Enabel

Final report

Institutional Support for the Private-Non-For-Profit (PNFP) Health Sub-sector to Promote Universal Health Coverage in Uganda

UGA 13 026 11

Belgian development agency

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Table of contents

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BTC	Belgian Technical Cooperation, the Belgian Development Agency
DHMT	District Health Management Team
EoMC	Emergency Obstetric Care
GoU	Government of Uganda
HC	Health Centre
H.E.	His Excellency
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ICB	Institutional Capacity Building Project
M&E	Monitoring and Evaluation
MB	Medical Bureau
MoH	Ministry of Health
MTCT	Mother-To-Child-Transmission
PHC	Primary Health Care
PNFP	Private-Non-For-Profit
PNFPCB	Private-Non-For-Profit Coordination Bureau
PPPH	Public Private Partnership in Health
PS	Permanent Secretary (MoH)
PSC	Project Steering Committee
RBF	Result Based Financing
RRH	Regional Referral Hospital
SDHR	Skills Development for Human Resources Project
SRH	Sexual and Reproductive Health
TFF	Technical and Financial File

UHC	Universal Health Coverage
UNMCHP	Uganda National Minimum Health Care Package

Intervention form

Intervention name	Institutional Support for the Private-Non-For-Profit (PNFP) health sub-sector to promote universal health coverage in Uganda
Intervention Code	UGA1302611
Location	Uganda: Kampala, West Nile region and Rwenzori region
Budget	EUR 8,000,000
Partner Institution	Ministry of Health
Date intervention start /Opening steering committee	27 June 2014
End date Specific Agreement	13 May 2020
Target groups	Ministry of Health and Medical Bureaux, PNFP health facilities and institutions in West Nile and Rwenzori regions, Rural population of West Nile and Rwenzori region, in particular the mothers and children
Impact[1]	Contribute to strengthen service delivery capacity at district level to effectively implement PHC activities and deliver the UNMCHP to the target population
Outcome	PNFP output and patients' accessibility to quality health care have increased through a strengthened MoH-PNFP partnership with regards to the financial, human resources and functional aspects of the Ugandan health system
Outputs	1. MoH is strengthened in its capacity of reviewing, disseminating and using the PPPH policy and implementation guidelines in partnership with PNFP facilities and organizing bodies
	2. MB and PNFP Coordination Bodies are functional and strengthened in their organizational as well as partnership functions
	3. District HMT are strengthened in their capacity to support all health facilities in their territory without any discrimination for PNFP facilities and organizations.
	4. MoH has a model and a vision on how to institutionalize a national RBF mechanism to support the district health system irrespective for government or PNFP facilities.

[1] Impact is a synonym for global objective, Outcome is a synonym for specific objective, output is a synonym for result

	5. PNFP HC III and IV of the regions of West Nile and Rwenzori are fully implementing the health care package as foreseen in the national health policy and this in an affordable manner for the catchment population through RBF
	6. PNFP hospital care of West Nile and Rwenzori is more accessible for the population without loss of quality of care through RBF
Period covered by the report	2014 - 2018

Global appreciation

Describe your global appreciation of the intervention (max 200 words):
After 4 years of implementation, PNFP project objectives have be n largely met. The implementation of Result Based Financing (RBF) mechanism in 49 PNFP facilities since 2016 enabled the project to achieve its broad objective of increasing Private Not - For Profit (PNFP) facility outputs and patients' accessibility to quality health care through a strengthened Ministry of Health (MoH)-PNFP partnership with regards to the financial, human resources and functional aspects of the Ugandan health system. Utilization of health services increased by an average of 18% in almost all RBF indicators with exception of family planning. Quality of care improved significantly with 90% of health facilities maintaining 4 stars of quality rating from 2016 - 2018 (PNFP Project database). The partnership between PNFPs and MoH has been strengthened. With a functional Public Private Partnership in Health Unit and other PPPH structures, the PNFPs find it easier to coordinate and collaborate with the Government structures both at central and decentralized levels. The monthly PPPH technical working group meetings have been institutionalized as an avenue for PNFP medical Bureaus to engage with public authorities in a meaningful partnership. The creation of an Interbureau Coalition mechanism and investments in the organizational development of individual Medical Bureaus strengthened their capacity and confidence to proactively engage with Government as partners in healthcare provision. At local Government levels, the involvement of the district health office in the verification and supervision of the PNFP health facility RBF results provided an opportunity for increased support to the PNFPs by district local governments.
Score your global appreciation of the intervention2:
Very satisfactory .

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

[2] Very satisfactory - Satisfactory - Non satisfactory, in spite of some positive elements - Non satisfactory

PART 1 : Results achieved and lessons learned

1 Assessing the intervention strategy

1.1 Context

The general context was largely unchanged during the four years of implementation. Uganda experienced a stable political and socio-economic environment during the period despite isolated cases of civil tensions during the general elections in 2016 and constitutional amendment debates in 2017. The current President, H.E. Mr. Museveni was reelected in 2016 for another of 5 years. The Ugandan economy continued to grow between 5.0 – 5,5% per year and the outlook for the future remains even more positive.

There was no key evolution in sector policy or decentralization policy that could affect the project operations. Two key policy documents that guided the design and implementation of the project existed at the start of the project. These included the national health financing strategy and the National Policy on Public Private Partnerships. A National RBF Framework was developed and approved in 2016 and this informed the design and implementation of the project. The RBF model implemented by the project is harmonised with the relavant national policies in particular the HFS and the National RBF framework.

There was no major structural organizational change in any of the partner institutions to negatively influence the implementation of the project. The top leadership of the MoH provided the required support for the implementation of the project through their participation in the project steering committee and the co-management procedures of the project. The project falls under the Directorate of Planning and Policy in the MoH. From the start of the project, the MoH designated the Director of Planning as the project manager. From 2016, Comissioner Health Services, Planning assumed the role of project manager on secondment by the MoH. In 2018, the directorate of planning established a National RBF Unit whose role will act as strategic purchaser of the health services in the country. This is an opportunity for the future scale up and institutionalization of RBF in the health sector.

