for this Q-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>		
1.1 What is the present level of relevance of the project?		
<input type="checkbox"/>	A	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	C	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.
<input type="checkbox"/>	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?		
<input type="checkbox"/>	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).
<input type="checkbox"/>	B	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.
<input checked="" type="checkbox"/>	C	Problems with intervention logic may affect performance of project and capacity to monitor and evaluate progress; improvements necessary.
<input type="checkbox"/>	D	Intervention logic is faulty and requires major revision for the project 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 (assessment for the whole of the intervention)		
<i>In order to calculate the total score for this Q-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>		
2.1 How well are inputs (financial, HR, goods & equipment) managed?		
<input type="checkbox"/>	A	All inputs are available on time and within budget.
<input checked="" type="checkbox"/>	B	Most inputs are available in reasonable time and do not require substantial budget adjustments. However there is room for improvement.

<input type="checkbox"/>	C	Availability and usage of inputs face problems, which need to be addressed; otherwise results may be at risk.
<input type="checkbox"/>	D	Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.
2.2 How well are outputs managed?		
<input type="checkbox"/>	A	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.
<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	C	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.
<input type="checkbox"/>	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 Q-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

3.1 As presently implemented what is the likelihood of the outcome to be achieved?

<input type="checkbox"/>	A	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.
<input type="checkbox"/>	B	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.
<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	D	Project will not achieve its outcome unless major, fundamental measures are taken.

3.2 Are activities and outputs adapted based on the achieved results in order to the outcome (Specific Objective)?

<input type="checkbox"/>	A	The project 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.
<input type="checkbox"/>	B	The project is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.
<input checked="" type="checkbox"/>	C	The project 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 project can achieve its outcome.
<input type="checkbox"/>	D	The project has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.

3. 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 Q-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

3.1 Financial/economic viability?

<input type="checkbox"/>	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.
<input type="checkbox"/>	B	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.

<input checked="" type="checkbox"/>	C	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.
<input type="checkbox"/>	D	Financial/economic sustainability is very questionable unless major changes are made.
4.2 What is the level of ownership of the project by target groups and will it continue after the end of external support?		
<input type="checkbox"/>	A	The JLCB and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.
<input checked="" type="checkbox"/>	B	Implementation is based in a good part on the JLCB and other relevant local structures, which are also somewhat involved in decision-making. Likelihood of sustainability is good, but there is room for improvement.
<input type="checkbox"/>	C	Project uses mainly ad-hoc arrangements and the JLCB and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.
<input type="checkbox"/>	D	Project 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 project and policy level?		
<input type="checkbox"/>	A	Policy and institutions have been highly supportive of project and will continue to be so.
<input checked="" type="checkbox"/>	B	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the project, and are likely to continue to be so.
<input type="checkbox"/>	C	Project sustainability is limited due to lack of policy support. Corrective measures are needed.
<input type="checkbox"/>	D	Policies have been and likely will be in contradiction with the project. Fundamental changes needed to make project sustainable.
4.4 How well is the project contributing to institutional and management capacity?		
<input type="checkbox"/>	A	Project is embedded in institutional structures and contributed to improve the institutional and management capacity (even if this is not a explicit goal).
<input checked="" type="checkbox"/>	B	Project 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.
<input type="checkbox"/>	C	Project relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.
<input type="checkbox"/>	D	Project is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.

Criteria	Score
Relevance	C
Efficiency	C
Effectiveness	D
Sustainability	B

2.3 Output 1: The MOH is strengthened in its organizational and institutional capacity.

2.3.1 Analysis of progress made

Output 1: Organizational and institutional strengthening of Ministry of Health						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Reform plan in execution	No					Restructuring by GOU of civil service
Number of people trained by the project	NIL					MOH implementation
Number of field visits for: coverage plan development	x					
Number of field visits for: master plan designing	x					
Number of field visits for: Procedure manual identification	x					
MOH procedures manual in place	Yes					
Support supervision policy paper renewed	Yes					
Established procedures for training coordination	Yes					
Progress on <u>main</u> activities ²	Progress:				Comments (only if the value is C or D)	
	A	B	C	D		
1. Taking into account the recent initiatives already taken in this field, the MoH engages in a capacity assessment and capacity building exercise with a specific focus on leadership, management and planning.			x		Health Sector Assessment by USAID (2011); L&M training coordination	
2. Based on the conclusions of the capacity assessment exercise, the MoH provides individual in-service trainings for several of its staff members and creates the material environment needed to support capacity.			x		Streamlining with Belgian Scholarship programme	
3. Develop a procedures manual for the MoH.				x	Not yet started	
4. The MoH reviews and updated its support supervision framework.			x		Procurement delays	
5. The MoH coordinates all efforts in the field of capacity building in the areas of management, leadership and planning.			x		Office of DGHS	
6. The MoH implements its policy on the use of technical assistance in the sector including the modalities for creating a pooled funding mechanism.				x	Not yet started (referred to HDP group)	
7. The MoH designs a policy and provides modules specific for each type of health facility enabling the organisation of introduction periods for newcomers in management positions in the system.			x			

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.

8. The MoH organises the monitoring and two-yearly evaluation of the progress.		x			
Analysis of progress made towards output:					
<i>Relation between activities and the Output (how) Are activities contributing (still) to the achievement of the output</i>	MOH ownership of activities (and its output) not always taken-up; administrative and procurements procedures are time-consuming and effect progress on outputs				
<i>Progress made towards the achievement of the output</i>	Procurements transferred to regie modality				
<i>Issues that arose, influencing factors (positive or negative):</i>	Support to MOH (routine) activities due to budget constraints (e.g. JRM, performance reviews and planning meetings)				
<i>Unexpected results (positive or negative):</i>					

2.3.2 Budget execution

Total budget:	928,711=00
Spent (31/12/2011):	312,346=00
Execution rate:	34 %

2.3.3 Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	D
Sustainability	A

Output 2: One selected Regional Referral Hospital (Fort Portal) and two General Hospitals, located within the catchment area of the RRH, are strengthened in their institutional and organizational capacity.

2.3.1 Analysis of progress made

Output 2: Fort Portal RRH and GHs Rwenzori Region						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Strategic Plan incorporating master plans in place	Yes					
Hospital mandate reflects efforts for complementary role definition	Yes					
Number of support supervisions realised respecting new policy in this matter	x					
Number of people trained	x					
Progress of <u>main</u> activities	Progress:				Comments (only if the value is C or D)	
	A	B	C	D		
1. The three hospitals engage in a capacity assessment exercise.		x			Expanded scope to all hospitals and HC lvs in the regions	
2. The three hospitals go through an organisational reform process based on the capacity assessment results.		x				
3. Assist the hospitals in the development of a procedures manual.		x				
4. Assist the hospitals in the development of a strategic plan taking into account the results of the institutional capacity assessment.			x		Procurement delays	
5. Assist the hospitals in their yearly planning exercise taking into account the strategic plan and the result of the institutional capacity assessment.			x		Delays by weakness MOH Health Planning Department	
6. Develop a master plan for each hospital.			x		Procurement delays	
7. The hospitals organise the monitoring and two-yearly evaluation of the progress.		x			Quarterly Regional Project meetings	
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>						
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output</i>	Systems strengthening ongoing (e.g. health information; referral system; regional supervision)					
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	Referral system strengthened (procurement of 6 regional ambulances); Functionality HC IV improved (staff training; assessments on equipment, infrastructure and solar completed).					

Issues that arose, influencing factors (positive or negative):	
Unexpected results (positive or negative):	

2.3.2 Budget execution

Total budget: 1,061,625=00
 Spent (31/12/2011): 454,518=00
 Execution rate: 43 %

2.3.3 Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	A



Output 3: One selected Regional Referral Hospital (Arua) and two General Hospitals, located within the catchment area of the RRH, are strengthened in their institutional and organizational capacity.

2.3.4 Analysis of progress made

Output 2: Arua RRH and GHs Rwenzori Region						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Strategic Plan incorporating master plans in place						
Hospital mandate reflects efforts for complementary role definition						
Number of support supervisions realised respecting new policy in this matter						
Number of people trained						
Progress of <u>main</u> activities	Progress:				Comments (only if the value is C or D)	
	A	B	C	D		
1. The three hospitals engage in a capacity assessment exercise.		x			Expanded scope to all hospitals and HC lvs in the regions	
2. The three hospitals go through an organisational reform process based on the capacity assessment results.		x				
3. Assist the hospitals in the development of a procedures manual.		x				
4. Assist the hospitals in the development of a strategic plan taking into account the results of the institutional capacity assessment.			x		Procurement delays	
5. Assist the hospitals in their yearly planning exercise taking into account the strategic plan and the result of the institutional capacity assessment.			x		Delays by weakness MOH Health Planning Department	
6. Develop a master plan for each hospital.			x		Procurement delays	
7. The hospitals organise the monitoring and two-yearly evaluation of the progress.		x			Quarterly Regional Project meetings	
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>						
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):</i>	Systems strengthening ongoing (e.g. health information; referral system; regional supervision)					
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	Referral system strengthened (procurement of 6 regional ambulances); Functionality HC IV improved (staff training; assessments on equipment, infrastructure and solar completed).					

<i>Issues that arose, influencing factors (positive or negative):</i>	
<i>Unexpected results (positive or negative):</i>	

2.3.5 Budget execution

Total budget: 811,350=00
 Spent (31/12/2011): 405,447=00
 Execution rate: 50 %

2.3.6 Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	D
Sustainability	A

Output 4: District Management Teams are strengthened in their managerial capacity, leadership and planning functions.

