TECHNICAL & FINANCIAL FILE

LEVERAGING STRATEGIC HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE

WITH A PARTICULAR FOCUS ON VULNERABLE GROUPS

UGANDA

DGD CODE : NN

ENABEL CODE : UGA 20003

Belgium
partner in development

TABLE OF CONTENTS

ABBREVIATIONS 4

EXECUTIVE SUMMARY 6

ANALYTICAL RECORD OF THE INTERVENTION 8

1. SITUATION ANALYSIS 10

1.1 Context 10

1.2 Political and strategic framework of the health sector 11

2. STRATEGIC ORIENTATIONS 14

2.1 Strategic axes 14

2.2 RBF and Family Planning 15

2.3 Rights-based approach 15

2.4 Action principles 16

2.5 Selection criteria 16

2.6 Synergies / complementarities 16

2.7 Beneficiaries 17

3. INTERVENTION FRAMEWORK 18

3.1 General objective 18

3.2 Specific objective 18

3.3 Expected results 18

3.4 Activities 19

3.5 Indicators and means of verification 25

3.6 Risk analysis 28

4 RESOURCES 31

4.1 Financial resources 31

4.2 Human resources 32

4.3 Material resources 34

5. IMPLEMENTATION MODALITIES 38

5.1 Legal framework and administrative responsibilities 38

5.2 Institutional anchorage 38

5.3 Technical and financial responsibilities 38

5.4 Intervention Life cycle 39

5.5 Steering and implementation structures 40

5.6 Financial responsibilities 44

5.7 Public Procurement Management 46

5.8 Grant agreements 47

5.9 Monitoring and Evaluation 47

5.10 Modification of the TFF 49

6 CROSS CUTTING THEMES 50

6.1 Environment 50

6.2 Gender 50

6.3 Social economy 50

6.4 HIV/AIDS 50

7 ANNEXES 51

7.1 Logical framework 52

7.2 Job descriptions new functions (class 6) 60

ABBREVIATIONS

ANC	Ante Natal Care
CMO	Convention de mise en Oeuvre (Delegation of Implementation agreement)
COVID-19	Novel Corona Virus Disease 2019
DGD	Directorate General for Development Cooperation and Humanitarian Aid
DLG	District Local Government
DPT	Diphtheria Pertussis Tetanus (vaccine)
cEMONC	Comprehensive Emergency Maternal Obstetric and Neonatal Care
ECA	Contracting Expert
EHA	USAID Health Project (UGA180371T)
FP	Family Planning
FTE	Full Time Equivalent
FY	Financial Year
GDP	Gross Domestic Product
GoU	Government of Uganda
HC	Health Center
HDP	Health Development Partner(s)
HFQAP	Health Facility Quality Assessment Program
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HSDP	Health Sector Development Plan
ICB I / ICB II Interventions	Institutional Capacity Building project in Planning, Leadership and Management in the Uganda Health sector (phase I and phase II) UGA 100231T and UGA1402811
IEC	Information Education and Communication
IPT	Intermittent Presumptive Treatment
IM	Intervention Manager
KLA	Kampala
LSF	Leveraging Strategic (Health) Financing
M&E	Monitoring and Evaluation
MOFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
NDP	National Development Plan

OPD	Outpatient Department
PHC	Primary Health Care
PNFP	Private-Non-For-Profit
PNFP Intervention	Institutional support for the private-non-for profit (PNFP) health sub-sector to promote universal health coverage in Uganda (UGA1302611)
RAF	'Responsable Administratif et Financier' (Administrative & Financial Responsible)
RBF	Result Based Financing
SIDA	Swedish International Development Agency
SHDR	Support to the Development of Human Resources
SRH(R)	Sexual and Reproductive Health (and Rights)
SPHU Intervention	Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU) UGA 1603611
SC	Steering Committee
TB	Tuberculosis
TFF	Technical and Financial File
UDHS	Uganda Demographic and Health Survey
UgIFT	Uganda Intergovernmental Fiscal Transfer
UGX	Ugandan Shilling
UNFPA	United Nations Family Planning Agency
UNHCR	United Nations Refugee Agency
URMCHIP	Uganda Reproductive Mother and Child Health Improvement Program
US	United States
USAID	United States Agency for International Development
USD	United States Dollar
VHT	Village Health Team
WASH	Water Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation

EXECUTIVE SUMMARY

The intervention 'Leveraging Strategic Health Financing for Universal Health Coverage' (LSF) is part of the Bridging program (approved by DGD on the 30th of September 2020) within the framework of the Indicative Programme of Cooperation (ICP) 2012-2016 negotiated between Uganda and Belgium. The Specific Agreement will be for a duration of 39 months. The duration of the actual implementation phase (including operational closure) is set at 33 months. The budget is 4,000,000 euro.

This intervention will support result-based financing as a key strategy to improve provision of quality services, efficiency and equity in recourse allocation and as a first step towards a third-payment system of a public health insurance system. In this way it will contribute to the development of a sustainable national health insurance scheme in Uganda. This will pass through a strategic support to the RBF unit at the MoH level as well as field support to RBF in Districts and Health Facilities in the Rwenzori, West Nile regions and - partially – in the Acholi sub-region in Uganda. The intervention will provide direct support in the area of emergency response in order to strengthen the referral system, and in the area of sexual and reproductive health services (with a strong focus on Family Planning) to strengthen demand and access, in particular for women, adolescents and children and other vulnerable groups such as refugees.

The general objective of this programme is "Contribute to Universal Health Coverage (UHC) in Uganda'.

The specific objective is to 'To strengthen the capacity of the Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR, with a particular attention to vulnerable groups.'.

There are 4 results that should contribute to the specific objective of this intervention

- Result 1: The capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national level and of the Districts and health facilities in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.
- Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West-Nile and Acholi regions.
- Result 3: The capacity of emergency response at referral facilities in strengthened with a particular focus on women, adolescents, children and refugees in West-Nile and Rwenzori regions.
- Result 4: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions in West-Nile and Rwenzori regions.

Specific attention will be given to important crosscutting issues (environment, gender, Sexual and Reproductive Health & Rights (SRHR) / HIV/AIDS, Human Rights, inclusive growth and digitalisation). These themes are integrated in each of the results.