The project worked with other Development Partners with regards to supporting the MoH in implementing the PPPH policy. Both Enabel and USAID through the Private Health Support Program supported the operations of the PPPH Unit in the MoH. In order to avoid duplication and maximize efficient use of resources, Enabel and USAID Private Health Support Program coordinated their financial and technical support to the PPPH Unit through regular interfaces.

1.2 Important changes in intervention strategy

The strategy outlined in the project's Technical and Financial File was maintained throughout the implementation period as it remained valid and relevant. The project interventions were majorly two – piloting of the result based financing in PNFP facilities and supporting the implementation of the public private partnership in health policy. These interventions were well imbedded in the National health policy, the Health Sector Development Plans and other policy documents of the Ministry of Health like the Health Financing strategy and the Quality Improvement Strategic plan.

The project's action plan reflected the strategic direction of the Technical and Financial File. There were a few changes in activities and processes to adapt to the local context. However, the main strategic orientations were maintained. For instance, the project Mid-term review recommended for the simplification of the RBF reporting tools so as to allow for health workers at lower level health facilities to easily report and avoid unnecessary delays and this was done. Similarly, changes were made in financial management from co-management modality to Regie for all project activities with exception of RBF payments. Again this was done to address challenges related to delays in availing resources for project implementation. The changes were duly approved by the Steering Committee and the Ministry of Health with acceptance of Enabel representation and HQ.

2 Results achieved

2.1 Monitoring matrix

Results / indicators	Baseline Value	End Target	End Value obtained	Comments
OUTCOME:				
Total value of debt in PNFP health facilities enrolled into RBF	UGX 7.1 bn	UGX 3.5 bn	UGX 3.87 bn	RBF significantly reduced debt related to medicines at JMS
Reported maternal death	106	20	54	These are reported deaths in health facilities in the 2 regions
Reported under-five death	1647	300	897	These are reported deaths in health facilities in the 2 regions
% deliveries in health facilities	40%	80%	65%	RBF led to an increase in deliveries but target could not be achieved due to other factors such as health seeking behavior and the 3 delays RBF led to an increase in deliveries but target could not be achieved due to other factors such as health seeking behavior and the 3 delays
Contraceptive Prevalence Rate	15%	50%	26%	Availability of contraceptives depends entirely on supplies from NMS which are inadequate
Evolution of fee levels in PNFP health facilities	31,905	22,000	12,345	RBF led to reduction in user fees, which facilitated the achievement of the indicator beyond target. The calculation is based on fee per standard unit of output

Results / indicators	Baseline Value	End Target	End Value obtained	Comments
OUTPUT 1:				
% of approved posts filled by trained health workers.in PNFP facilities	58%	80%	68%	This is a complex indicator to attain for PNFPs as they lack sufficient income to recruit all required staff. Secondment of staff by Government was done but staffing gap remains wide. RBF standards required facilities to have qualified staff and this forced them to recruit additional staff
% of PNFP health facilities implementing the national SRH/HIV policies	90%	98%	100%	All PNFP health facilities implement the national SRH/HIV policies. Even in catholic facilities, information on family planning is availed in the absence of contraceptives
Amount of GoU budget (conditional grant) allocated to PNFP health sub-sector	UGX 17 bn	UGX 18 bn	UGX 15 bn	The funding to the PNFP subsector by GOU through PHC conditional grants declined to 15bn after a number of health facilities were deleted from the beneficiary list due to failure to meet the required standards. The funding modality also changed with 50% of the funds going into a cerdit line for Medicines at JMS, while 50% of the grant is disbursed to health facilities to meet operational costs
OUTPUT 2:				
Percentage of PNFP health facilities prequalified for RBF	0%	80%	86%	Prequalification was done in three phases. Weak facilities were supported with minimum investments and technical assistance by the project

Results / indicators	Baseline Value	End Target	End Value obtained	Comments
OUTPUT 3:				
% of villages with trained VHTs per district	91%	95%	97%	The project did not intervene in any way to achieve this indicator but monitored it as part of district support. The policy has since changed to community health workers
Number of health coverage plans completed	0	15	15	All the original 15 districts covered by the project developed coverage maps with the support of the project and MoH staff
OUTPUT 4:				
RBF model accepted by MoH and GoU as the national model, available	0	1	1	A national RBF framework was developed. The project supported the process of developing and printing the framework
Number of districts nation-wide joining the RBF scheme	0	20	40	Includes districts under MoH/WB project. It is estimated that additional 50 districts
OUTPUT 5:				
% of PNFP health centres delivering the full HIV package for maternal and child health and HIV/AIDS (including MTCT)	61%	85%	93%	There are a few PNFP HCIIs that are not accredited to offer HIV services. Accreditation is done by MoH based on coverage and HIV prevalence rates in a given area
% of PNFP health centres without any stock-outs of 6 tracer medicines.	83%	100%	100%	With RBF funding health facilities were able to fully stock essential medicines. This was also an RBF quality indicator
% of health centres IV with functioning theatre (providing EMOC)	100%	100%	100%	The 4 HCIVs in the project all had functioning theatres offering emergency C-sections

% of children under one year immunized with 3rd dose Pentavalent vaccine	79%	89%	85%	RBF paid for complete immunized child, progress was registered but factors such as periodical stock outs of vaccines affected achievement of target
% of pregnant women attending 4 ANC sessions	30%	80%	64%	This was an RBF indicator and progress was achieved. It was not possible to achieve target due to other factors such as poor health seeking behavior, cultural factors, low coverage of health services, etc.
% of pregnant women who have completed IPT2	44%	80%	65%	Comment as above
% of eligible person receiving HIV therapy	70%	70%	87%	Challenges noted in enrolment of HIV patients on ART
OUTPUT 6:				
% of referred patients among out-patient department (OPD) clients	1%	10%	4.7%	Referral remained a challenge during project implementation though progress was registered. Facilitating factors included the improved utilization and functionality of the lower level health facilities in the catchment population
Ratio number of referred deliveries / total deliveries within the hospital	0.6	0.7	0.5	Referral of delivering mothers didn't change significantly due to improvements in the quality of services at HCIIIs. This can be attributed to RBF in HCIII
% of post-surgery infections	2.5%	0.5%	0.35%	This indicator is an RBF quality standard monitored quarterly and improvements may be attributed to RBF. Indicator is not captured in the HMIS but monitored through hospital reports

2.2 Analysis of results

2.2.1 To what extent will the intervention contribute to the impact3 (potential impact)?

The End Term Review of the PNFP project was done at the end of the project and concluded that the Project has made a strong impact on strengthening the implementation of existing initiatives in RBF and public-private partnerships in the Ugandan health system. The project has demonstrated that RBF can work and produce results within the private health sector. Positive impacts in terms of increased user numbers and quality at health facilities participating in the projects have been evident. As noted earlier, about 90% of health facilities maintained four stars of quality rating.