2.3.7 Analysis of progress made

Output 4: Strengthen District Management Teams						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Number of people trained	x					
Number of support supervisions to General Hospitals realised	x					
Number of support supervisions to HSDMTs realised	x					
Strategic plan developed, followed and discussed with LG	Yes					
Level of understanding of coverage and master plans for strategic planning	yes					
Progress of <u>main</u> activities			Progress:		Comments (only if the value is C or D)	
			A	B	C	D
1. Districts are engaging in an institutional capacity assessment.				x		
2. Districts accompany general hospitals in their capacity assessment and building process.				x		GHs and HC IV included in all project activities at district level
3. Districts accompany HSD management team in their capacity assessment and building process.					x	
4. District develop and negotiate with the LG authorities a strategic plan based, on the results of the HSD and GH capacity building plans including the coverage and master plans developed at that level.					x	No execution agreements (ICB under PS MOH; districts under MOLG)
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>						
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):</i>	Systems strengthening ongoing (e.g. health information; referral system; planning and supervision)					
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	Management support (procurement of 8 district utility vehicles); Functionality DHOs improved (staff training; assessments on equipment, infrastructure and solar completed, logistics support).					
<i>Issues that arose, influencing factors (positive or negative):</i>						
<i>Unexpected results (positive or negative):</i>						

2.3.8 Budget execution

Total budget: 520,200=00
Spent (31/12/2011): 94,700=00
Execution rate: 18 %

2.3.9 Quality criteria

Criteria	Score
Efficiency	C
Effectiveness	D
Sustainability	D

Output 5: A comprehensive approach on capacity building of HSD management teams is operational

2.3.10 Analysis of progress made

Output 5: Capacity Building HSD Management teams							
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments	
Number of HSDMT members trained	NIL					MOH staff training	
Coverage plans, master plans and procedure manual reflected in strategic and yearly plans	Yes						
Coverage plans discussed with LG	Yes						
Number of HSDMT meetings held	x						
Number of HC II and III supervised by HSDMT	x						
Progress of <u>main</u> activities			Progress:		Comments (only if the value is C or D)		
			A	B	C	D	
1. Support the ongoing capacity building for HSD management teams based on the modules developed by MoH / WHO.					x		L&M raining package introduced at national level
2. 10 HSDs (+ related district) engage in a capacity assessment exercise (Five HSDs per catchments area of the RRHs under result 2 and 3).					x		Revised scope to full regional approach
3. The HSDs engage in an organisational reform process based on the capacity assessment results.					x		Revised scope to full regional approach
4. The HSDs are supported by the MoH in the first year plan following the assessment.							
5. The HSDs organise the monitoring and an evaluation workshop after 2 years of implementation.							Quarterly regional project meetings
6. Develop a coverage plan for 10 HSDs.						x	Capacity constraints at project level
7. Develop master plan for each HC IV.						x	Capacity constraints at project level
8. MoH capitalises the experiences and translates them into the sector policy.						x	Capacity constraints at project level
Analysis of progress made towards output: Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).							
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):</i>			Project scope revised to support MOH HQ and regional RRHs. At district level support focused on DHO and GH or HC IV. Support to HSD through DHO (study on revision of HSD concept in 2013).				
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>			Management support (e.g. HMIS, planning) Functionality HC IVs improved (staff training; assessments on equipment, infrastructure and solar completed, logistics support).				

<i>Issues that arose, influencing factors (positive or negative):</i>	
<i>Unexpected results (positive or negative)</i>	Continued multiplication of districts, making HSD concept redundant in a number of districts.

2.3.11 Budget execution

Total budget:	1,943,947=00
Spent (31/12/2011):	267,670=00
Execution rate:	14 %

2.3.12 Quality criteria

Criteria	Score
Efficiency	D
Effectiveness	D
Sustainability	D

Output 6: Two training centres / demonstration sites for capacity building of HSD management teams are functional.

2.3.13 Analysis of progress made

Output 6: Training Centres for capacity Building HSD management teams						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Number of HSDMT members trained in training centres	x					
Number of training sessions held	x					
Number of HC II and III up to quality standard for receiving trainees						N/A
Evaluation of the first 2 years of functioning						N/A
Status training centres clarified						N/A
Progress of <u>main</u> activities	Progress:				Comments (only if the value is C or D)	
	A	B	C	D		
1. Build training facilities and equip for receiving a maximum of 15 participants and 2 outside trainers at a time.			x		HMDC included in project scope; regional satellite centres to be established	
2. Based on previous activities formulate a comprehensive approach for further capacity building activities for HSD and district management teams.						
3. Establish training modules and programmes.			x		L&M national training package introduced	
4. The HC and hospital(s) that will receive course participants for their practical training are prepared and work up to standards.					N/A	
5. Organise 3 training sessions with each 12 participants in a first year in the two centres.					N/A	
6. The MoH defines a long-term status and a sustainable financing mechanism for the centres, based on the findings of an in-depth evaluation of the impact of the courses on the management performance of the SHD MT.						
7. Develop master plan for each HC IV.				x	Capacity constraints at project level	
8. MoH capitalises the experiences and translates them into the sector policy.				x	Quarterly regional project meetings	
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>						
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement</i>	Focus on district support in entire regions; revision of scope towards GMDC support (rather than regional training centres at HSD level – rejected by MOH).					

<i>of the output (do not discuss activities as such?):</i>	
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	Strategic plan development HMDC; HMDC logistics and infrastructure support; introduction of e.Learning supported by JA BTC.
<i>Issues that arose, influencing factors (positive or negative):</i>	
<i>Unexpected results (positive or negative)</i>	

2.3.14 Budget execution

Total budget:	1,103,200=00
Spent (31/12/2011):	2,885=65
Execution rate:	0.3 %

2.3.15 Quality criteria

Criteria	Score
Efficiency	N/A
Effectiveness	N/A
Sustainability	N/A

Output 7: A scientific support team accompanies the capacity building process in the Ugandan health sector

2.3.16 Analysis of progress made

Output 7: Scientific Support team							
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments	
Policy paper on support supervision refined and approved							
Policy paper on referral system refined and approved							
Complementary roles of health facilities better defined and approved in policy paper							
Continuous training policy for health personnel refined.							
Progress of <u>main</u> activities			Progress:		Comments (only if the value is C or D)		
			A	B	C	D	
1. An expert team composed of national and international experts supports the MOH in organizing the capitalization process between the operational and policy level of the MOH.						x	MTR to advice
2. Facilitate the policy dialogue between the operational and policy level of the MOH						x	MTR to advice
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>							
<i>Relation between activities and the Output. (how) Are activities (still) contributing to the achievement of the output (do not discuss activities as such)?:</i>							
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>			NIL				
<i>Issues that arose, influencing factors (positive or negative):</i>							
<i>Unexpected results (positive or negative):</i>							

2.3.17 Budget execution

Total budget:	256,800=00
Spent (31/12/2012):	0=00
Execution rate:	0 %

3 Transversal Themes

3.1 Gender:

Gender & Health Human Rights desk established within MOH in 2010. Health Human Rights training manual developed by MOH in collaboration with WHO and CBOs, but not yet finalized.

G&HHR attention area within ICB project, but due to weakness of desk staffing no activity plan was executed in 2012.

3.2 Environment

Environmental aspects are taken into consideration in construction and rehabilitation activities at health facilities.

Solar needs assessment has been conducted in order to provide health facilities with (renewable) energy for service delivery.

3.3 Other

HIV & AIDS, children's rights or social economy do not have any direct relevance for the project implementation.

4 Steering and Learning

4.1 Action Plan

The ICB project is implemented within and through MOH and uses the GOU planning cycle for July 2012 to June 2013. The 'main activities' described under the various results areas are no longer adequate to monitor the project results, as various 'outputs' have been revised after the technical review mission in 2011 (April).

A project Mid-Term Review will take place in April 2013, during which the logical framework (including indicators) and the main activities will be reviewed and reformulated and this will feed into the revision of the 2013-2014 activity plan for the project (and beyond).

Some already implemented activities are reflected in the table below. Details are found in the quarterly updated operational planning submissions.

Action plan	Source	Actor	Deadline
<i>Description of the action/decision to be taken</i>	<i>The output to which the action refers</i>	<i>The person responsible</i>	<i>Q , year</i>
Project Mid Term Review	All	PC / TA / RR	Q2 2013
Development Workplan 2013-2014 (MOH)	All	PC / TA	Q2 2013
Consultancy services procurement QAD Supervision review (regie)	Output 1	ICB PO	Q2 2013
Governance, Leadership & Management training roll-out	Output 1	ICB PO	Q2-Q4, 2013
Strategic & Investment Plan development RRHs and HMDC	Output 2, 3 and 5	ICB secr.	Q2-Q3, 2013

4.2 Lessons Learnt

Lessons learned	Target audience
Decisions on management modalities during the formulation phase) need to be based on adequate understanding of local governance structures (ICB project under PS MOH, while districts are under MOLG)	BTC HQ / REPUGA / MOH
Project logical framework needs intensive review within the first year of project implementation to ensure adequate set of indicators and description of main activities to be monitored	BTC HQ / REPUGA / MOH
“Institutional Capacity Building” is a (long-term) process of organizational and institutional development. As there are no immediate results, the indicator set needs to assess the process.	BTC / REPUGA / MOH
Annual report to follow logically from quarterly reports	BTC HQ / REPUGA / MOH

5 Annexes

5.1 Original Logical framework

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
General objective: “To improve effective delivery of an integrated Uganda National Minimum Health Care Package”			
Specific objective: The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government levels			
Result 1: The Ministry of Health is strengthened in its organisational and institutional capacity	<ul style="list-style-type: none"> • Reform plan in execution • Number of people trained by the project • Number of field visits for <ul style="list-style-type: none"> ➤ Coverage plan development ➤ Master plan designing ➤ Procedures manual identification • MoH Procedures manual in place • Support supervision policy paper renewed • Established procedures for training coordination 	<ul style="list-style-type: none"> • Project Progress reports • Procedures manual • Planning manual • Annual work plan for the MoH • Framework for support supervision • Evaluation reports • Meeting minutes • Interviews 	<ul style="list-style-type: none"> • Sanction/approval by the top and senior management at the MoH to conduct the activities required. • Availability and interest and willingness by MoH top managers and senior managers to participate and cooperate