To accompany the implementation of the programme, the programme foresees a mix of i) long-term international and national expertise in the area strategic health financing, data-management and Sexual & Reproductive Health; ii) punctual national and international expertise for specific issues.

The Intervention will be institutionally anchored in the Planning and Development Directorate of the MoH. While the MoH role is in the overall steering of the Intervention, the role of Enabel will be to directly manage the Intervention with the support of a Technical, Financial & Administrative team.

ANALYTICAL RECORD OF THE INTERVENTION

Code DGD	NN
Code ENABEL	UGA 20003
Partner Institution	Ministry of Health (+ District and Health Facilities in Rwenzori, West Nile regions and Acholi sub-region in Uganda). Ministry of Finance, Planning, and Economic Development
Duration of the intervention	Specific Agreement – 39 months (estimated: March 2024) Implementation (27 months) Administrative closure (6months)
Estimated start-up date of the intervention	2021
Contribution of Partner Country	Contribution “in kind”
Belgian Contribution	4,000,000 euros
Sector (CAD codes)	12110 Health policy and administrative management
Brief description of the intervention	“The intervention will focus on Universal Health Coverage. It will support result-based financing as a key strategy to improve provision of quality services, efficiency and equity in recourse allocation and as a first step towards a third-payment system of a public health insurance system. In this way it will contribute to a sustainable health insurance model and organization in Uganda. This will pass through field support field to Districts and Health Facilities in the Rwenzori, West Nile regions and Acholi sub-region in Uganda, as well as a strategic support to the RBF unit at the ministry’s level. The intervention will provide direct support in the area of emergency response in order to strengthen the referral system, and in the area of sexual and reproductive health services to strengthen demand and access, in particular for women and adolescents and in the area of family planning.”

General Objective/Impact	“Contribute to Universal Health Coverage in Uganda”
Specific Objective / Outcome	“To strengthen the capacity of the Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR, with a particular attention to vulnerable groups.”
Outputs/Results	- Result 1: Capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national and at the District and health facilities level in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.
	Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents and refugees) in West Nile and Acholi regions.
	Result 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, children, adolescents and refugees in West Nile and Rwenzori regions.
	Result 4: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions.

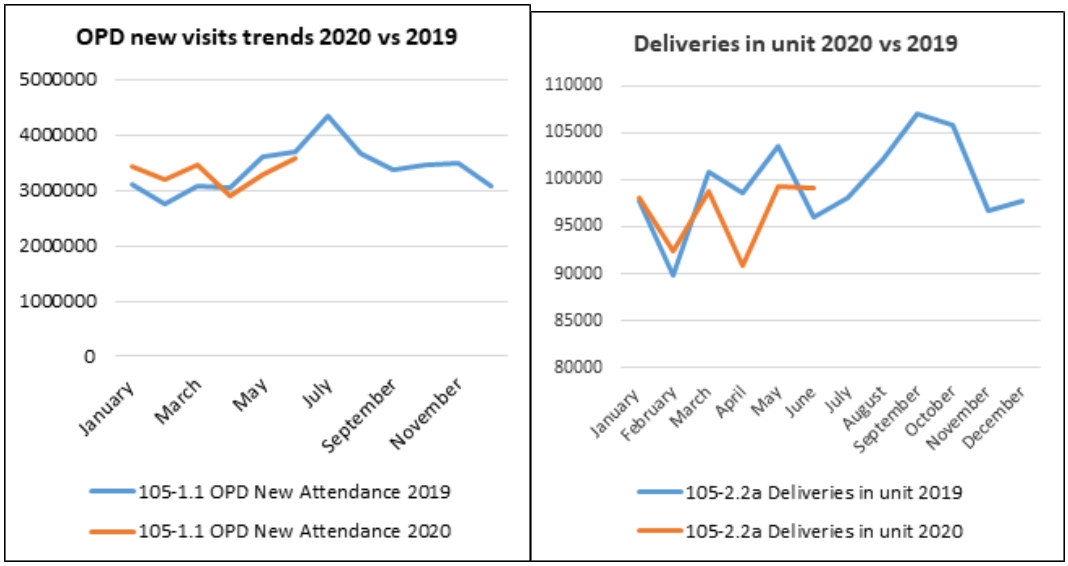
1. SITUATION ANALYSIS

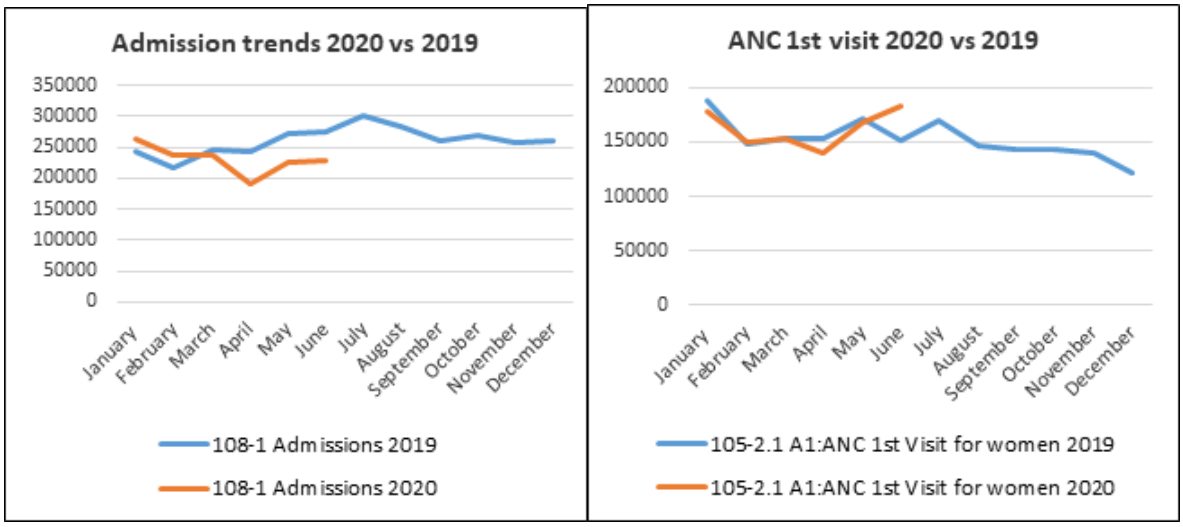
1.1 Context

Uganda has enjoyed relative political stability and economic growth in the last decades, and the proportion of Ugandans living below the national poverty line has decreased steadily from 31.1 percent in 2006 to 19.7 percent in 2013. Progress has been much slower in Northern and Eastern Uganda and following the 2016/17 drought, poverty levels have even increased again, showing high level of vulnerability and low resilience of households and of the economic system in general.