Better coordination has been developed between the public and PNFP sectors, and at central level this has been institutionalized in the PPPH Unit. Both sub-sectors have been strengthened by project activities at central level. At district level, coordination has improved through joint work on the RBF scheme.

The End Term Review also observed the potential impact of the project's requirement to reduce user fees in PNFP health facilities. It was noted that this is likely to affect the financial equilibrium and potential sustainability of health facilities when the project ends.

An exit strategy has been designed and will be implemented after project closure through the Strategic Purchasing of Healthcare Services in Uganda Project. The exit strategies shall minimize this negative impact.

2.2.2 To what extent has the outcome been achieved?

There has been remarkable progress in the performance of the indicators at macro level. With the start of RBF grants, the level of debt in PNFP facilities in the two regions of Rwenzori and West Nile has greatly reduced. PNFP facilities incur debts mostly related to drug supplies which they acquire from Joint Medical Store on credit. Due to low revenues from user fees and Government subsidies, PNFPs always had had high debts. This trend however changed with the RBF funding as the facilities used earned funds to purchase essential medical supplies and avoid falling into debt. Likewise, the evolution of user fees charged in PNFP facilities greatly reduced. This was attributed to a contractual condition in the RBF agreement that compelled facilities to reduce and or abolish their fees.

Other indicators like reported maternal death, under-five deaths and deliveries improved significantly. RBF puts emphasis on rewarding good quality. The project invested in routine quality assessments and trainings which raised the skills and changed attitudes of facility staff.

2.2.3 To what extent have outputs been achieved?

Project outputs have to a great extent been achieved. The set up and functionality of the PPPH Node at MoH provided through regular PPPH Technical Working Group

[3] Terminology : Impact = General Objective ; Outcome = Specific Objective; Outputs = Expected Result

meetings, an excellent avenue for private health care providers, not only the PNFPs but the wider private health sector, to interface and engage in constructive dialogue with the MoH.

Significant efforts were put on organisational development of all MBs with funding of their accreditation processes, strategic planning and strengthening of internal processes.

The development of District coverage maps was finalized with the support of ICB II. Each district now has a coverage map.

An RBF model, the national RBF framework, was developed by the Ministry of Health in 2015 with all the required tools and templates. At the end of the project, the model still guides the design of new RBF projects.

A significant achievement in all the indicators towards the targets was observed but notable in the areas of HIV, Immunization and Antenatal care (ANC) services. This picture was facilitated by a number of undertakings including orientation trainings of facility managers and selected staff in the provision of quality care in accordance to the agreed standards included in the RBF frame work. To attempt to make the services affordable, all the PNFP facilities reduced the user fees and also introduced a flat rate payment system that made the services more affordable to the majority of the population who are poor. Secondly the introduction of the flat fees made the services more predictable by the population thereby making it possible for the primary beneficiaries to plan their health care expenditures accordingly. As result the incidences of financial shocks were reduced among the population.

referral mechanism remained a challenge due to factors beyond the project and the health facilities. The percentage of referred patients among outpatient department clients in the general hospitals remained low. However, there was improved utilization and functionality of the lower level health facilities in the two regions.

2.2.4 To what extent did outputs contribute to the achievement of the outcome

Achievements at outcome level in some indicators can to a large extent be attributed to the project outputs. The RBF subsidies to PNFP facilities led to reduction of their debt burden. RBF led to increases in patient volumes especially deliveries and OPD consultations which in turn led to an increase in the RBF income of the facilities. This also positively influenced outcome indicators like reported maternal and under five deaths. Some outcome indicators like contraceptive prevalence rate were beyond the project control since supplies are provided by a different entity and health facilities could not use their income to purchase them.

2.2.5 Assess the most important influencing factors. What were major issues encountered? How were they addressed by the intervention?

The most influencing factors were mainly the readiness of the health facilities to embrace RBF, the cooperation of the Medical Bureaus and the political support provided by the Ministry of Health and the District Local Governments. The project

adopted a participatory approach by involving all the important stakeholders in the processes of conceiving, designing and implementation of the project activities. The project always had enough financial resources that were available on time to finance activities.

The project met challenges in retention of technical staff in the two regions. During the four years of implementation, National Technical Assistants were changed three times. This was mainly due to resignations of these highly qualified staff for better paying opportunities elsewhere. This affected the quality of technical assistance to health facilities and may have contributed to some extent in delays in project activities like verifications.

2.2.6 Assess the unexpected results, both negative and positive ones

Unexpected results were mainly noticed as consequences of RBF. At health facility level, RBF led to a boost in morale and teamwork among staff. This was a result of the increased resources available and the autonomy with which the health facilities had to use these resources to meet their needs. In a number of health facilities, managers involved their teams in decision-making on how the resources were to be spent, which strengthened team cohesion and involvement. The RBF salary top-ups were also distributed on criteria developed with and by the staff teams in each health facility. The RBF process has made health workers and DHMT more aware of the importance of quality and stimulated their development of ideas on how to improve it.

The flattening and reduction of user fees in PNFP facilities resulted in more patients accessing health services. The increase of fees after the project closure will prove problematic and may result in reduction in facility incomes as patients may not be willing to pay the full cost recovery fees. This may erode gains made in increasing patient accessibility to quality health services.

2.2.7 Assess the Integration of Transversal Themes in the intervention strategy

The project took full account of gender, in particular the health status of pregnant women, young mothers and children. Six of the RBF indicators address accessibility of health services by women. The tariffs set for these indicators were the highest. Some health facilities took the higher prices as an opportunity to completely remove user fees for such indicators. This was deliberate to promote women's reproductive health challenges in the country.