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
Result 2: One selected regional referral hospital (Fort Portal) and two general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity	<ul style="list-style-type: none"> • Strategic plans incorporating master plans in place • Hospital mandate reflects efforts for complementary role definition • Number of support supervisions realised respecting new policy in the matter • Number of people trained 	<ul style="list-style-type: none"> • Project Progress reports • Strategic plans • Master plans • Annual work plans • Evaluation reports • Meeting minutes 	<ul style="list-style-type: none"> • Sanction/approval by the MoH and district authorities to conduct the activities required. • Availability and interest and willingness by hospital managers to participate and cooperate
Result 3: One further regional referral hospital (Arua) and two additional general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity	<ul style="list-style-type: none"> • Strategic plans incorporating master plans in place • Hospital mandate reflects efforts for complementary role definition • Number of support supervisions realised respecting new policy in the matter • Number of people trained 	<ul style="list-style-type: none"> • Project Progress reports • Strategic plans • Master plans • Annual work plans • Evaluation reports • Meeting minutes 	<ul style="list-style-type: none"> • Sanction/approval by the MoH and district authorities to conduct the activities required. • Availability and interest and willingness by hospital managers to participate and cooperate
Result 4: District management teams are strengthened in their managerial capacity, leadership and planning functions	<ul style="list-style-type: none"> • Number of people trained • Number of support supervisions to GH realised • Number of support supervisions to HSDMT realised • Strategic plan developed, followed and discussed with LG • Level of understanding of coverage and master plans for strategic planning 	<ul style="list-style-type: none"> • Project Progress reports • Minutes from meetings • Annual work plans. • Evaluation reports • Interviews 	<ul style="list-style-type: none"> • Sanction/approval by the District authorities to conduct the activities required. • Key stakeholders willing to cooperate

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
Result 5: A comprehensive approach on capacity building of sub-district management teams is operational.	<ul style="list-style-type: none"> • Number of HSDMT members trained • Coverage plans, master plans and procedures manual reflected in strategic and yearly plans • Coverage plans discussed with LG authorities • Number of HSDMT meetings held • Number of HC II and III supervised by HSDMT 	<ul style="list-style-type: none"> • Project Progress reports • Minutes from meetings • Annual work plans and reports • Coverage plans • Master plans • Evaluation reports 	<ul style="list-style-type: none"> • Sanction/approval by the MoH to conduct the activities required. • Key stakeholders willing to cooperate
Result 6: Two training centres/demonstration sites for capacity building of health sub-district management teams are functional	<ul style="list-style-type: none"> • Number of HSDMT members trained in training centres • Number of training sessions held • Number of HC II and II up to quality standard for receiving trainees • Evaluation of the first 2 years of functioning • Status training centres clarified 	<ul style="list-style-type: none"> • Training sessions evaluation reports • Project Progress reports • Field visits and observation • Evaluation report • Interviews • Policy note 	<ul style="list-style-type: none"> • Sanction/approval by the MoH and district authorities to conduct the activities required. • Identified HSDs/ key stakeholders willing to cooperate
Result 7: A scientific support team accompanies the capacity building process in the Ugandan health sector	<ul style="list-style-type: none"> • Policy paper on support supervision refined and approved • Policy paper on referral system refined and approved • Complementary roles of health facilities better defined and approved in policy paper • Continuous training policy for health personnel refined 	<ul style="list-style-type: none"> • Evaluation reports • Minutes from meetings/seminars • Policy documents • Interviews 	

5.2 Updated Logical framework

The original Logical Framework is being updated in preparation of the project Mid-Term Review by the end of quarter 1 , 2013.

5.3 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	N/A
Baseline Report registered on PIT?	N/A
Planning MTR	31/03/2013 (Quarter 1, 2013)
Planning ETR	31/12/2015
Backstopping missions since 01/01/2012	03/06/2012 – 08/06/2012 (EST Health)

5.4 “Budget versus actual” Report (as per 31/12/2012)

Budget vs Actuals (Year to Month) of UGA0901711

Project Title : **Institutional capacity building in planning, leadership and management in the Ugandan health sector**

Budget Version: **F01**

Currency : **EUR**

YtM :

Year to month : **31/12/2012**

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

	Status	Fin Mode	Amount	Start to 2011	Expenses 2012	Total	Balance	% Exec
A THE STRENGTHENING OF THE PLANNING, LEADERSHIP AND			6.625.833,73	81.645,48	1.455.892,19	1.537.537,67	5.088.296,06	23%
01 MoH strenghtend in its organisational and institutional			928.711,00	47.656,97	264.689,47	312.346,44	616.364,56	34%
01 Capacity assessment and capacity building exercise		COGES	177.575,00	17.165,72	36.707,45	53.873,17	123.701,83	30%
02 Capacity building at individual level		COGES	150.000,00	0,00	40.058,97	40.058,97	109.941,03	27%
03 Development of procedures manual		COGES	8.250,00	0,00	0,00	0,00	8.250,00	0%
04 Ministry of Health reviews and updates support supervision		COGES	39.450,00	25.563,74	6.082,87	31.646,61	7.803,39	80%
05 Ministry of Health coordinates all efforts in the field of		COGES	2.805,00	0,00	1.292,71	1.292,71	1.512,29	46%
06 MOH develops policy and modules for newcomers in		COGES	7.125,00	0,00	0,00	0,00	7.125,00	0%
07 Monitoring and two-yearly evaluation of the progress		COGES	11.400,00	4.927,51	2.612,18	7.539,69	3.860,31	66%
08 Capacity assessment and capacity building exercise		REGIE	214.906,00	0,00	83.828,46	83.828,46	131.077,54	39%
09 Capacity building at individual level		REGIE	125.000,00	0,00	2.697,20	2.697,20	122.302,80	2%
10 Development of procedures manual		REGIE	18.750,00	0,00	0,00	0,00	18.750,00	0%
11 MOH reviews and updates supervision framework		REGIE	53.125,00	0,00	0,00	0,00	53.125,00	0%
12 MOH induction new managers		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
13 Investments - vehicle MOH		REGIE	93.750,00	0,00	89.820,96	89.820,96	3.929,04	96%
14 Operating costs - vehicle MOH		REGIE	17.200,00	0,00	1.588,67	1.588,67	15.611,33	9%
02 One selected RRH and two GH are strengthened in their			1.061.625,00	19.628,09	434.889,98	454.518,07	607.106,93	43%
01 The three hospitals engage in capacity assessment		COGES	276.675,00	4.365,24	0,00	4.365,24	272.309,76	2%
02 The three hospitals go through an organizational reform		COGES	44.062,00	0,00	3.698,13	3.698,13	40.363,87	8%
03 Development of procedures manual		COGES	18.500,00	0,00	8.095,89	8.095,89	10.404,11	44%
04 Assist the hospitals in the development of a strategic plan		COGES	35.700,00	7.033,67	2.412,04	9.445,71	26.254,29	26%
05 Assist the hospitals in their yearly planning exercise		COGES	2.250,00	0,00	0,00	0,00	2.250,00	0%
		REGIE	3.804.310,27	280.947,66	1.465.164,76	1.726.112,42	2.078.197,85	45%
		COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
		TOTAL	7.850.000,00	342.607,84	1.672.014,37	2.014.622,21	5.835.377,79	26%



Budget vs Actuals (Year to Month) of UGA0901711

Project Title : **Institutional capacity building in planning, leadership and management in the Ugandan health sector**

Budget Version: **F01**

Currency : **EUR**

YtM :

Year to month : **31/12/2012**

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

	Status	Fin Mode	Amount	Start to 2011	Expenses 2012	Total	Balance	% Exec
06 Develop a master plan for each hospital		COGES	27.250,00	8.229,18	850,82	9.080,00	18.170,00	33%
07 Monitoring and two-year evaluation of progress		COGES	11.100,00	0,00	6.869,00	6.869,00	4.231,00	62%
08 Presenting experiences and results in training workshop		COGES	7.025,00	0,00	0,00	0,00	7.025,00	0%
09 Hospital capacity assessment Rwenzori		REGIE	363.125,00	0,00	342.806,51	342.806,51	20.318,49	94%
10 Hospitals organizational reform process Rwenzori		REGIE	75.938,00	0,00	69.556,48	69.556,48	6.381,52	92%
11 Develop a Master Plan for each hospital		REGIE	200.000,00	0,00	601,11	601,11	199.398,89	0%
03 One further RRH (Arua) and two additional general			811.350,00	540,35	404.906,81	405.447,16	405.902,84	50%
01 The three hospitals engage in capacity assessment		COGES	148.675,00	472,89	369,87	842,76	147.832,24	1%
02 The three hospitals go through an organizational reform		COGES	67.500,00	0,00	4.039,00	4.039,00	63.461,00	6%
03 Development of procedures manual		COGES	18.500,00	0,00	0,00	0,00	18.500,00	0%
04 Assist the hospitals in the development of a strategic plan		COGES	35.700,00	67,46	238,76	306,22	35.393,78	1%
05 Assist the hospitals in their yearly planning exercise		COGES	2.250,00	0,00	0,00	0,00	2.250,00	0%
06 Monitoring and two-year evaluation of progress		COGES	11.100,00	0,00	7.177,10	7.177,10	3.922,90	65%
07 Develop a master plan for each hospital		COGES	12.000,00	0,00	1.006,76	1.006,76	10.993,24	8%
08 Hospitals Capacity assessment West Nile		REGIE	358.125,00	0,00	331.483,55	331.483,55	26.641,45	93%
09 Hospitals Reform process West Nile		REGIE	57.500,00	0,00	60.591,77	60.591,77	-3.091,77	105%
10 Develop a Master Plan for each hospital		REGIE	100.000,00	0,00	0,00	0,00	100.000,00	0%
04 District management teams are strengthened in their			520.200,00	13.820,07	80.880,27	94.700,34	425.499,66	18%
01 6 districts are engaged in an institutional capacity		COGES	277.425,00	13.820,07	79.494,71	93.314,78	184.110,22	34%
02 District accompany GH in their capacity assessment and		COGES	4.500,00	0,00	0,00	0,00	4.500,00	0%
03 Districts accompany HSD MT in their capacity assessment		COGES	7.500,00	0,00	1.356,48	1.356,48	6.143,52	18%
04 Development of a strategic plan etc		COGES	24.525,00	0,00	0,00	0,00	24.525,00	0%
		REGIE	3.804.310,27	280.947,66	1.465.164,76	1.726.112,42	2.078.197,85	45%
		COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
		TOTAL	7.850.000,00	342.607,84	1.672.014,37	2.014.622,21	5.835.377,79	26%