In such a situation, the 2020 Covid19 pandemic is likely to have a very significant impact: the economy is projected to have slowed down by nearly half for the financial year 2019–2020, with further uncertainties for FY2020/21. The public budget structure has remained largely unchanged in terms of priority areas, with health and social protection not featuring among them. The response to Covid19 has been very unequal, with relief aid targeting the population of Kampala and economic mitigation measures mainly targeted at the formal sector, leaving most of the rural population uncovered. The economic slowdown is likely to increase poverty levels and inequalities within the country.

In terms of health services, the epidemic has significantly affected service utilization due to a combination of access and availability constraints, as shown in the graphs below.





1.2 Political and strategic framework of the health sector

Uganda has just launched the Third National Development Plan 2020/21-24/25 (NDP) and is finalizing the Second Health Development Plan (HSDP) covering the same period. The health sector performance review summarized in the latter concludes for a lot of “unfinished business” in the journey to Universal Health Coverage, with only 8 out of the 41 targets set by HSDPI achieved by June 2019.

Gaps span across service areas: performance of population-based services remains low with largest gaps seen mainly around family planning (only 46% of family planning demand met with modern methods) and preparation for delivery (only 48% ANC4 coverage). Maternal death reviews show that “delay of the woman seeking help” and lack of transport from home to health facilities and between facilities are consistently reported as the commonest factors underlying maternal deaths over the past few years, indicating poor care seeking practices and a weak referral system.

Coverage of effective interventions against communicable diseases have shown remarkable progress, especially in HIV, but is still below target, and the increasing burden of non-communicable diseases remains largely un-addressed. Additional challenges are posed by emerging global issues such as climate change, urban health, refugees and migration, and global health security threats of which antimicrobial resistance and pandemics such as Covid19 are clear examples.

Health financing is still inadequate and largely donor-dependent, with a total per capita health expenditure at only USD 53 per capita compared to an estimated USD 84 required to deliver the essential package of services. Only 15% comes from Government, 42% from donors, and the rest from out of pocket expenditure. Off-budget financing dominates direct public (donor and Government) spending: this off-budget is largely ear-marked for specific interventions such as HIV/AIDS, TB, Malaria, sexual and reproductive health (SRH) and health infrastructure, distorting public sector efforts and leaving many priority healthcare

interventions not effectively attended to. In addition, the flow of funds outside the government fiscal transfer system is often inequitably distributed and difficult to track.

The free health care policy at primary and district care level (for patients) are not followed by consequent government subsidies, leading to additional financing gaps and most probably an increase of indirect costs for patients, such as being obliged to buy medicine in private practice.

A quarter of the care at primary and secondary level is delivered by private-non-for-profit facilities. They cannot deliver free health care and are therefore obliged to have relatively high user fees to patients. The quality care they usually deliver is not accessible to large parts of the population, obliging the public facilities to duplicate efforts, which renders the global system evidently inefficient.

According to HSDPII, the low performance across many areas is especially linked to the weakness and poor integration of systems, highlighting the need of stronger focus on system strengthening, continuum of care, and preventive and community-based services.

The priorities objectives related to health service delivery which emerge from the 2 strategic documents are the following:

- To reduce the burden of preventable diseases and conditions including malnutrition across all age groups and geographic area.
- To reduce preventable maternal, neonatal, child and adolescent deaths.
- To improve access to Sexual and Reproductive Health information and services (with a particular attention for family planning and adolescent pregnancies)
- To strengthen the health system and its support mechanisms to optimise delivery of quality health care services.

In terms of approach, the strategic plan highlights strategic shifts from health facility based curative services to community-based preventive/promotive services and population health management, from an episodic and fragmented care to an integrated model of care, and from a siloed and fragmented health system to an integrated system building on intersectoral synergies and collaboration.

In terms of health financing, result-based financing has been adopted by Ministry of Health as one of the strategies to increase utilization and quality of services, increase efficiency and equity in resource allocation, and build capacity of the health system in terms of strategic purchasing in preparation for the introduction of a social health insurance. After a phase of innovative projects, mainly supported by Enabel, the Ministry of Health institutionalized the RBF approach and rolled it out nationwide under the URMCHIP (Uganda Reproductive, Maternal Child Health Services. Improvement Project) project, with funds from the Global Financing Facility, World Bank and the Swedish International Development Cooperation Agency (SIDA).

The Belgian cooperation has always supported the idea that RBF might be a transition period towards Universal Health Coverage and a public global health insurance scheme. The MoH adheres to the idea but is far from having a policy and a concrete strategy, with the subsequent levels of finances, to put this idea into practice. The role-out increased the potential of creating a general health insurance scheme, and the Government took its responsibility, be it through a WB financing, to finance the RBF system nation-wide.

The country has also been receiving 500 million USD dollars loan from the World bank under the UgIFT (Uganda Intergovernmental Fiscal Transfers Program for Results), aimed at increasing the adequacy and equity of resources sent to Local Governments for decentralized services through, among other planned interventions, mainstreaming of result-based financing within the fiscal transfer system.

2. STRATEGIC ORIENTATIONS

2.1 Strategic axes

This project is a new initiative, though building on previous experiences in the SPHU project and providing a continuity of action and reflexion where appropriate. The project is well aligned with both the national priorities and strategies highlighted above, and the Belgian priorities for health interventions in Uganda: health system strengthening with focus on primary health care, access for the most vulnerable groups (mothers, children, adolescents, and refugees) and sexual and reproductive health services, with a strong emphasis on strategic financing mechanisms.