The project put emphasis on quality of care including patient safety within the hospital environment. The project accreditation tools assessed infection control and health facility waste disposal. All hospitals and HC IVs are assessed every quarter on the good practices regarding infection control. It is an accreditation requirement that all health facilities have amenities like an incinerator, placenta pits and garbage bins

The project integrated HIV/AIDS care into the RBF service package even when all costs related to diagnosis and treatment of HIV/AIDS is completely covered by other funding partners.

2.2.8 To what extent have M&E, backstopping activities and/or audits contributed to the attainment of results? How were recommendations dealt with?

The project team received support from technical backstopping missions from headquarters on an annual basis. The mission reports and recommendations informed the design of the project activities. The RBF design, manual and tools were reviewed by Dr. Paul Bossyns in one of such backstopping missions and his inputs were instrumental in the final designs.

The project was audited twice by the Belgian Court of Auditors and by the Audit firm Deloitte. Both audits gave a non-qualified opinion. Their recommendations were used to improve internal controls especially in regard to RBF verification processes at district level.

3 Sustainability

3.1.1 What is the economic and financial viability of the results of the intervention? What are potential risks? What measures were taken?

A donor driven intervention such as the RBF cannot be financially sustainable. Financial sustainability will depend on future injection of resources by the MoH and other donors beyond the project lifespan. Nevertheless, the major interventions implemented by the project can be sustained by the beneficiaries. Some of the project interventions were designed to be implemented even without the RBF. For instance, developing and implementing a health coverage plan in the Districts and HSDs to enhance the geographic access to the health services will contribute to the rationalisation of health infrastructure investments to ensure that they effectively and efficiently contribute towards improved health service delivery. Secondly, the tools developed by the PNFP project have been adopted and are used by the MBs out of the intervention area. Improvements in quality of services due to staff motivation and teamwork should be sustainable, and public-PNFP coordination mechanisms which have been institutionalised will be sustainable.

The flattening of userfees in PNFPs is a sustainable intervention that promotes predictability of fees and enables increased access to healthcare by the population.

By demonstrating the achievements in service coverage, population coverage and financial protection of the population, the project gives an argument to the Belgian Development Agency in the policy dialogue in the health sector convincing other donors to accept investing in the continuation of the RBF program.

3.1.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support? What are potential risks? What measures were taken?

The project invested extensively in ensuring ownership of the intervention by involving all stakeholders in all activities of the project. In introducing RBF in PNFP facilities, medical Bureaus were heavily relied upon to mobilize their affiliated health facilities to accept the RBF approach. All RBF tools were developed jointly by the medical Bureaus, MoH and district staff. Tools like prequalification standards were later adopted by the Medical Bureaus to apply to even PNFP facilities not under RBF and those outside the regions of operation. It highly likely that this ownership will continue even after the project closure.

3.1.3 What was the level of policy support provided and the degree of interaction between intervention and policy level? What are potential risks? What measures were taken?

Both guiding policy frameworks existed at the start of the project. The PPPH policy was approved in 2012 and guided the project in the establishment of the PPPH unit at the Ministry of Health and engagement with the medical Bureaus. The National Health Financing strategy was equally in place at the start of the project and guided the project design and eventually the RBF. There were delays in the development of the National

RBF Framework which affected the timelines of the project implementation. Delays were mainly attributed to extensive consultations among stakeholders especially the Ministry of Health and the development partners on the ideal model of RBF to adopt as a national model. A national framework was eventually designed and this informed the design of all the tools that were based on to implement the RBF.

The project team interacted on routine basis with the policy level stakeholders through participation in the Sector Budget working group of the MoH which constituted itself into the National RBF steering committee. The project equally financed and actively participated in the PPPH technical working group through which dialogue on strengthening collaboration between the public and private sectors was promoted. The participation and support (both technical and financial) by the project in these policy fora offered an opportunity for Enabel to influence policy formulation.

3.1.4 How well has the intervention contributed to institutional and management capacity? What are potential risks? What measures were taken?

The RBF quality improvement tools had a set of indicators that were meant to improve institutional and management capacities of the health facilities. Quarterly assessments showed that significant improvements were achieved at health facility in areas of business planning, financial management and human resource management. RBF stimulated health facilities to strengthen internal supervision of staff while staff bonuses increased staff motivation and productivity. In both sub-sectors there was an important boost to morale and teamwork was greatly strengthened, resulting from the increased resources available and the autonomy which the health facilities had to use these new cash resources to meet local needs. In the health facilities visited by the team, managers had clearly made important efforts to involve their teams in decision-making on how the resources were to be spent, which strengthens team cohesion and involvement, which in turn has reduced staff turnover. The RBF salary top-ups were also distributed on criteria developed with and by the staff teams in each health facility.

The project invested significantly in strengthening governance and management capacities of medical Bureaus. The smaller Bureaus (UMMB and UOMB) were supported to develop their long term strategies, reorganize their offices and institutionalize peer support and exchanges between stronger and weaker MBs. The bigger Medical Bureaus (UCMB and UPMB) were supported with strengthening their accreditation procedures, membership development, and support supervision.

4 Learning

4.1 Lessons Learned

During the course of implementation, the following lessons have been learned. They mainly relate to what works and what doesn't work in implementing projects of such a nature

• Starting RBF in any setting requires adequate time for preparation. It took close to two years for the PNFP project to sign the first RBF contract. A lot of time was spent preparing tools and procedure manuals. More time was spent in protracted engagements with various stakeholders on the appropriate RBF model. Despite the long preparatory phase, the starting of RBF was not smooth either. Health facilities required more time to internalize RBF procedures and to report appropriately.

• RBF alone is not the magic bullet to improve health care in countries with weak health systems. Additional interventions have to be designed to support health facilities to improve their institutional capacity to provide quality healthcare services.

• Greater advocacy by actors beyond the project team - by Enabel representation, embassy and top management of Ministry of health - is critical for interventions of a complex nature like the RBF. There is always a limit to which the technicians at project level can scale. The challenges met by the PNFP project at the beginning of the RBF would have been avoided if high level advocacy had been conducted.