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Budget Version: **F01**

Currency : **EUR**

YtM :

Year to month : **31/12/2012**

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

	Status	Fin Mode	Amount	Start to 2011	Expenses 2012	Total	Balance	% Exec
05 District Institutional Capacity assessment		REGIE	159.375,00	0,00	29,08	29,08	159.345,92	0%
06 District Strategy Plan development		REGIE	46.875,00	0,00	0,00	0,00	46.875,00	0%
05 A comprehensive approach on capacity building of sub-			1.943.947,73	0,00	267.670,01	267.670,01	1.676.277,72	14%
01 Support to ongoing HSD team capacity building		COGES	87.584,73	0,00	1.354,08	1.354,08	86.230,65	2%
02 10 Health sub-districts are engaged in an institutional		COGES	143.700,00	0,00	0,00	0,00	143.700,00	0%
03 10 sub-districts go through an organizational reform		COGES	715.625,00	0,00	0,00	0,00	715.625,00	0%
04 Assist the sub districts in their yearly planning exercise		COGES	128.125,00	0,00	0,00	0,00	128.125,00	0%
05 Monitoring and two-year evaluation of progress		COGES	3.700,00	0,00	0,00	0,00	3.700,00	0%
06 Develop a coverage plan for 10 HSDs		COGES	60.475,00	0,00	0,00	0,00	60.475,00	0%
07 Develop a master plan for each HSD HC IV		COGES	136.625,00	0,00	0,00	0,00	136.625,00	0%
08 Presenting experiences and results in training workshop		COGES	3.425,00	0,00	0,00	0,00	3.425,00	0%
09 HSD & HMDC Capacity Building		REGIE	89.688,00	0,00	15.008,37	15.008,37	74.679,63	17%
10 DHMT & HSD Institutional capacity assessment		REGIE	312.500,00	0,00	251.307,56	251.307,56	61.192,44	80%
11 HSD MT Capacity Building		REGIE	234.375,00	0,00	0,00	0,00	234.375,00	0%
12 HSD annual planning		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
13 HSD Coverage plans		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
14 HSD Master plans		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
06 2 training and demonstration sites forHSD management			1.103.200,00	0,00	2.855,65	2.855,65	1.100.344,35	0%
01 Build training facilities and equip for receiving participants		COGES	848.750,00	0,00	2.855,65	2.855,65	845.894,35	0%
02 develop training strategy		COGES	46.125,00	0,00	0,00	0,00	46.125,00	0%
03 Establishing training modules and programmes		COGES	30.625,00	0,00	0,00	0,00	30.625,00	0%
04 prepare the field		COGES	38.700,00	0,00	0,00	0,00	38.700,00	0%
		REGIE	3.804.310,27	280.947,66	1.465.164,76	1.726.112,42	2.078.197,85	45%
		COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
		TOTAL	7.850.000,00	342.607,84	1.672.014,37	2.014.622,21	5.835.377,79	26%



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05 Organise 3 training sessions with 12 participants		COGES	56.625,00	0,00	0,00	0,00	56.625,00	0%
06 longterm strategy after evaluation		COGES	23.000,00	0,00	0,00	0,00	23.000,00	0%
07 Building of training facilities		REGIE	31.250,00	0,00	0,00	0,00	31.250,00	0%
08 Develop training strategy		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
09 Establish training programme and modules		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
10 Organize HSD MT training sessions		REGIE	9.375,00	0,00	0,00	0,00	9.375,00	0%
07 A Scientific support team accompanies the capacity			256.800,00	0,00	0,00	0,00	256.800,00	0%
01 An external expert team organising the capitalisation		COGES	111.925,00	0,00	0,00	0,00	111.925,00	0%
02 Organise the policy dialogue		COGES	98.000,00	0,00	0,00	0,00	98.000,00	0%
03 External team scientific support		REGIE	46.875,00	0,00	0,00	0,00	46.875,00	0%
W MANAGEMENT REVENUE SIDA			122.727,27	0,00	0,00	0,00	122.727,27	0%
01 Management Revenue SIDA			122.727,27	0,00	0,00	0,00	122.727,27	0%
01 Management Revenue SIDA		REGIE	122.727,27	0,00	0,00	0,00	122.727,27	0%
X BUDGET RESERVE			83.591,00	14,70	0,00	14,70	83.576,30	0%
01 Budget Reserve			83.591,00	14,70	0,00	14,70	83.576,30	0%
01 Budget Reserve COGESTION		COGES	83.591,00	14,70	0,00	14,70	83.576,30	0%
02 Budget Reserve REGIE		REGIE	0,00	0,00	0,00	0,00	0,00	??
Z GENERAL MEANS			1.017.848,00	280.947,66	216.122,18	477.069,84	540.778,16	47%
01 Personnel cost			719.200,00	240.201,42	161.202,17	401.403,59	317.796,41	56%
01 International technical advisor		REGIE	624.000,00	234.886,51	129.168,09	364.054,60	259.945,40	58%
02 Project officer		REGIE	0,00	0,00	0,00	0,00	0,00	??
03 Project driver		REGIE	12.000,00	5.314,91	4.675,84	9.990,75	2.009,25	83%
		REGIE	3.804.310,27	280.947,66	1.465.164,76	1.726.112,42	2.078.197,85	45%
		COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
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	Status	Fin Mode	Amount	Start to 2011	Expenses 2012	Total	Balance	% Exec
04 Project Accountant		COGES	0,00	0,00	0,00	0,00	0,00	??
05 Project Officer		COGES	247,00	0,00	246,58	246,58	0,42	100%
06 Project Accountant		REGIE	41.600,00	0,00	13.569,57	13.569,57	28.030,43	33%
07 Project Officer		REGIE	41.353,00	0,00	13.542,09	13.542,09	27.810,91	33%
02 Investments			69.784,00	38.810,85	23.934,86	62.745,71	7.038,29	90%
01 vehicles		REGIE	35.500,00	35.637,74	19,78	35.657,52	-157,52	100%
02 Office equipment		REGIE	7.200,00	340,21	6.484,26	6.824,47	375,53	95%
03 Equipement IT		REGIE	26.084,00	2.832,90	17.430,82	20.263,72	5.820,28	78%
04 Office fixing-up		REGIE	1.000,00	0,00	0,00	0,00	1.000,00	0%
03 Recurrent costs			108.864,00	17.914,10	25.659,51	43.573,61	65.290,39	40%
01 Maintenance and insurance of vehicle		REGIE	11.520,00	4.219,88	1.863,97	6.083,85	5.436,15	53%
02 Maintenance and fuel of motorcycles		REGIE	0,00	0,00	0,00	0,00	0,00	??
03 Fuel vehicle		REGIE	10.760,00	2.248,89	3.258,42	5.507,31	5.252,69	51%
04 Office maintenance (2)		REGIE	10.800,00	1.673,05	9.618,49	11.291,54	-491,54	105%
05 Telecommunications 3 mobiles		REGIE	2.880,00	707,96	1.892,28	2.600,24	279,76	90%
06 Missions		REGIE	55.000,00	2.139,68	6.441,11	8.580,79	46.419,21	16%
07 Representation costs and external communication		REGIE	11.904,00	5.030,15	0,00	5.030,15	6.873,85	42%
08 recruiting (1 ticket + stay in Belgium)		REGIE	6.000,00	1.894,49	2.585,24	4.479,73	1.520,27	75%
04 Audit et Suivi et Evaluation			120.000,00	13.130,40	13.818,73	26.949,13	93.050,87	22%
01 Frais de suivi et évaluation		REGIE	50.000,00	10.010,42	11.664,00	21.674,42	28.325,58	43%
02 Audit		REGIE	40.000,00	0,00	0,00	0,00	40.000,00	0%
03 Backstopping		REGIE	20.000,00	3.119,98	2.154,73	5.274,71	14.725,29	26%
		REGIE	3.804.310,27	280.947,66	1.465.164,76	1.726.112,42	2.078.197,85	45%
		COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
		TOTAL	7.850.000,00	342.607,84	1.672.014,37	2.014.622,21	5.835.377,79	26%



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04 Short term technical consultancies		REGIE	10.000,00	0,00	0,00	0,00	10.000,00	0%
99 Conversion rate adjustment			0,00	-49.109,11	-8.493,09	-57.602,20	57.602,20	??%
98 Conversion rate adjustment		REGIE	0,00	-49.109,11	-8.523,65	-57.632,76	57.632,76	??%
99 Conversion rate adjustment		COGES	0,00	0,00	30,56	30,56	-30,56	??%

REGIE	3.804.310,27	280.947,68	1.465.164,76	1.726.112,42	2.078.197,85	45%
COGEST	4.045.689,73	81.660,18	206.849,61	288.509,79	3.757.179,94	7%
TOTAL	7.850.000,00	342.607,84	1.672.014,37	2.014.622,21	5.835.377,79	26%



5.5 Resources

None yet available.