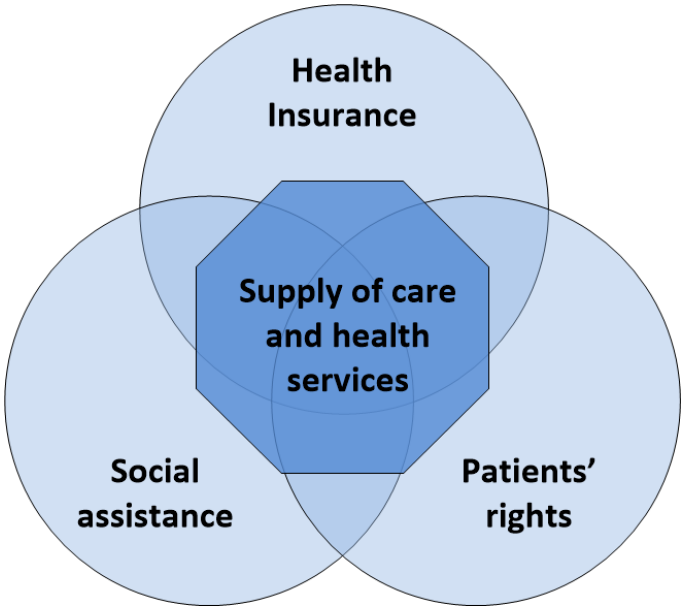


Figure 1: A strong health care system, supported by social protection and patients' rights mechanisms

The long-term vision on the Ugandan health system, as represented in figure 1, remains a strong public service which is supported and partially regulated by social protection mechanisms. The project will continue the support to result based financing as a key strategy to improve provision of quality services, efficiency and equity in recourse allocation and as a first step towards a third-payment system of a public health insurance system. Attention for patients' rights and protection will be included.

The project will contribute to this reflexion and policy development through the field experiences and a strategic support to the RBF unit at the ministry's level. This project is too short though and does not have the means to engage concretely in a field experience on health insurance. But it can contribute by modelling a health insurance scheme and organisation, based on the financial figures available through the RBF, complemented by several studies that the Ministry of Health is willing to conduct in this field of interest. Health insurance is probably the only way to sustain in the long run the RBF approach.

The project will provide direct support in the area of emergency response in order to strengthen the referral system, and in the area of sexual and reproductive health services and rights to strengthen demand and access, in particular for adolescents and in the area of family planning. This is in line with key national priorities areas and with the recommendations of a recent study on family planning services in West Nile, highlighting the need to also invest in the demand side in order to fully accrue the benefit of the RBF mechanism. The purpose is to come up by the end of the project with renewed policies on emergency referrals and on the organisation of family planning services including the demand side, based on the actual field experiences.

2.2 RBF and Family Planning

In this respect we refer to the 2019 family planning study that was conducted by Enabel in the West Nile Region. The findings highlighted that although RBF is a financial mechanism, in isolation of other measures, it is insufficient for enhancing FP or some other broader SRH strategies and policies.

Nevertheless, it has the potential for increasing the health system performance in FP - and other SRH related areas - if it is accompanied by additional, complementary and specific initiatives in the area of FP. Some of these initiatives are directly related to RBF, some fall outside of the RBF scope. They need to be developed simultaneously in a comprehensive, Health System's Strengthening approach.

Increased FP uptake through RBF will be done through rewarding the reorganization of the health care service in view of ensuring the continuity as well as the integration of FP services. RBF can also be used to encourage the health facilities to organize outreach services for difficult to reach populations based on an outreach coverage plan coordinated by the respective district levels.

Not-RBF related FP measures must address structural challenges in the following areas: (1) capacity building in both technical, practical and attitudinal aspects related to FP services; (2) strengthening the supply chain for FP and other commodities and equipment; (3) adolescent and youth friendly services.

Increasing the uptake of FP through RBF – and combined with accompanying measures – is quite an innovative approach and should be properly documented using an action research methodology.

2.3 Rights-based approach

The intervention will take a rights-based approach and focus both on strengthening the competences of the health authorities and the national and decentralised level in achieving their respective SRH related objectives and strengthening the community-based approach to SRH through improving their knowledge and understanding of their right to sexual and reproductive health. The latter will be realised through strengthening the capacity of the

Village Health Workers. Particular attention will be given to the inclusion of vulnerable groups, i.e. adolescents, and refugees.

2.4 Action principles

In line with the Paris declaration of aid effectiveness and the Accra agenda for Action 2005/2008, the intervention will be based on the principles of ownership, alignment, harmonization, managing for results and mutual accountability.

2.5 Selection criteria

The project aims at continuing the support in the areas of West Nile and Rwenzori where Enabel has been implementing RBF and other system strengthening interventions since 2015. Some activities will however also take place in the Acholi region, complementary to the USAID funded project.

From the technical point of view, the scope of the project has been defined based on clearly expressed priorities from the Ministry of Health, in particular the request of technical support for the RBF unit at both central and regional level. Ongoing dialogue with the departments of Emergency Medical Services and Maternal and Child Health, have also shaped the choice of activities for the direct support in the area of emergency response and sexual and reproductive health services. For this last one, being a relatively new development for the project, the intervention is targeted to the West Nile region and extended to the 4 Acholi districts, where Enabel is already implementing another project inclusive of RBF and support to emergency referral system, since the 2 regions are among the worst performing in terms of unmet need for family planning.

The project will not finance any longer the RBF mechanism (which is actually paid for by the Ugandan government through a WB loan), but rather look at strengthening the system by strategically orienting the additional funds that become available for the system through RBF.

2.6 Synergies / complementarities

In the past, projects of the Belgian cooperation in the health sector were always anchored in the Ministry of Health and therefore built strong relations with the World Bank funded URMCHIP and the US-funded regional partners in West Nile and Rwenzori. A collaborative working group between RBF implementers and all USAID-funded implementing partners, both regional and above-site, has recently been established. The potential of synergy with the USAID RBF project in Acholi region is obvious.

The implementation of RBF as a transversal strategic financing/system strengthening

intervention offers the opportunity of further collaboration with virtually any development partner in the health sector, in particular the ones involved in the area of sexual and reproductive health (UNFPA[1], Marie Stopes Foundation and Save the Children, etc). In addition, since West Nile is hosting almost half of the refugee population of Uganda, there will be opportunities for collaboration with humanitarian agencies working in the sector.