• Limitations in HR both at district and facility level affect RBF implementation. PNFP health facilities still experience high staff turnovers which affects the project as trained staff leave the facility and training becomes routine

• Staff incentives greatly motivated staff to perform better. In facilities which adopted a fairer system of distributing incentives, staff were more than happy and invested in more time to produce more outputs.

4.2 Recommendations

The following recommendations are made in view of the lessons learned:

Recommendation	**Source**	**Target audience**
Review and standardize a national RBF model that can be implemented by all partners	PNFP project	MoH
RBF is a transformative financing mechanism that needs to be sustained beyond the project lifespan. More resources should be identified to continue the initiative after the project closure	PNFP project	MoH, Enabel
Review the compensation and remuneration package for project staff especially the technical	PNFP project	Enabel

staff to avoid high staff turnover. The PNFP project changed technical assistants three times in a period of 4 years due to resignations		

PART 2: Synthesis of (operational) monitoring

1 Follow-up of decisions by the JLCB

Decision	Action		Follow-up	
Decision	**Action(s)**	**Deadline**	**Progress**	**Status**
SC 0: before arrival of project staff	Recruitment of International Technical Assistants	End of July 2014	ITA took office first week of September 2014	Closed
	Recruitment of National Technical Assistants	End of August 2014	3 have been recruited	Closed
	Procurement of project vehicles	End of August 2014	4 project vehicles have been procured	Closed
	Identification of office space in MoH	End of August 2014	Office space in MoH was allocated and the project has occupied the office	Closed
	Contract consultant for start-up project	Jul-14	Consultant was contracted on July 1st 2014.	Closed
SC 1	Approve the project baseline report	31-03-15	Baseline report approved	Closed
	Each MB to nominate a focal person to participate in the project	Immediate	Each MB has nominated a focal person to participate in project activities	Closed
	Approve the project work plan and budget with MoH	Immediate	Workplan and budget approved	Closed

SC2	Organize project launch. The major launch can take place in Kampala with major stakeholders while another one can take place in the regions.	01-08-15	MoH yet to give date	Ongo-ing
	MoH to appoint focal persons to the project technical team from Depts of quality Assurance, planning and clinical services	02-08-15	Done for Quality Assurance and Planning	
SC3	The RBF prequalification assessment tools should be validated by various stakeholders especially Quality Assurance Dept of MoH	01-12-15	Tools were validated by Quality Assuarnace MoH	Closed
	The project should focus on the 4 major Medical Bureaus (UCMB, UPMB, UMMB, and UOMB) at central level. UCBHCA be excluded to avoid overstretching the project		Done	
SC4	PPPH Unit should utilise various avenues to disseminate policy guidelines		Done	
	PPPH Unit should summarise the PPPH policy and guidelines and print a popular version	01-06-16	Done	
	Finalise the RBF manual for approval	01-02-16	Done	

	Finalise the PNFP result report 2015 for final approval	01-02-16	Done	
	Ministry of Health to produce a position paper to justify why the project should procure equipment and medicines from JMS		Discussions held with Medical Bureaus and PPPH unit	
SC5	Project to support Health facilities get a non objection from BTC to start RBF	NTA	Done	Closed
	MoH and Ministry of Local Government to conduct advocacy to promote secondment of staff to PNFP facilities		Ongoing activity	
SC6	The project should handle RBF payments faster to avoid delays		Validation and payment processes are improving, but there are still delays at districts level	Ongo-ing
SC7	The project should prepare addenda to agreements with hospitals that require additional funds by 30th June 2017. Districts to sign the addenda before end of June 2017.		Addenda to contracts were prepared and districts signed with MoH. Affected hospitals also signed MOUs with their respective districts	Closed
	The Steering committee approved the modifications to the budget and the extension of the project		Modifications to be reflected in the project workplan and budget.	

	from June 2018 to December 2018.			
SC8	The project National Technical Assistant based in Kampala to act as Project Co-manager till recruitment of Programme Manager.	01-12-17	Done	Closed
	Project to hire a local audit firm to conduct external audit in all facilities that received RBF funds for the FY2016/17	01-03-18	Done	
SC9	Approval of Result Report for 2017. The report was approved without any objections		Done	
SC10	Speed up the process of determining health facilities that will continue under SPHSU. Communicate to the affected HFs in time.	01-04-18	Exit strategies developed and discussed with MoH. Awaiting SC approval	
SC11	Project to finance only second line indicators for RBF at general hospital level as part of exit strategy starting with FY18/19	01-07-18	New Grants for FY18/19 have taken cognisant of this fact	Ongo-ing
	Kyegegwa and Yumbe District be terminated from RBF scheme due to limited geographical coverage of the few health facilities implementing RBF.	01-07-18	New Grants for FY18/19 have taken cognisant of this fact	

	Koboko and Ntoroko Districts and their health facilities be terminated from the RBF scheme due to non-payment of outstanding advances under ICBI project	01-07-18	New Grants for FY18/19 have taken cognisant of this fact	
	RBF financial management system changed from co-management to REGIE	30-11-18	PS will still approve on request for Quarterly RBF Grant payments	
	Busaru HCIV needs an urgent audit. The previous audit for FY16/17 had 100% Financial Findings		The audit is planned for Dec 2018	

2 Personnel of the intervention

Title	Name	Gender	Duration of recruitment (start and end dates)
National personnel put at disposal by the partner country			
Director planning/Project Manager	Dr. Isaac Ezati	M	May 2014 - 2015
Commissioner Planning/Project Manager	Dr. Sarah Byakika	F	2016 – Dec 2018
Personnel locally recruited			
National Technical Assistant (MOH)	Peter Asiimwe	M	Nov 2014 – Feb 2019
National Technical Assistant (West Nile)	Ezra Anyala	M	May 2015 – Nov 2016
National Technical Assistant (West Nile)	Agoba Mwaka	M	April 2016 – June 2018
National Technical Assistant (West Nile)	Richard Musabe	M	Sept 2018 – Dec 2018
National Technical Assistant (Rwenzori)	Dr. Edward Mugwanya	M	May 2015 – march 2016
National Technical Assistant (Rwenzori)	Dr. Gerald Karegyeya	M	June 2016 – June 2017
National Technical Assistant (Rwenzori)	Gideon Olaja	M	Aug 2017 – Dec 2018
Project financial controller	Lydia Namulondo	F	Feb 2015 – Dec 2018
Regional Financial Officer Rwenzori/Kampala	Grace Apeduno	F	Aug 2015 – Dec 2018
Regional Financial Officer West Nile	David Opio	M	Aug 2015 – March 2018