5.6 Decisions taken by the Steering Committee (JLCB) and follow-up

Decision to take					Action			Follow-up	
Decision to take	Period of identification	Timing	Source	Actor	Action(s)	Resp.	Deadline	Progress	Status
Procurement modality changes	April 16 th , 2012				Procurement budget from co-mgt to regie budget	PC / TA		Budget modification effected	
					Procurement Assessment MOH and RRHs	PC / TA		Consultancy completed	
Planning support 2013-2014	October 10, 2012				Master planning budget from co-mgt to regie budget	PC / TA		Budget modification effected	
					Support regional and district planning process	PC / TA		Technical meetings in preparation; financial support various HDPs	
					Support Health Planning Department MOH	PC / TA		Recruitment of technical assistants (3 SHPs)	

5.7 Quarterly Progress reports:

A_01_01 Capacity assessment and capacity building	Jan	Feb	Mar		
Development of national vision and strategy on Governance, stewardship, Leadership and Management in health (see also A_07_01)				R	Postponed to 2012-2013
ICB sensitization and orientation MOH				Y	Ongoing
MOH - level 4 Ministerial Meeting room rehabilitation				Y	Failed under PDU; implementation under ICB Q2
MOH - level 2 boardroom: remodelling and equipping				Y	In preparation - assessment by Infrastructure Division
MOH - Office MS (GD) level 4 boardroom: refurbishment				Y	Failed under PDU; implementation under ICB Q2
Capacity Building support Policy Analysis Unit (PAU) / HPAC Secretariat				Y	Delays in public procurement; selection outsourced under BTC-management (interviews May 2012)
MOH - Level 2: central printing facility (LAN)				G	Heavy duty photocopier procured - delivery January 2012
Operational, logistical & mgt support MOH HQ and ICB project				G	Support to selected departments; ongoing support
Development of national Health Financing Strategy				Y	Workshop conducted in March 2012; awaiting draft strategy
UNAS Strategic Plan development (Ugandan National Ambulance Strategy)				Y	Workshop conducted in April 2012; awaiting draft strategy
Gender mainstreaming in health: support HR and gender desk activities (workplan)				Y	Proposal for G&HHR manual testing workshop – no follow-up action by GHHR desk
A_01_02 Capacity building at individual level					
Leadership & Management Capacity Building programme Top-Management MOH					See comment under A_01_01; postponed
Capacity Building OBT RRH teams				Y	B&F Div. - postponed to June 2012

Support HMB induction training RRH				Y	HUMC and HMB training workshops postponed to June 2012?
A_01_03 Development procedures manual					
Development ICB project procedures / operational manual				Y	New governance structure implemented; project staff recruited; project procedure manual drafted
Re-design MOH website (improve functionality): consultancy and training website manager				Y	UHSSP started process; support offered to RC
A_01_04 Review / revision supervision (monitoring) framework					
Integrated Supervision Framework - review process / consultancy				Y	Evaluation completed in May 2012; to be submitted for no-objection BTC
A_01_05 MOH coordination all cap.bld initiatives					
Retreat - Directorate Health Services (Planning & Development) - continuation				G	Extraordinary Senior Management Committee meeting (Feb); Gender & HHR and LTIA orientation.
A_01_06 Capacity Building PNFP sector and TA policy					
Capacity assessment of PNFP Medical Bureaux - develop PNFP inclusion in ICB project				R	Not yet started
Support to Institutional Capacity Building of PNFP bureaux				R	HDP group discussions on PNFP support modalities; included in GOU - GOB new country programme
A_01_07 MOH policy / modules for new mgrs.					
A_01_08 Monitoring and two-yearly evaluation of the progress					
Conduct Steering Committee meetings (quarterly)				Y	No SC meeting Q1; meeting was done in April 2012
Conduct Central Project Implementation Committee meetings (monthly)				Y	Feb. and April 2012, next meeting May

A_02_01Cap. Assessment 4 hospitals					
Planning visits F.Portal RRH / GHs / DHOs				G	All districts Rwenzori visited (except Bundibunyo and Ntoroko)
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	March 2012; next meeting June
Inclusion of PNFP hospitals in ICB (assessment and selection).				Y	Not yet started (included in R-PIC)
Feasibility study Regional Health level				Y	Draft TOR (in consultation with UHSSP and GF FCO)
A_02_02 Hospitals organizational reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				Y	Discussions FP RRH HMT; no programme yet;
Procurement of regional CHD vehicle				Y	procurement CHD / SOS vehicle to be started
CHD functional planning and implementation support (including SOS and technical support)				Y	Discussions FP RRH HMT; no programme yet;
Transport and equipment support (depending on assessment outcomes)				Y	Regional assessment started (to be completed)
Furniture and equipment board room and RRH Resource Centre				Y	Procurement plan finalised; procurement process April 2012
Surgical Team training				Y	Programme developed; first team start May 28
Roll-out of HR L&M course to RRH and GH				Y	Phase 2 February; Phase 3 planned June 2012
Support Hospital management training				R	Not yet started
A_02_03 Procedures manual					
Development of regional and hospitals procedures manual (draft)				Y	Clinical Department task force; workshop Feb. 2012; awaiting report
A_02_06 Master Planning					
Technical Support to SIP development				Y	Process support on site; evaluation completed. Submitted for no objection

					BTC
A_03_01 Cap. Assessment 4 hospitals					
Planning visits Arua RRH / GHs / DHOs				Y	
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	Meeting March 27; next meeting June
Inclusion of PNFP hospitals in ICB (assessment and selection).				Y	Not yet started (included in R-PIC meeting)
Feasibility study Regional Health level (Combined with A_02_01)				Y	TOR drafted (in consultation with UHSSP / GF FCO)
A_03_02 Hospital reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				R	Not yet started
Procurement of regional CHD vehicle				R	Not yet started
CHD functional planning and implementation support (including SOS and technical support)				R	Not yet started
Transport and equipment support (depending on assessment outcomes)				Y	Regional transport assessment started - to be completed; discussed in SC Oct 2011
Furniture and equipment board room and RRH Resource Centre				R	ICT assessment by MOH
Roll-out of HR L&M course to RRH and GH				R	After completion Rwenzori region
Support Hospital management training				R	Not yet started
A_03_03 Procedures manual					
Development of regional and hospitals procedures manual (draft) - combined with A_02_03				Y	see previous comment
A_03_07 Master Planning					
Consultancy development of investment component SIP Arua RRH				Y	Evaluation completed; submitted for no-objection BTC
A_04_01 Districts engaged in capacity assessment					
Needs assessment of IT equipment for district management teams and				Y	ICT assessment RC of Arua RRH (April

health facilities					2012)
Develop and support to e-Health policy				R	TOR drafted; WHO to take up activity
Roll-out support revised HMIS in all (15) districts in project regions				Y	Awaiting RC schedule for roll-out training
Roll-out support HRIS in all (15) districts in project regions				R	
Support Supply Chain Management strengthening in selected districts (Arua, Yumbe, Adjumani, Zombo, Maracha, Kyegegwa, Ntoroko)				Y	Workplan and budget developed for support MOH pharmacy unit; C-PIC discussion
Roll-out of HR Leadership & Management course to 15 districts in F.Portal and Arua regions				Y	Phase 2 HRH L&M training 4 district teams Rwenzori region (Feb 2012): Phase 3 June.
A_05_01 Support ongoing HSD MT Cap. Bld					
Strategic and Investment plan development for HMDC - Mbale				Y	Concept paper development retreat Feb 2012; preparation of TOR consultancy
Construction of wall fence HMDC				R	Q4 2011-2012 (April - June)
Consultancy for SIP / masterplan HMDC				R	Procurement procedure to start Q4 (April - June 2012)
Specific Technical Assistance HMDC				G	Junior Assistant - profile matched; to report in August 2012
Support to strengthen District Health Unit Management Committees (HUMC)				G	TOT Rwenzori and West-Nile January 2012
A_07_01 Capitalization process					
Develop TOR Scientific Support				Y	Draft TOR finalised
Procurement of Scientific Support				R	Consultation BTC HQ - Q3 2012
Operationalize Scientific Support Team					
Z_01 Personnel cost					
International technical advisor				G	
Project driver				G	
Project accountant				G	Recruitment completed; contract start May 7
Project officer				G	Recruitment completed; contract start May 1
_02 Investments					

Office equipment				Y	DHS(P&D) office: LCD, screen, white board; side-desk (Jan 2012)
Equipment IT				G	Photocopiers PC and TA office procured (Delivery January 2012); equipment project staff as soon as recruitment finalised.
Z_03 Recurrent Costs					
Maintenance and insurance of vehicle				G	Ongoing
Fuel vehicle				G	Ongoing
Office maintenance (supplies)				G	Ongoing (office supplies, bank charges, etc)
Telecommunication				G	Ongoing (TA, driver)
Missions				G	Regional visits TA
Representation and external communication				G	Service Agreement (SLA) BTC Uganda office
Recruitment (ITA, ticket Belgium)				G	Ongoing
Z_04 Audit and evaluation					
Monitoring & evaluation					Mid Term Review scheduled for Q1 2013
Audit					BTC Audit scheduled for Q3-4, 2012
Backstopping					Follow-up Technical Mission (April 2011) planned for June 2012
W_01 Management Revenue SIDA					
BTC administrative costs SIDA contribution				G	Formalised in budget modification

Planned activities to deliver outputs	April	May	June	Status	Comments
A_01_01 Capacity assessment and capacity building					
Development of national vision and strategy on Governance, stewardship, Leadership and Management in health				R	Postponed to 2012-2013
MOH - level 4 Ministerial Meeting room and office MS(GD) - refurbishment				G	Completed
MOH - Level 2 Boardroom: re-modelling and equipping				Y	Assessment and planning by Healthy Infrastructure Department (HID)