The anchorage at the ministry's level and the interest of the project in various policy topics, enable the project to build synergies with other development agencies.

2.7 Beneficiaries

The people who will directly benefit from the intervention are the Ministry of Health, the Districts, Health facilities and Village Health teams. The population, in particular the vulnerable groups, who will finally benefit, are the populations of Rwenzori, West Nile and Acholi, in total 7.322.700 people[2] as well as the refugee population in these 3 regions, in total 748.000 people[3].

[1] The challenge will be to strengthen the public health sector in providing FP since UNFPA, Marie Stopes International, etc. basically focus on the PNFP

[2] Refugee: https://data2.unhcr.org/en/country/uga

[3] Population https://www.ubos.org/explore-statistics/20/

3. INTERVENTION FRAMEWORK

3.1 General objective

Contribute to Universal Health Coverage in Uganda.

3.2 Specific objective

- **The Specific objective** of the intervention is: “To strengthen the capacity of the Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR, with a particular attention to vulnerable groups.”

3.3 Expected results

- In consideration of the changes in the health sector outlined above, the intervention is focusing on the technical support and capacity building aspects of RBF mechanism while grant disbursement is implemented by URMCHIP and later will be mainstreamed into inter-government fiscal transfers. RBF aims at increasing access to quality services acting from the supply side, at provider level, through a comprehensive system strengthening approach. For some specific service areas additional investment may be needed in order to fully accrue the potential benefits of RBF, in particular in the area of family planning (as highlighted in the Enabel family planning study in West Nile 2019) and in emergency referral and response. Also, according to the national priorities outlined in the third National Development Plan, there is still an important need to increase access to Sexual and Reproductive Health (SRH) and to improve emergency medical services and referral system. The following two additional objectives therefore aim to contribute to address these gaps.

This is translated in the formulation of the following results:

- **Result 1**: Capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national and at the District and health facilities level in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.
- **Result 2:** Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West Nile and Acholi regions.
- **Result 3**: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children and refugees, in West Nile and Rwenzori regions.
- **Result 4**: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions, in West Nile and Rwenzori regions.

- This result aims at addressing structural gaps affecting service delivery, in terms of equipment, energy and WASH services, which are important enablers of quality care, with particular attention to sustainability and environment.

3.4 Activities

3.4.1 Result 1: Capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national and at Districts and health facilities level in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health

- **Rationale**. This result focuses on supporting the Ugandan health System at different levels to effectively and efficiently implement the result-based financing intervention, which has been institutionalized and is being mainstreamed in the routine funding mechanism for the public sector. While grants and all activities directly related to reporting, verifying and disbursement are already funded, there are still gaps in the technical capacity and human resources to streamline and optimize implementation, at both central and regional level. Specifically, the strategic purpose of the RBF, not to simply increase the available financial resources but also to render the services more effective and efficient, needs to be strengthened.
- The activities foreseen aim at contributing to addressing those gaps and strengthen the RBF system so that it can become fully embedded.

3.4.1.1 Activity 1.1 Provide technical support for RBF implementation to districts and facilities of the regions of Rwenzori and West Nile

- The project will support MoH by providing technical staff in both above mentioned regions. These experts will work alongside MoH RBF staff to support RBF implementation within the regions. Possible sub-activities will include:
    - Trainings for facilities and district staff in RBF and related processes and activities
    - Sensitization, orientation and involvement of leaders and communities
    - Supervision and mentorship visits to districts and facilities
    - Coordination and support to verification and invoicing processes
    - Organization of managerial and clinical trainings/mentorships to address gaps in service delivery and management process (financial management, data management, quality improvement, IMNCI, HIV, nutritional assessment, etc.)
    - Specific follow-up on HIV and FP related indicators in the RBF strategy
    - Clinical and data audit in RBF implementing facilities
    - Regional performance review meetings
    - Support to medical bureaus and diocesan coordinators

3.4.1.2 Activity 1.2 Provision of technical support to the RBF MoH unit in particular in the area of data management and strategic reflexion: Monitoring and Evaluation, digitalization and integration of RBF processes into the national systems.

- Mainstreaming of RBF requires significant investment in the area of data management and in strategic analysis for the RBF approach to become fully embedded into routine operations and in integrated financial and information systems with a maximum impact on health system performance. Efforts to develop and roll out a fully digitalized RBF systems are ongoing. The project aims to support the MoH RBF unit with technical expertise to address analytical requirements, digitalization and integration of the RBF digitalized system with the national information system. The project will support the MoH in data quality (definition of indicators, mapping, alignment with routine data collection systems, coherence of indicators between databases etc) and data analysis and in their monitoring and evaluation capacities. Therefore, project will support MoH with M&E and data management expertise. These expert managers will work closely with the MOH staff and will support the regional staff and districts all over the country.
- Possible sub activities will include:
    - Technical supervision and support to districts and regional RBF officers
    - Development and maintenance of RBF-related databases
    - Development of analytical dashboards, preparation of reports
    - Develop within the RBF strategy a mechanism of Patient Satisfaction Surveys (with a particular attention for the different vulnerable groups mentioned) and test it a selected number of health facilities. This will reinforce the appreciation of the quality from the demand side.
    - Support to integration of RBF tools within existing health information systems
    - Trainings and mentorships on use of digitalized tools
    - Advocacy to assure a balanced representation of SRH related indicators in the RBF strategy

3.4.1.3 Activity 1.3 Strengthen the Ministry's health policy development in the fields of health financing and social protection.

- This activity refers to the need of the RBF system to evolve to a more comprehensive social protection system by adding the dimension of insurance to protect people from catastrophic health expenditure and at the same time mobilise more budget for the sector.
- Possible sub-activities include:
    - Support the concerned MoH departments in their reflexion
    - Organise seminars and coordinate the donor community around the subject
    - Organise studies on the subject that would help the Ministry to model its policy

3.4.2 Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West Nile and Acholi regions

- **Rationale.** Unmet need in family planning in the region of West Nile and Acholi stands at 66.4 and 55.5% respectively, among the highest in the country, according to UDHS 2016. The recent Enabel Family Planning Study in West Nile Uganda (2019) highlighted a complex web of factors, from both the demand and the supply side, hindering access and utilization of services. For this reason, alongside the RBF intervention, acting as a financial incentive for providers to scale up provision of SRH services, the project intends to implement additional targeted interventions acting on the demand side and on coverage and quality of service delivery. Activities will cover the overall scope of SRH services with some specific focus on family planning and vulnerable groups like adolescents and refugees. Activities will be implemented in West Nile and, in addition, in the contiguous 4 districts in Acholi where Enabel is already present through the USAID-funded Enabling Health in Acholi project, rolling out the national RBF policy.