Regional Financial Officer West Nile	Anna Tebajukira	F	April 2018 – Dec 2018
Regional Financial Officer Rwenzori	Stella Enzoa	F	April 2018 – Dec 2018
Administrative Assistant (50%)	Dora Anek	F	June 2015 – Dec 2018
Driver	Bulaimu Mugoya	M	Dec 2014 – Dec 2018
Driver	Satya Augustine	M	Oct 2014 – March 2018
Driver	Opolot Francis	M	May 2015 – June 2018
Driver	Mwesige Charles	M	May 2015 – Dec 18
Driver	Moses Othieno	M	July 2018 – Dec 2018
International Experts			
International Technical Assistant	Dr. Galbert Fedjo Tefeyot	M	Sept 2014 – November 2017
RAFI	Inge Dumortier	F	Jan 2015 – December 2018

3 Public procurement

BTC Number	Tender Title	Status	Type of contract	Contract amount (€)	Company
PNFP001	Heavy Duty Printer/ photocopier & scanner	Completed	Supply	4,431 EUR	MFI Doc solutions ltd
PNFP002	Partitioning of Muslim Medical Bureau	Completed	Works	2,389 EUR	Fabrication Systems (U) ltd
PNFP003	Developing Accreditation tools	Completed	Service	2,652 EUR	Dr. Twinomujuni
PNFP004	Development of Curriculum for Result Based Financing	Completed	Service	13,560 EUR	Makerere School Of Public Health
PNFP005	Burglar proofing of PPPH unit, MOH	Completed	Works	242 EUR	The Trust Group Contractors
PNFP006	Office furniture for Orthodox & Moslem Medical Bureaus	Completed	Supply	2,272 EUR	Prism Office supplies ltd
PNFP007	Computers (Desk top & laptops),Printers & Projector for UOMB & UMMB	Completed	Supply	8,525 EUR	Computer Plaza Ltd
PNFP008	Printing PNFP guidelines of PPPH policy	Completed	Service	7,439 EUR	Mowi General Supplies Ltd

UGA256	Development of Cost Study Curriculum-Lot 1	Completed	Service	21,015 EUR	Heath Net Consult Ltd
UGA256	Training Health facilities and conducting cost study-Lot 2	Completed	Service	20,000 EUR	Maniple Everd
PNFP009	IT equipment for Ass Commissioner Planning & laptops for Regional FO	Completed	Supply	2,459 EUR	Computer Plaza Ltd
PNFP011	Printing of health facility HMIS registers and tools	Completed	Service	20,543 EUR	Mowi General Supplies Ltd
PNFP012	Consultancy to write RBF annual procedures	Completed	Service	2,000 EUR	Mr. Wouter Cools
PNFP013	Service contract hotel services	Completed	Service	Per LPO	Fairway Hotel Ltd/Siver Springs
UGA273	Supply of medicine and Sundries	Completed	Supply	Per LPO	Joint Medical Stores
UGA272	Supply of medical equipment hospitals	Completed	Supply	Per LPO	Joint Medical Stores
PR2016-006154	Computerization HC IV and hospitals PART 1	Completed	Supply	85,346.00 EUR	HQ framework
PR2016-006524	Computerization HC IV and hospitals PART 2	Completed	Supply	12,557 EUR	HQ framework
PNFP022	Consultancy business plan development	Completed	Service	26400000 UGX	Solomon Bakeera

PNFP023	Consult UMMB strategic plan	Completed	Service	UGX 24,000,000	Adroit Consult International Ltd.
PNFP026	Printing HSDP	Completed	Supply	6,000 EUR	Print Innovations & Publishers Ltd
PNFP 027	Fleet Management Services	Completed	Service	5,376,000 UGX	Fleet Monitoring Systems Ltd
PNFP 028	ICT service contract NEW	Completed	Service	6,588,648 UGX	MFI
PNFP 029	Strategic planning for UOMB	Completed	Service	25,000,000 UGX	Adroit
PNFP 030	Strategic planning for PPH unit MOH	Completed	Service	68,091,235.10 UGX	O'Hanlon Health Consulting LLC
PNFP 034	Printing of clinical guidelines and other documents	Completed	Service	71,950,000 UGX	MOWI General Suppliers Ltd
PNFP 035	Mobile Money Transfer Services	Completed	Service	open contract/ per transaction	Beyonic Ltd
PNFP 036	ICT wireless installation MB	Completed	Supply	977 EUR	PC World Info
PNFP 037	MB furniture	Completed	Supply	24,710,000 UGX	Prism Office Supplies Ltd
UGA 284	LAN network supply	Completed	Supply	30.058,02 EUR	Hostallite Ltd
PNFP 038	Under ground water Tank repairs-Virka	Completed	Works	9,874	The Trust Group Contractors

PNFP 039	Medical equipment for Maracha hospital	Completed	Supply	48,000,000 UGX	Human Diagnostic Uganda Ltd
UGA 337	Medical equipment HF	Completed	Supply	148.881.12 UGX	Medimark (U) ltd
PR2017-008845	Procurement of 41 motorcycles	Completed	Supply	124.025 EUR	Toyota Framework contract HQ
PNFP 040	Printing of RBF framework	Completed	Supply	20,800,000/- UGX	Shark Media Ltd
PNFP 056	Printing of Clinical Guidelines Uganda	Completed	Supply	52,500,000/- UGX	Indigo colour separation
PNFP 042	Printing of program signage	Completed	Supply	38,220,000/- UGX	Dapak Impex (U) ltd
PNFP 043	Small medical equipment	Completed	Supply	96,350,000/- UGX	Skailab Supplies E.A
PNFP 044	MB formalisation consultancy	Completed	Service	47,450,000/- UGX	BRIANG KANTUNGI
PNFP 045	Medical Equipment	Completed	Supply	103,350,000/- UGX	Medimark (U) ltd
PNFP 046	EBOLA KITS	Completed	Supply	88,290,000/- UGX	GULF PHARMACEUTICALS LTD