Capacity Building support Policy Analysis Unit (PAU) / HPAC Secretariat				Y	Procurement staff failed: revision of need and TOR by MOH Q3
Operational, logistical & mgt support MOH HQ and ICB project				G	IT equipment and furniture various offices
Gender mainstreaming in health: support HR and gender desk activities (workplan)				R	Delayed planning G&HHR desk - testing workshop of HHR training manual. Postponed to Sept-Dec 2012
A_01_02 Capacity building at individual level					
Leadership & Management Capacity Building programme Top-Management MOH				Y	Governance, Leadership & Management training (AMREF / MOH Kenya) explored and preparations for TOT Uganda
Health Reforms & Financing course (RTI - Amsterdam)				Y	DHS(P&D) participated in August 2012 (Q3)
e-Health for Africa conference Nairobi, Kenya				G	DHS(P&D) and MOH Systems Engineer supported to participate
Support Hospital Management training (evaluation / impact assessment / implementation)				R	
Support development of National Training Plan for pre-and in-service				R	
Support HMB induction training RRH				Y	Training manuals completed; training scheduled for Aug-Sept 2012
Support selected L&M training - scholarships				R	Revision BTC Scholarship programme in collaboration with MOH
A_01_03 Development procedures manual					
Development MOH draft procedures manual				R	Postponed to FY 2012-2013
Support MOH website (improve functionality): consultancy and training website manager				R	Postponed to FY 2012-2013
Short-term web manager: website update and capacity building RC MOH				R	Postponed to FY 2012-2013
A_01_04 Review / revision supervision (monitoring) framework					
Integrated Supervision Framework - review process / consultancy				Y	Procurement under PDU cancelled by user department; review TOR ongoing.

Support establishment and training of District Supervisory Authorities				R	
Support AHSPR & JRM preparatory process				Y	TA member task force
A_01_05 MOH coordination all cap.bld initiatives					
Retreat - Directorate Health Services (Planning & Development) - continuation				R	Postponed to FY 2012-2013
Senior Management Committee retreat: L&M, LTIA, ICB orientation				G	
A_01_06 Capacity Building PNFP sector and TA policy					
Capacity assessment of PNFP Medical Bureaus - develop PNFP inclusion in ICB project				R	Postponed to FY 2012-2013
Support to Institutional Capacity Building of PNFP bureau				R	Postponed to FY 2012-2013
Review national TA policy				R	Postponed to FY 2012-2013; MOH requests for TA support HPD and PAU.
A_01_07 MOH policy / modules for new mgrs.					
Consultancy for impact evaluation / assessment of induction training				R	Postponed to FY 2012-2013
Revise and support induction training				R	Postponed to FY 2012-2013
A_01_8 Monitoring and two-yearly evaluation of the progress					
Conduct Steering Committee meetings (quarterly)				G	SC meeting April 2012
Conduct Central Project Implementation Committee meetings (monthly)				Y	C-PIC meeting April & May 2012
A_02_01 Cap. Assessment 4 hospitals					
Planning visits F.Portal RRH / GHs / DHOs				G	Introduction PO and P.Acc.
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	Rwenzori and West-Nile meetings conducted
Feasibility study Regional Health level				R	Postponed to FY 2012-2013
A_02_02 Hospitals organizational reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				R	Postponed to FY 2012-2013
Procurement of regional CHD vehicle				Y	Vehicles ordered; awaiting delivery

Transport (ambulances) and equipment support (depending on assessment outcomes)				Y	Vehicles ordered; awaiting delivery
Furniture and equipment board room and RRH Resource Centre				Y	Items ordered; awaiting delivery
Roll-out of HR L&M course to RRH and GH				R	Postponed to FY 2012-2013
Support Hospital management training				R	Postponed to FY 2012-2013
(Induction) Clinical skills training Surgery (Obs&Gyn) for surgical teams HC IV and GHs				Y	Two HC IV teams training at FP RRH
Library package Hospitals				Y	Package developed and procurement procedure started
A_02_03 Procedures manual					
Development of regional and hospitals procedures manual (draft)				R	Postponed to FY 2012-2013
A_02_06 Master Planning					
Technical Support to SIP development				Y	Delayed development; TOR consultancy for completion of SIP FP RRH to be procured under BTC mgt.
Consultancy development of investment component SIP Arua RRH				Y	Procurement under PDU cancelled. SIP and Master Plans to be split
A_3_01 Cap. Assessment 4 hospitals					
Planning visits Arua RRH / GHs / DHOs				G	Introduction PO and P.Acc.
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	Rwenzori and West-Nile meetings conducted
Feasibility study Regional Health level (Combined with A_02_01)				R	Postponed to FY 2012-2013
A_03_02 Hospital reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				R	Postponed to FY 2012-2013
Procurement of regional CHD vehicle				Y	Vehicles ordered; awaiting delivery
Transport (ambulances) and equipment support (depending on assessment outcomes)				Y	Vehicles ordered; awaiting delivery
Furniture and equipment board room and RRH Resource Centre				Y	Items ordered; awaiting delivery (July

					2012)
Roll-out of HR L&M course to RRH and GH				R	Postponed to FY 2012-2013
Support Hospital management training				R	Postponed to FY 2012-2013
(Induction) Clinical skills training Surgery (Obs&Gyn) for surgical teams HC IV and GHs				R	Postponed to FY 2012-2013
Library package Hospitals				Y	Package developed and procurement procedure started
A_03_03 Procedures manual					
Development of regional and hospitals procedures manual (draft) - combined with A_02_03				R	Postponed to FY 2012-2013
A_03_07 Master Planning					
Technical Support to SIP development				Y	Delayed development; TOR consultancy for completion of SIP Arua RRH to be procured under BTC mgt.
Consultancy development of investment component SIP Arua RRH				Y	Procurement under PDU cancelled. SIP and Master Plans to be split
A_04_01 Districts engaged in capacity assessment					
Needs assessment of IT equipment for district management teams and health facilities				Y	Assessment Arua RRH completed; IT equipment procurement FP and Arua RRH
Develop and support to e-Health policy				Y	TOR prepared; taken up under WHO funding
Roll-out support revised HMIS in all (15) districts in project regions				Y	DHIS2 training in all districts (August 2012)
Roll-out support HRIS in all (15) districts in project regions				R	Postponed to FY 2012-2013;
Support Supply Chain Management strengthening in selected districts (Arua, Yumbe, Adjumani, Zombo, Maracha, Kyegegwa, Ntoroko)				R	Postponed to FY 2012-2013;
Roll-out of HR Leadership & Management course to 15 districts in F.Portal and Arua regions				Y	HR L&M training Rwenzori completed (July 2012); roll-out awaiting evaluation

A_04_02 Districts - Capacity Building					
Support functionality selected HC Ivs (infrastructure and equipment) - Rwenzori region (Kyegegwa and Kamwenge districts)				Y	HC IV assessment (July 2012)
Support functionality selected HC Ivs (infrastructure and equipment) - West-Nile region				Y	HC IV assessment (Aug 2012)
Library package HC IV				Y	Package developed and procurement procedure started
A_05_01 Support ongoing HSD MT Cap. Bld					
Strategic and Investment plan development for HMDC - Mbale				Y	Draft TOR
Consultancy SIP / Masterplan development for HMDC - Mbale				R	Postponed to FY 2012-2013; SIP to be completed first
TOR and apply for BTC Junior Assistant - HMDC Mbale				Y	Completed recruitment BTC Junior Assistant; arrival August 2012
Construction of HMDC wallfence				Y	HID prepared specifications and BOQ; BTC tender document prepared (advert August 2012)
Implementation support Regional IST / CPD centre - West-Nile region				R	Postponed to FY 2012-2013; priority on revitalization HMDC Mbale
Establish Regional IST / CPD centre - Rwenzori region				R	Postponed to FY 2012-2013; priority on revitalization HMDC Mbale
Implementation support Regional IST / CPD centre - Rwenzori region				R	Postponed to FY 2012-2013; priority on revitalization HMDC Mbale
Consultancy for HSD training evaluation / impact assessment				R	Postponed to FY 2012-2013;
Review and revise HSD training				R	Postponed to FY 2012-2013;
Utility vehicles for district functionality - Rwenzori				Y	Vehicles procured; awaiting delivery
Utility vehicles for district functionality - West Nile				Y	Vehicles procured; awaiting delivery
A_06_01 Build HSD (IST / CPD) Training facilities					
Design and plan building of regional IST / CPD training facility - Rwenzori region				R	Postponed to FY 2012-2013; priority on revitalization HMDC Mbale
Design and plan building of regional IST / CPD training facility - West-Nile region				R	Postponed to FY 2012-2013; priority on revitalization HMDC Mbale

A_6_02 Develop HSD Training strategy					
Develop HSD MT training strategy				R	Postponed to FY 2012-2013
A_07_01 Capitalization process					
Develop TOR Scientific Support				Y	Draft TOR completed
Procurement of Scientific Support				R	Postponed to FY 2012-2013
Operationalize Scientific Support Team				R	Postponed to FY 2012-2013
Strengthen operational research component				R	Postponed to FY 2012-2013
Z_01 Personnel cost					
Project accountant				G	Recruitment completed; started May 7, 2012
Project officer				G	Recruitment completed; started May 1, 2012
Z_04_03 Backstopping					
Technical backstopping mission BTC HQ				G	Mission completed (June 3-9, 2012)