3.4.2.1 Activity 2.1: Increase information, sensitization and mobilization in the community about family planning and other SRH services.

- According to UDHS 2016, around 30 % of women and men aged between 15-49 years in the 2 regions had not heard or saw a family planning message in the previous months, and between 60 to 70% of non-users did not discuss family planning either with a field worker or at a health facility. This highlights a huge gap in terms of information and proactive offer of services, and a degree of missed opportunities at facility level when people access them for other reasons, but also at community level where village health teams are active. Village health teams (VHT) are key players in terms of sensitization and mobilization, and they have been even progressively involved in provision of services, especially preventive but even curative in some cases. There is a lot of interest in leveraging this role of VHTs, strengthening their link with health facilities and their involvement in data collection and registration, counselling and follow up.
- Sub-activities which will be planned to address these gaps may be:
    - Development and provision of behavioural change communication strategies and messages (depending on local setting: radio, IEC material) reaching out to vulnerable groups in particular
    - Training of village health teams on provision of SRH education and information, counselling, data collection and registration, mobilization and referral
    - Development/provision of counselling material for VHTs
    - Support to health facilities in planning and supervision for VHT involvement

3.4.2.2 Activity 2.2: Increase capacity of health facilities to offer integrated SRH services.

- Integrated SRH services address Family Planning, safe motherhood, adolescent friendly services, HIV and gender-based violence.
- The Enabel Family Planning Study in West Nile Uganda (2019) highlighted major challenges in the field of FP. More than half of nonusers of contraceptives who attended a health facility for any reason did not discuss family planning. Among users who discontinue, the main causes are unwanted side effects and health concerns, and 40% of women who started a modern contraceptive method in the 5 years preceding the survey were not adequately informed about side effects, how to manage them or about alternative methods. This points to gaps in knowledge and skills of providers. The FP study also highlighted several other issues affecting service provision: from lack of training to lack of basic equipment, lack of privacy, limited coordination among stakeholders and poor integration of services provided by different stakeholders.
- The supply chain for contraceptives is a very important problem for family planning services, that cannot be tackled solely at local level. Policies in this respect should be revised, as well as the local capacity of stock management and ordering.
- Finally, defining the role of Development Partners and civil society organizations and their relationship with the public health authorities is a specific point of attention.
- Sub-activities planned under this result area could be:
    - In-service training/mentorship of staff in continuous, integrated provision of SRH services with a particular attention to technical, practical and attitudinal aspects
    - Supporting district and health facilities in planning outreach SRH services based on catchment area mapping
    - Strengthening of SRH multi-stakeholder Coordination mechanisms at district level
    - Support to integrated outreach services (in particular for difficult to reach populations).
    - Support measures to reinforce adolescent and youth-friendly services at facility level, responsive to their priority needs
    - Explore the opportunity, through the Study Fund, to conduct a study on how to reinforce the fight against Gender-Based Violence (GBV) in a structural way and integrate it in the RBF strategy
    - Reinforce measures to improve HIV services in the supported Health facilities
    - Provision of equipment and supplies in case of gaps (particularly a challenge where FP/LAC (long-acting contraceptives is concerned)

- Monitor the stock-outs of FP products and its causes and engage in a policy dialogue on this subject at the Ministry's level and through participation in technical working groups.

3.4.3 Result 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children, and refugees, in West Nile and Rwenzori regions.

- **Rationale.** A well-functioning referral system is a key element in reducing maternal and child mortality. The RBF mechanisms incentivise referrals and ambulance services for maternal and neonatal emergencies, but a functional emergency and referral system requires that at all levels health staff are able to appropriately assess and identify patients in need of referral, that an emergency transport system is available and accessible, and receiving facilities are equipped with staff and resources adequate to quickly and appropriately manage referred patients.
- The MoH developed a national policy and strategy for the establishment of a fully-fledged emergency response system. In consultation with the Ministry, the identified funding needs are in the areas of equipment and training of health workers in emergency care.

3.4.3.1 Activity 3.1 Training of health workers especially at referral facilities in emergency care and response in the areas of West Nile and Rwenzori

- Currently there are no emergency cadres included in the staff establishment of the public health system, and the short-term strategy is in-service training of existing staff. The collaboration between public and PNFP facilities in this matter remains problematic because of conflicting interests. Such inefficiencies, especially in the case of emergency medicine, should be addressed seriously via district and regional plans integrating the contributions of all types of facility. Sub-activities foreseen:
    - Trainings will be directed to existing staff with the objective to increase their capacity to respond to and handle emergencies, in particular maternal and child emergencies.

3.4.3.2 Activity 3.2. Provision of equipment and supplies to ensure adequate emergency care

- Equipment and supplies needed to support an emergency response system will be provided as needed, for both facility and transfer. Sub-activities foreseen:
    - Provide for the necessary equipment and management tools to implement the policy in the intervention areas

3.4.3.3 Activity 3.3 Implement the national policy on emergency evacuations and critically monitor the results

- The purpose is to set-up a performant and sustainable system for emergency evacuations at district and regional level and document the experience sufficiently to refine national policy and eventually to scale up the approach at national level. Integrating the financing into the RBF approach will be an important aspect for sustaining the approach.
- Sub-activities foreseen are:
    - Develop an integrated district and regional plan for emergency evacuations
    - Put up a systematic monitoring system to allow a quantitative and qualitative analysis of the performance of the system, including cost analysis.
    - Provide a feedback to the MoH in order to refine the policy where necessary
    - Organise a national seminar on the subject, uniting MoH and TFP around the problematic in order to develop consensus on the approach

3.4.4 Result 4: Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions

- **Rationale.** Among the causes of sub-optimal service delivery, missing or non-functional equipment are a common reason, sometimes due to energy shortages. Lack of running water and poor waste management and sanitation are also important determinants of quality of care and patient (and health workers) satisfaction. Activities foreseen within this result areas are:

3.4.4.1 Activity 4.1: Provision of basic equipment to health facilities (according to level and standards of care).

- This includes the following sub-activities:
    - Needs will be identified using standardized assessment tools e.g. RBF quarterly quality assessment, HFQAP assessment and quarterly integrated supervision,
    - There will be a focus on equipment which facilities may not be able to acquire through RBF funds, in the regions of West Nile and Rwenzori.