4 Public agreements

Number of the Agreement	Execution modality	Budget code Activity	Name of partner institution	Status institution	Object of the Agreement	Payment modality	Entering into force (date)	End date	Total amount (€)	Amo
UGA1302611/GRANT/001	joint management	A0504 A0604	Kasese DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 386.000	
UGA1302611/GRANT/002	joint management	A0504 A0604	Bundi DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 52.000	
UGA1302611/GRANT/003	joint management	A0504 A0604	Kabarole DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 248.000	
UGA1302611/GRANT/004	joint management	A0504 A0604	Kyenjojo DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 91.000	
UGA1302611/GRANT/005	joint management	A0504 A0604	Kamwenge DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 75.000	
UGA1302611/GRANT/006	joint management	A0504 A0604	Arua DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 190.000	
UGA1302611/GRANT/007	joint management	A0504 A0604	Nebbi DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 177.000	
UGA1302611/GRANT/008	joint management	A0504 A0604	Zombo DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 122.000	
UGA1302611/GRANT/009	joint management	A0504 A0604	Maracha DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 106.000	
UGA1302611/GRANT/010	joint management	A0504 A0604	Yumbe DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 31.000	
UGA1302611/GRANT/011	joint management	A0504 A0604	Moyo DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 47.000	
UGA1302611/GRANT/012	joint management	A0504 A0604	Adjumani DLG	District Local Government	RBF funding to DHMT and PNFP facilities	Quarterly transfer	1/07/2016	30/06/2017	€ 63.000	

Region	Org Name	Project	Grant code	Grant Start Date	Grant End date	Budget Component A - Euro	Budget Component B - Euro	TOTAL Budget grant - Eur
Rwenzori	DLG Bundibugyo	PNFP	PNFP_Bundibugyo_018	2017-07-01	2018-06-30	84.682	3.158	87.840
Rwenzori	DLG Kabarole	PNFP	PNFP_Kabarole_019	2017-07-01	2018-09-30	202.324	1.737	204.061
Rwenzori	DLG Kamwenge	PNFP	PNFP_Kamwenge_022	2017-07-01	2018-09-30	64.206	1.737	65.943
Rwenzori	DLG Kasese	PNFP	PNFP_Kasese_017	2017-07-01	2018-06-30	619.515	14.105	633.620
Rwenzori	DLG Kyegegwa	PNFP	PNFP_Kyegegwa_020	2017-07-01	2018-09-30	15.190	368	15.558
Rwenzori	DLG Kyenjojo	PNFP	PNFP_Kyenjojo_021	2017-07-01	2018-09-30	104.695	2.200	106.895
West Nile	DLG Adjumani	PNFP	PNFP_Adjumani_029	2017-07-01	2018-09-30	52.326	1.105	53.431
West Nile	DLG Arua	PNFP	PNFP_Arua_023	2017-07-01	2018-09-30	300.628	4.526	305.154
West Nile	DLG Maracha	PNFP	PNFP_Maracha_026	2017-07-01	2018-09-30	134.627	1.684	136.311
West Nile	DLG Moyo	PNFP	PNFP_Moyo_028	2017-07-01	2018-09-30	24.382	947	25.329
West Nile	DLG Nebbi	PNFP	PNFP_Nebbi_024	2017-07-01	2018-06-30	290.713	7.263	297.976
West Nile	DLG Yumbe	PNFP	PNFP_Yumbe_027	2017-07-01	2018-09-30	37.142	947	38.089
West Nile	DLG Zombo	PNFP	PNFP_Zombo_025	2017-07-01	2018-09-30	180.002	3.211	183.213
Rwenzori	DLG Bunyangabu	PNFP	PNFP_Bunyagabu_0031	2017-07-01	2018-09-30	33.052	947	33.999

5 Equipment

Equipment type	Quantity	Description	Cost	Status
Vehicles project	4	Land Cruiser 76 Hardtop	106 682 EUR	Functional
Motorcycles beneficiaries	41	Moto Honda XL 125L	124 025 EUR	Functional
Laptop computers beneficiaries	67	Dell Latitude E5550	39 061 EUR	Functional
Desktop computers beneficiaries	27	ASUS H81M-C	6 137 EUR	Functional
Tablets beneficiaries	31	Sumsung galaxy	9 277 EUR	Functional
Camera beneficiaries	10	Sony	2 520 EUR	Functional
Projectors beneficiaries	11	EPISON	7 182 EUR	Functional
Printers beneficiaries	11	EPISON	17 167 EUR	Functional
Office furniture			3 005 EUR	Functional
ICT project			18 595 EUR	Functional
Office furniture MB			17 150 EUR	Functional

6 Original Logical Framework from TFF :

Logical of the intervention	Indicators	Sources of verification	Hypotheses
Global objective Contribute to strengthen service delivery capacity at district level to effectively implement PHC activities and deliver the UNMHCP to the target population			
Specific objective PNFP output and patients' accessibility to quality health care have increased through a strengthened MoH-PNFP partnership with regards to the financial, human resources and functional aspects of the Ugandan health system	Number of districts nation-wide joining the RBF scheme Number of HDP co-financing PNFP		
Result 1 MoH is strengthened in its capacity of reviewing, disseminating and using the PPPH policy and implementation guidelines in partnership with PNFP facilities and organizing bodies	Number of joint field visits organized by MoH / MB to districts and facilities Number of jointly organised workshops Number of Staff appointed/nominated in the PPP Unit Number of PPP Unit meetings and % attended by other relevant departments (Clinical services, Quality assurance, Number of PPPH TWG meetings held in a year	Project reports / plans Appointment/nomination letter Meeting minutes Activity reports	If collaboration between Ministry and MB increases, joint activities will increase
Result 2 MB and PNFP regional health coordination offices are functional and strengthened in their organizational as well as partnership functions	Number of trainings provided Number of scholarship oriented towards MB as beneficiary institutes Number of joint national workshops organized Number of PPP Unit	Project reports / plans Meeting minutes Supervision/field visit reports	

	meetings and % attended by MB Number of regional supervisory/field visits in which MBs are represented Number of inter-bureau meetings and % attended by PPP unit representative		
Result 3 District HMT are strengthened in their capacity to support all health facilities in their territory without any discrimination for PNFP facilities	Number of joint support supervisions realized for PNFP facilities Number of DHMT having designated a focal person for PNFP matters among its members Number of PPPH District Desk Officers nominated and functional Number of DHMT meetings and % attended by PNFP Number of PNFP Coordination Committees established and functional Coordination meetings held at district level Number of joint support supervision visits Joint district work plan with indicators and targets by facilities Health Sub-district team includes representatives from public and PNFP sector	Nomination letters Meeting minutes Supervision reports Reports by coordination structures	