Planned activities	Jul	Aug	Sep	Status	Comments
A_01_01 Capacity assessment and capacity building					
Development of national vision and strategy on Governance, stewardship, Leadership and Management in health				R	Postponed to 2013
Operational, logistical & mgt support MOH HQ and ICB project				G	IT equipment & furniture various offices
Capacity Building support Procurement and Disposal Unit (PDU) at MOH and RRHs				Y	Procurement Assessment completed – awaiting action plan on recommendations
Gender mainstreaming in health: support HR and gender desk activities (work plan)				R	Postponed to Oct – Dec 2012
Capacity assessment of PNFP Medical Bureaus - develop PNFP inclusion in ICB project				R	Postponed to 2013

Introduction of Regional Health Level - development				R	HDP group input on feasibility study
Support Health sector Performance Review meetings				G	Supported venue and printing of quarterly report
A_01_02 Capacity building at individual level					
Leadership & Management Capacity Building programme Top- and Senior Management MOH				Y	Preparing ToT in Governance, Leadership & Management in November
Support HMB induction training RRHs and GHs				Y	Administrative challenges - postponed to Nov 2012
A_01_03 Development procedures manual					
Development MOH draft procedures manual				R	Postponed to FY 2013
A_01_04 Review / revision supervision (monitoring) framework					
Integrated Supervision Framework - review process				Y	Reviewing ToR ongoing
Support SWAp / governance structures (SMC and TWGs) / review LTIA				Y	Technical support to guidelines revision
Support establishment and training of District Supervisory Authorities – Councils				R	Postponed to FY 2013
Support AHSPR & JRM preparatory process				G	Facilitated JRM pre-visits
A_01_05 MOH coordination all cap.bld initiatives					
Retreat - Directorate Health Services (Planning & Development) - continuation				Y	Took place in October 2012
Communication, office and mobility support project coordinator				G	Ongoing support
A_01_06 MOH policy / modules for new managers					
Review of induction training for health managers, revise and support implementation				Y	Preparation staff induction training at Arua RRH
A_01_07 Monitoring and two-yearly evaluation of the progress					
Conduct Steering Committee meetings (quarterly)				Y	Took place in October 2012
Conduct Central Project Implementation Committee meetings				G	Sep-12
A_01_08 Capacity assessment and capacity building - procurements					
Procurement of equipment and furniture L2 Conference Room				Y	HID engineers currently preparing BoQs for remodelling the conference room
Recruitment and contracting of technical assistance PAU (SPA).				R	Cancelled by Top Management
Procurement of equipment and furniture MOH; procurement of library books				Y	Procurement process for both furniture & library books in process

Consultancy PNFP assessment				R	Postponed to 2013 (awaiting BTC identification document PNFP support project)
Support to Institutional Capacity Building of PNFP bureau				R	Postponed to 2013 (awaiting BTC identification document PNFP support project)
Support MOH website (improve functionality): consultancy and training website manager				R	
A_01_09 Capacity building at individual level - procurement					
Consultancy services L&M training course				Y	AMREF Kenya engaged for ToT L&M training November
Health Reforms & Financing course - KIT				G	DHS(P&D) participated
Support Hospital Management training (evaluation / impact assessment / implementation) - consultancy services				R	Postponed ; Mandate UHSSP
Short courses and conference participation (national and international): e.g. e-Health				Y	PBF course Kenya
A_01_10 Development procedures manual - procurements					
Consultancy services MOH procedure manual				R	
A_01_11 Review / revision supervision (monitoring) framework – procurements					
Support establishment and training of District Supervisory Authorities - Consultancy services				R	Awaiting initiative professional councils
Support AHSPR - consultancy services				R	Not required by MOH
A_01_12 MOH policy / modules for new managers - procurements					
Consultancy for impact evaluation / assessment of induction training				R	
A_01_13 Investment MOH - procurements					
Management vehicle - office of DHS(P&D)				Y	Procured awaiting delivery in Uganda
A_01_14 Investment MOH - procurements					
Operational costs of management vehicle - office of DHS(P&D)				Y	Awaiting delivery of vehicle
A_02_01 Cap. Assessment General hospitals					
Implementation visits F. Portal RRH / GHs / DHOs				G	
A_02_02 Hospitals organizational reform process					

Development of functional Community Health Department at RRH for regional project entry / Regional Health level: work plan and SOS calendar				Y	Awaiting concept note RRH (submitted Oct 2012)
CHD functional planning and implementation support (including SOS and technical support)				Y	Awaiting concept note RRH (submitted Oct 2012)
Roll-out of HR L&M course to RRH and GH - Rwenzori				G	Completed July 2012 (4 districts) To be evaluated.
(Induction) Clinical skills training Surgery (Obs & Gyn) for surgical teams HC IV and GHs - Rwenzori region				Y	2 HC IV teams trained; local implementation and accountability delays.
A_02_03 Procedures manual					
Development of regional and hospitals procedures manual (draft)				Y	Draft (March 2012); awaiting action Clinical department
A_02_04 Hospital Strategic Planning					
Consultancy development of investment component SIP Fort Portal RRH				Y	Draft developed by FP RRH; to be completed Oct-Dec 2012
A_02_07 M&E					
Monitoring visits F. Portal RRH / GHs / DHOs				G	
Regional Project Implementation Committee (R-PIC) quarterly meetings				R	November 9, 2012
A_02_10 Hospitals organizational reform process – procurements					
Furniture and equipment board room and Resource Centre _Rwenzori				G	Procurement completed & furniture delivered
Medical equipment support RRH and GHs Rwenzori				R	
Library books for RRH and GHs				Y	Procurement process ongoing (Belgian law)
A_03_01 Cap. Assessment 4 hospitals					
Implementation visits Arua RRH / GHs / DHOs				G	
A_03_02 Hospital reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: work plan and SOS calendar				Y	Awaiting concept note FP RRH (submitted Oct 2012)
CHD functional planning and implementation support (including SOS and technical support)				Y	Awaiting concept note FP RRH (submitted Oct 2012)
Roll-out of HR L&M course to RRH and GH - West Nile region				R	Training completed in Rwenzori region;

					awaiting evaluation
(Induction) Clinical skills training Surgery (Obs & Gyn) for surgical teams HC IV and GHs - West Nile region				R	Started FP RRH - implementation delays
A_03_03 Procedures manual					
Development of regional and hospitals procedures manual (draft)				Y	Draft (March 2012); awaiting action Clinical department
A_03_06 Cap. M&E					
Monitoring visits Arua RRH / GHs / DHOs				G	
Regional Project Implementation Committee (R-PIC) quarterly meetings				Y	Scheduled November 2, 2012
A_03_04 Hospital Strategic Planning					
Consultancy development of investment component SIP Arua RRH				Y	Draft developed by Arua RRH; to be completed Oct-Dec 2012
A_03_09 Hospitals organizational reform process – procurements					
Furniture and equipment board room and Resource Centre - West Nile				G	Completed
Medical equipment support RRH and GHs West Nile				G	Completed HC IV assessment
Library books for RRH and GHs				Y	Procurement process ongoing (Belgian law)
A_04_01 Districts engaged in capacity building					
Roll-out support revised HMIS in all (15) districts in project regions				G	Completed
Roll-out support HRIS in all (15) districts in project regions				G	Completed
Roll-out of HR Leadership & Management course to 15 districts in F. Portal and Arua regions				R	See comment A_02_02
Management Support functionality selected HC IVs (infrastructure and equipment) - Rwenzori region				Y	HC IV comprehensive assessments completed
Support functionality selected HC IVs (infrastructure and equipment) - West-Nile region				Y	HC IV comprehensive assessments completed
Support functionality DHMTs (infrastructure and equipment) - Rwenzori region				Y	Performance review Kamwenge district
Support functionality DHMTs (infrastructure and equipment) - West-Nile region				R	
A_04_04 Districts - Strategic and Investment Plan development					
Strategic plan development DHMT / HSD MTs				R	Planning cycle start Oct 2012

A_04_05 Districts capacity assessment – procurements					
Procurements for support to DHMTs functionality (medical equipment, transport, works, etc.) - Rwenzori region				Y	Preparation of tenders - based on HC IV assessments
Procurements for support to DHMTs functionality (medical equipment, transport, works, etc.) - West-Nile region				Y	Preparation of tenders - based on HC IV assessments
A_04_06 Districts - Strategic and Investment Plan development – procurements					
Consultancy services for district SIP development				R	Planning cycle start Oct 2012
A_05_01 Support ongoing HSD MT Cap. Bid					
Strategic and Investment plan development for HMDC – Mbale				Y	Call for proposals advertised deadline for submission Nov 2
Implementation support Regional IST / CPD centre - West-Nile region				R	Awaiting HMDC SIP
Implementation support Regional IST / CPD centre - Rwenzori region				R	Awaiting HMDC SIP
Review and revise HSD training				R	
A_05_04 Support Annual Planning process of HSDs					
Annual planning process support HSDs				R	Planning cycle start Oct 2012
A_05_06 Coverage Planning support DHMTs and HSDs					
Development of coverage plans support DHMTs and HSDs				R	2012 - 2013 activity
A_05_07 Master Planning support DHMTs and HSDs					
Master planning process support DHMTs and HSDs				R	2012 - 2013 activity
A_05_09 Support ongoing HSD MT Cap. Bid - procurements					
Consultancy Master plan development for HMDC - Mbale				R	To be procured after completion Strategic Plan
Infrastructure support HMDC rehabilitation (wall-fence; rehabilitation works buildings; transport repairs; etc).				Y	Evaluation of wallfence bids completed, awaiting awarding contract
Support budget for JA activities at HMDC				Y	
Establish Regional IST / CPD centre - Rwenzori region				R	Awaiting HMDC SIP
Consultancy for HSD training evaluation / impact assessment				R	Awaiting HMDC SIP
A_05_10 Institutional Capacity Building DHMTs and HSD MTs					

procurements					
Procurements for support to DHMTs transport (utility vehicles) - Rwenzori region				Y	Awaiting delivery
Procurements for support to DHMTs transport (utility vehicles) - West-Nile region				Y	Awaiting delivery
A_05_11 HSD Institutional Capacity Building- procurements					
Procurements for support to HC IV functionality (medical equipment, transport, works, etc.) - Rwenzori region				Y	Preparation of tender documents
Procurements for support to HC IV functionality (medical equipment, transport, works, etc.) - West-Nile region				Y	Preparation of tender documents
A_07_03 Scientific support – procurements					
Procurement of Scientific Support				R	To be discussed BTC HQ - Nov 2012
Operationalize Scientific Support Team				R	