3.4.4.2 Activity 4.2: Support to the regional equipment maintenance centres

- In a perspective of sustainability, support to equipment maintenance centres would decrease breakdowns, increase life span of equipment, promote appropriate use, and decrease losses and wastages. Sub-activities could include:
    - Support to maintenance visits and activities
    - Purchase of spares and equipment for regional workshops

- Analyse in how far RBF funds serve and can serve to finance preventive and curative maintenance of health equipment and infrastructure

3.4.4.3 Activity 4.3: Implement energy and WASH interventions to support priority service delivery

- Sub-activities may include:
  - improvement of water supply systems,
  - sanitation waste management,
  - improvement of energy supply,
  - depending on gaps identified and according to standards provided by MOH. Attention will be emphasized on sustainability and climate-friendly solutions.

3.5 Indicators and means of verification

Indicators of the project's output and outcome will align with the already existing RBF indicators in the project since additional activities have the purpose of optimizing the outputs from RBF rather than achieving other outputs. Indicators will be aligned as much as possible with national M&E frameworks and obtained from routine information systems. They will be disaggregated by gender and age where possible and relevant.

3.5.1 Indicators for General objective

Impact Indicator	**Baseline - national (2016 UDHS)**
Maternal Mortality Ratio	336 per 100,000 live births
Neonatal Mortality Rate	27 per 1,000
Infant Mortality Rate	43 per 1,000
Under 5 Mortality rate	64 per 1,000
Total Fertility Rate	5.4 live births per woman
Adolescent Pregnancy	25%

3.5.2 Indicators for Specific objective

Indicator	**Baseline value**		**Target Value**
	West Nile	**Rwenzori**	
% institutional deliveries	71.5%	69.9%	80%
ANC care coverage-at least 4 visits	26%	27%	40%
IPT2 coverage	67.2%	77.5%	85%
% children fully immunized by age 1 year	75.8%	69.4%	80%
Institutional Maternal Mortality Ratio	92/100.000 live	99/100,000 live	80/100,000 live

	births	births	births
Couple Years Protection	206,402	255,300	250,000 WN 300,000 RW
	Acholi 134,386		200,000
Inventory of documented experiences in line with the standards used in action-research			At least 1 documented experience per result

3.5.3 Indicators by result

INDICATOR	**SOURCE OF VERIFICATION**	**Baseline (year*)**	**Target**
Result 1			
Average quality score of supported health units	RBF quarterly quality assessment	(Apr-June 2020) RW: 87.9% WN: 86.5%	> 90%
Average quality score of supported Districts		RW:60% WN: 57%	> 75%
Availability of annual detailed RBF data report from the MoH RBF Unit	RBF unit annual data report	No	Yes
Progress regarding a model for a comprehensive social protection system in Uganda	Specific action-research documentation, national documents		
Result 2			
Number FP users/visits disaggregated by age, by type of visit (outreach or facility-based service) by method – short/long/permanent and by host vs refugee population (if possible)	HMIS RBF quarterly assessment	(2019) Short term (Acholi): 20,547 visits Short term (West Nile): 32,259 visits Long Term (Acholi): 18,062 visits Long term (West Nile): 26,287 visits	Increase by 25%
% facilities having adolescent and youth-friendly services	Project supervision reports	To be done during baseline	Increase by 30%
% facilities integrating FP services		To be done during	

with HIV and other preventive services (ANC, immunization)		baseline	
% facilities with VHT involved in promotion and implementation of SRH services		To be done during baseline	
Availability day of the visit of tracker commodities (COC and inj. DMPA) % facilities with availability of tracker FP commodities > 95% the previous quarter	RBF quarterly assessment Wed based ordering system (if/when implemented) Project supervision report	Acholi > 90% WN: not available	>90% > 90%
Result 3			
% HC IV providing cEMONC services	Project supervision reports	To be done during baseline	> 90%
Number of maternal and perinatal deaths	HMIS	(2019) WN 63 / 1,592 RW 99 / 2,255	Decrease by 20%
% maternal and perinatal deaths reviewed	HMIS	WN 100%/7% RW 55%/7%	100% / 20%
% of emergency cases that arrive at facility using an ambulance	HMIS, , project supervision reports	WN 24% RW 13% (Jan-Sept 2020)	30% 20%
N emergency maternal referrals transported by ambulance system	RBF quarterly invoices	Not available	Increase by 25%
Number of districts/regions covered by the program do have a comprehensive emergency referral plan	Project reports	To be done during baseline	Increase by 50%
Result 4			
Average quality score in equipment module of the RBF assessment tool	RBF quarterly quality assessment	Not available	> 95%
% facilities satisfying minimum quality criteria for water, sanitation, energy and waste management	RBF quarterly quality assessment Project supervision reports	Not available	> 90%
Number of effective repairs per month done by the regional maintenance workshops in Rwenzori and West-Nile	Project supervision reports	To be done during baseline	Increase by 25%

**Period of baseline data depends on availability in the national data system (modified in January 2020)*

3.6 Risk analysis

3.6.1 Implementation Risks

Implementation risks	Risk level (low, medium or high)	Mitigation measure
Delay in transition/implementation of RBF approach under UgIFT: URMICHIP supported RBF is ongoing and scheduled to end in 2021, but discussion is ongoing for a non-costed extension. Transition to RBF within intergovernmental fiscal transfer is not yet operationally planned in detail	Medium	Participate and support in the RBF steering committee to plan and implement a road map for smooth transition
Covid19 related disruption of activities linked both to restrictions and to shifting of national priorities to emergency response	Low	Learn from current experience on how to continue implementation within restrictions and limitations
Political instability linked to next year elections	Medium	