Result 4 MoH has a model and a vision on how to institutionalize a national RBF mechanism to support the district health system irrespective for government or PNFP facilities	Document on vision and implementation modalities available Number of newly developed implementation tools effectively applied Number of national workshops held to disseminate the vision and implementation Number of HDP joining the Project reports / plans National review meeting reports Donor coordination meetings reports	Project reports / plans National review meeting reports Donor coordination meetings reports	
Result 5 PNFP HC III and IV of the regions of West Nile and Ruwenzori are fully implementing the health care package as foreseen in the national health policy and this in an affordable manner for the catchment population through RBF	Increased utilisation per service: Curative, ANC, Vaccination rate, deliveries, referral rates calculated in "new cases" Evolution of % of stock-outs of medicines and medical supplies Evolution of user fees Number of policies that are fine- tuned Number of PNFP with defined areas of operation and responsibility Percentage of health units serving a number of people consistent with their grade according to level, standards and guidelines Percentage of funds disbursed and percentage utilized	National health information system Pharmacy registers Revised Policies documents RBF M&E	The hypothesis is that RBF will allow the PNFP facilities to lower the fees for patients / clients, which in turn will cause the utilization to go up

	User's fees levels in PNFP units		
Result 6 PNFP hospital care of West Nile and Ruwenzori is more accessible for the population without loss of quality of care through RBF	PNFP hospital care of West Nile and Ruwenzori is more accessible for the population without loss of quality of care through RBF Evolution of % of stock-outs of medicines and medical supplies Evolution of user fees Number of policies that are fine- tuned	National health information system RBF M&E Pharmacy registers Revised policies documents	The hypothesis is that RBF will allow the PNFP facilities to lower the fees for patients / clients, which in turn will cause the utilisation to go up

7 Complete Monitoring Matrix

Indicators	M&E Responsible		Target 2018	Baseline 2014	Value Achieved 2015	Value Achieved 2016	Value Achieved 2017	Value Achieved 2018
	MoH	Pro-ject team						
Outcome:								
Total value of debt in PNFP facilities enrolled into PBF	DHO	RPO	3.5 bn	7.1 bn	7.1 bn	6.4 bn	4 bn	
Reported Maternal Death	DHO	RPO	20	106	89	85	80	
Reported Under-Five Death	DHO	RPO	300	1647	1567	1317	1200	
% Deliveries in health facilities	DHO	RPO	80%	40%	56%	50%	65%	
Contraceptive Prevalence Rate	DHO	RPO	50%	15%	18%	18%	32%	
Evolution of fee levels in PNFP facilities	DHO	RPO	22,000	43,922	39,456	35,000	33,200	
Output 1:								
% of approved post filled by trained health worker.	DHO	RPO	80%	58%	63%	63%	65%	
% of PNFP health facilities implementing the national SRH/HIV policies	DHO	RPO	98%	90%	92%	93%	94%	
Amount of GoU allocated to PNFP health sub-sector	DHO	RPO	18.7 bn	17 bn	17 bn	17 bn	14 bn	
Output 2:								
% of accredited health facilities	PPP Unit	NPO	80%	0	8%	68%	86%	
% of accredited health facilities (4 to 5 stars)	PPP Unit	NPO	80%	0	8%	68%	82%	
Output 3:								
% of villages with trained VHTs per district	DHO	RPO	95%	91%	93%	94%	96%	

Number of health coverage plans completed	DHO	RPO	15	0	0	15	15	
Output 4:								
RBF model, accepted by MoH and GoU as the national model, available.	DHPM	Project co-Manager	1	0	0	1	1	
Number of districts nation-wide joining the RBF scheme.	DHPM	Project co-manager	20	0	0	15	15	
Output 5:								
% of PNFP health centres delivering the full HIV package for maternal and child health and HIV/AIDS (including MTCT)	DHO	RPO	85%	61%	58%	72%	90%	
% of PNFP health centres without any stock outs of 6 tracer medicines	DHO	RPO	100%	83%	87%	88%	90%	
% of health centres IV with functioning theatre (providing EmOC)	DHO	RPO	100%	100%	100%	100%	100%	
% of children under one year immunised with 3rd dose Pentavalent Vaccine	DHO	RPO	99%	99%	96%	99%	85%	
% of pregnant women attending 4 ANC session	DHO	RPO	80%	30%	47%	56%	58%	
% of pregnant women who have completed IPT2	DHO	RPO	80%	44%	45%	55%	65%	
% of eligible person receiving HIV therapy	DHO	RPO	75%	70%	68%	72%	117%	
Output 6:								
% of referred patients among out-patient department (OPD) clients	DHO	RPO	10%	1%	N/A	5%	4%	

Ratio number of referred deliveries / total deliveries within the hospital	DHO	RPO	0.7	0.6	N/A	0.6	0.3	
% of post surgery infections	DHO	RPO	0.5%	2.5%	N/A	2%	0%	
Bed occupancy rates in PNFP hospitals	DHO	RPO	80%	65%	N/A	68%	78%	

8 Tools and products

Capitalisation reports were not yet finalized by the time of the final report. A video on RBF was produced during the project life time and is available on the following links:

https://drive.google.com/file/d/1_S90rCBRBElQa1NGSaSQSrwkf3W3m5BE/view?usp=drivesdk

https://drive.google.com/file/d/1LUl5KWtRh88XwbJPxym3tYQJyCxJKWFs/view?usp=drivesdk

The videos are also available on the NAS server at: Public\01 Communication\01-08 Articles & Videos