	Oct	Nov	Dec		Comments
Planned activities to deliver outputs					
A_01_01 Capacity assessment and capacity building					
Operational, logistical & mgt support MOH HQ and ICB project					
Governance, Leadership & Management training - Training of Trainers (AMREF)					Jinja Nile resort (Nov 19 -30)
Gender mainstreaming in health: support HR and gender desk activities (workplan)					
National Health Planning meeting					Meeting took place January 11, 2013
Regional Health Planning support (Planning Guidelines, regional support)					Postponed by MOH to Q1 2013
National Infection Control Guidelines - printing					Request MOH - procurement by PDU
A_01_02 Capacity building at individual level					
Support HMB induction training RRHs, GHs & HC lvs					FP RRH HMB trained; Arua RRH HMB postponed
Performance Based Financing (PBF) course - Mombasa Kenya (26-11 to Dec 7, 2012)					One MOH and one MOFPED participant
International Conference Executive Secretaries, Durban SA					Three senior MOH secretaries participated (MOH, PS and DHS(P&D))
A_01_04 Review / revision supervision (monitoring) framework					
Integrated Supervision Framework - review process					TOR reviewed by SMER MOH
A_01_05 MOH coordination all cap.bld initiatives					
Communication, office and mobility support project coordinator					Stationary and air-time DHS(P&D) office; transferred to regie modality (A_01_14)
DHS(P&D) directorate retreat meeting					
A_01_06 MOH policy / modules for new managers					
Review of induction training for health managers					
Review of pre-retirement training for health workers					
Revise and support induction training					
Revise and support pre-retirement training					Training session by Public Service College (Arua RRH, Nov 7-8, 70 participants)

A_01_07 Monitoring and two-yearly evaluation of the progress					
Conduct Steering Committee meetings (quarterly)					4th SC meeting October 12, 2012
Conduct Central - Project Implementation Committee meetings (bi monthly)					
A_01_08 Capacity assessment and capacity building - procurements					
Refurbishment Boardroom L2 MoH HQ					Proposal for redesign of Board Room by HID presented to TSMC
Procurement of equipment and furniture MOH					Tender prepared, to be advertised Q1 2013
National Nursing Policy Development - consultancy services					Consultancy services procured.
A_01_09 Capacity building at individual level - procurement					
Support selected L&M training - scholarships regional health officers (through Belgian Scholarship Programme selection mechanism)					
A_01_12 MOH policy / modules for new managers - procurements					
Consultancy for impact evaluation / assessment of induction training					
A_01_13 Investment MOH - procurements					
Management vehicle - office of DHS(P&D); Ambulance Naguru RRH					DHS(P&D) vehicle handed-over January 11, 2013; ambulance reallocated to Kisoro district by MOH (handed over 15/01/2013)
A_01_14 Investment MOH - procurements					
Operational costs of management vehicle - office of DHS(P&D)					Insurance for DHS(P&D) vehicle procured
A_02_02 Hospitals organizational reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar					Concept note drafted by FP RRH MT
CHD functional planning and implementation support (including SOS and technical support (proposal by HD FP RRH)					
(Induction) Clinical skills training Surgery (Obs&Gyn) for surgical teams HC IV and GHs - Rwenzori region					Concept being revised by FP RRH MT
Library: capacity building and distribution to Hospitals and HC IV (Rwenzori region)					Procurement completed Dec 2012; delivery January 2013
A_02_04 Hospitals Strategic Plans development					
Strategic & Investment Plan development FP RRH					Draft SIPs produced by RRH; awaiting

					procurement of consultancy services
A_02_05 Hospitals Annual operational plans development					
Regional Health Planning support (Planning Guidelines, regional support)					Postponed by MOH to Q1 2013
A_02_07 M&E					
Regional Project Implementation Committee (R-PIC) quarterly meetings					
A_02_09 Cap. Assessment General hospitals - procurements					
Infrastructure assessment Bwera Hospital (Kasese) - combined with Adjumani Hospital A_03_08					Procurement procedure completed, but not awarded yet.
A_02_10 Hospitals organizational reform process - procurements					
Medical equipment support RRH and GHs Rwenzori					Air-conditioners (FP RRH); preparation of tenders for X-ray machine Kilembe Hospital
Library books for RRH and GHs					Procurement completed Dec 2012, delivery January 2013
A_02_11 Hospital Master Planning - procurements					
Consultancy services development of investment component SIP Fort Portal RRH					Procurement started; evaluated Jan 2013
A_03_02 Hospital reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar					Concept note drafted by FP RRH MT
CHD functional planning and implementation support (including SOS and technical support)					
Roll-out of HR L&M course to RRH and GH - West Nile region					Awaiting evaluation Rwenzori region
(Induction) Clinical skills training Surgery (Obs&Gyn) for surgical teams HC IV and GHs - West Nile region					Concept revised by FP RRH
PG Diploma course Health Information Systems - Information Officer RRH (1 year) - see also A_03_09 Data Mgt strengthening RRH)					
A_03_04 Hospitals Strategic Plans development					
Strategic & Investment Plan development Arua RRH					Draft SIPs produced by RRH; awaiting procurement of consultancy services
A_03_05 Hospitals Annual operational plans development					
Regional Health Planning support (Planning Guidelines, regional support)					Postponed by MOH to Q1 2013
A_03_06 Cap. M&E					

Regional Project Implementation Committee (R-PIC) quarterly meetings					
A_03_08 Cap. Assessment 4 Hospitals - Procurements					
Infrastructure assessment Adjumani Hospital - combined with Bwera Hospital A_02_09					Procurement procedure completed, but not awarded yet.
A_03_09 Hospitals organizational reform process - procurements					
Data Management strengthening at RRH					
Medical equipment support RRH and GHs West Nile					
Library books for RRH and GHs					Procurement completed Dec 2012, delivery January 2013
A_04_01 Districts engaged in capacity building					
Regional Health Planning meetings - Rwenzori and WN					Postponed by MOH to Q1 2013
ICB district planning (IPFs and planning format) - execution agreements with 4 selected districts					
Support functionality DHMTs (infrastructure and equipment) - Rwenzori and West Nile regions					Tender for office furniture and IT equipment prepared. To be advertised Q1 2013
A_04_03 Districts - HSD Capacity Building					
Customer Care & Public Relations training for Health workers - Yumbe district					
Customer Care & Public Relations training for Health workers - Moyo district					
A_04_05 Districts capacity assessment - procurements					
Procurements for support to DHMTs functionality (medical equipment, transport, works, etc.) - Rwenzori region					
Procurements for support to DHMTs functionality (medical equipment, transport, works, etc.) - West-Nile region					
Solar needs assessment - Rwenzori region: DHO, Hospitals and HC IVs (except Bundibugyo and Ntoroko districts)					
Solar needs assessment - West-Nile region (DHOs only)					Postponed to Q1 2013
A_05_01 Support ongoing HSD MT Cap. Bld					
Strategic and Investment plan development for HMDC - Mbale					Consultancy services procured
Review and revise HSD training					Postponed; after completion SIP HMDC
A_05_04 Support Annual Planning process of HSDs					

Regional Health Planning meetings - Rwenzori and WN					Postponed by MOH to Q1 2013
A_05_06 Coverage Planning support DHMTs and HSDs					
Development of coverage plans DHMTs and HSDs					Not yet started
A_05_07 Master Planning support DHMTs and HSDs					
Master planning process support DHMTs and HSDs					Not yet started
A_05_09 Support ongoing HSD MT Cap. Bld - procurements					
Strategic & Investment Plan development - HMDC Mbale					Consultancy services procured
Consultancy Master plan development for HMDC - Mbale					Postponed; after completion SIP
Infrastructure support HMDC – wall fence construction					Tender awarded; constructing starting Jan 2013
Infrastructure support HMDC rehabilitation (rehabilitation works buildings; transport repairs; etc).					Kitchen repair works; inside and outside painting; electrical lecture room
Support for JA activities at HMDC					
e.Learning workshop - introduction at HMDC					One day workshop on concept and introduction modalities
A_05_10 Institutional Capacity Building DHMTs and HSD MTs procurements					
Procurements for support to DHMTs transport (utility vehicles) - Rwenzori region					Vehicle hand over January 2013
Procurements for support to DHMTs transport (utility vehicles) - West-Nile region					Vehicle hand over January 2013
A_05_11 HSD Institutional Capacity Building- procurements					
Procurements for support to HC IV functionality (medical equipment, transport, works, etc.) - Rwenzori region					Procurement plan in preparation
Procurements for support to HC IV functionality (medical equipment, transport, works, etc.) - West-Nile region					
A_05_13 Coverage Planning support DHMTs and HSDs - procurements					
Consultancy services to develop HSD coverage plans					
Z_01 Personnel cost					
International technical advisor					
Project driver					
Project accountant					

Project officer					
Z_02 Investments					
Office equipment					New office space ICB provided by MOH
Equipment IT					New office space ICB provided by MOH
Z_03 Recurrent Costs					
Maintenance and insurance of vehicle					
Fuel vehicle					
Office maintenance (supplies)					
Telecommunication					
Missions					
Health Sector days - BTC HQ					DHS(P&D) and TA attended meeting (29/11 to 07/12)
Representation and external communication					Service Level Agreement (SLA) BTC REPUGA