3.6.2 Management Risks

Management risks	Risk Level	Alleviation measure
Duplication of activities due to significant overlapping of intervention areas with multiple partners	Low	Close coordination and collaboration with all stakeholders
Stock outs of FP and other SRH supplies, which may be aggravated because of the Covid-19 pandemic	High	Monitor the level of stocks using all available data sources, coordinate and collaborate with supply chain partners and pharmacy department in MOH

3.6.3 Effectiveness Risks

Effectiveness risks	Risk Level	Alleviation measure
False reporting on RBF figures	Medium	Ad hoc counter RBF verification, triangulation with DHIS2

Drug supply system, vertical programmes and free health care make health facilities dependent from others to improve their performance Bad maintenance of medical equipment Insufficient medical equipment to assure necessary quality of care	Medium Medium Medium	Structure donor coordination and policy dialogue Discuss the problems in national workshops to demonstrate the drawbacks in the system Use PNFP facilities to demonstrate alternatives in terms of (quality) drug supply and user fee policies Link maintenance to RBF performance Synergy with other development partners to complement medical equipment in health facilities supported with RBF
Different approach between PNFP and public services in management of emergency referrals	Medium	Regional health fora and health assembly

3.6.4 Sustainability Risks

Sustainability risks	Risk Level	Alleviation measure
Specific Objective: The national government does not fulfil its long-term engagements due to political or economic developments	Medium	Donor coordination and policy dialogue
Insufficient increase in domestic budget for heath (health financing still very donor dependent)	Medium	Advocacy at the level for the Ugandan government to increase domestic funding in health and implement the planned health financing reforms (social health insurance
Fragmented, donor dependent referral framework (with fragmented ambulance network)	Medium	Support by regional and national authorities to validate a comprehensive referral policy note and scale-up Donor coordination at regional level

3.6.5 Fiduciary Risks

Fiduciary risks	Risk Level	Alleviation measure
Multiple actors, sometimes in remote areas and outside the MoH, concerned by the programme,	Low	Support of Technical Assistants and Financial Officers at Regional level Payments only after verification of achievement of activities
Misuse of funds, wrong accounting information, false reporting, different user fees for patients	Medium	Strong follow-up by Finance and Technical team at programme level (ITA & RAFI at national level; and regional antennas Control mechanisms (control missions, audit)

4 RESOURCES

4.1 Financial resources

4.1.1 Uganda Contribution

There will be a contribution “in kind” to the Programme. The MoH will provide office space at the national level for the RBF experts within the MoH RBF unit and the programme team. The intervention central team will be based in MoH Kampala building. MoH will dedicate time and efforts, especially at management level, for steering, directing and supporting the implementation of the intervention.

4.1.2 Belgian Contribution

The Belgian contribution amounts to four million euros (4,000,000 EUR).

The summary programme budget is provided below. At the end of this chapter a more detailed budget is included.

Table 1: Summary budget

Budget	4 000 000	
Operational Budget	3 024000	75.6%
Result 1: The Capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national level and of the Districts and health facilities in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health	1 229 400	30.7%
Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West Nile and Acholi regions	1 099 600	27.5%
Result 3: Capacity of emergency response at referral facilities in strengthened with a particular focus on women, adolescents, children, and refugees in West Nile and Rwenzori regions	415 000	10.4%
Result 4: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions	280 000	7%

Reserve	186 000	4.7%
Reserve	186 000	4.7%
General means	790 000	19.8%
Human Resources	480 700	12%
Equipment	4 500	0.1%
Running costs	199 800	5%
Evaluation and Audit	105 000	2.6%

4.2 Human resources

4.2.1 Intervention resources

The Programme will be building on the results of the SPHU intervention and will have synergies with the USAID Health Project (EHA Intervention) based in Kampala. Some of the staff working on the EHA Intervention will also partially work on this intervention. The intervention will be also supported by Enabel staff located at Representation such the ICT expert and the ECA. There is no additional international resources required than the ones already present, namely the IM and RAF who already act on the EHA Intervention.

Most of national staff will need to be recruited for fulfilling the new positions. Detailed job descriptions for the technical experts are included in a separate HR set-up document to help to organise the recruitments during the start-up phase.

The intervention will be implemented by the Enabel Health Team based in Kampala, Rwenzori, West Nile and Acholi regions. The inputs of Health Team members are summarised in Table 2. For more details see annex 2.

Table 2: Inputs of Health Team members.

Function Description	Roles	Level	Quantity	Full time equivalent	Duration
Technical and coordination team					
Intervention manager	Coordination / Management of the intervention	International	1	25%	30 months
RBF national expert	Streamlining RBF policies and tools – technical support for MoH	VI	1	100%	24 months
RBF regional officer (based in the regions)	Support MoH, Districts, HF in implementing RBF in RW and WN regions	V	2	100%	24 months
RBF Data base manager	Support MoH in integrating RBF tools within the DHIS2	VI	1	100%	24 months
Biostatistician	Support MoH in data analysis a and data quality	V	1	100%	24 months
RBF M&E expert	Support MoH in indicator development, analysis and interpretation for monitoring and evaluation purposes and integration with other MoH indicators	VI	1	100%	24 months
SRH expert (based in Arua)	Develop and implement SRH activities within WN and Acholi region	VI	1	100%	24 months
SRH regional officer (based Acholi)	Implement SRH activities within Acholi region	V	1	100%	24 months
Drivers	Support regional staff in their daily activities	Ib	2	100%	24 months
Administrative and financial team					
RAF	Financial management	International	1	20%	30 months
Financial controller	Intervention financial supervision	V	1	50%	30 months
ECA	Expert Contracting	International	1	15%	24 months
Accountant	Daily financial management in Kampala	IV	1	100%	30 months
Accountant assistant (based in the regions)	Daily financial management within the regions and in Kampala	III	3	100%	24 months

4.2.2 The RBF Unit

Capacity building to the RBF Unit will be provided by the Intervention Manager and the RBF national experts, the regional RBF officers, the RBF database manager, the RBF M&E expert and the RBF biostatistician. Their main role (see result 1) will be to support the MoH RBF unit at strategic and operational levels, through the following tasks:

- Exploit the data generated through RBF
- Take the lessons from the current RBF experiences in the regions
- Consolidate RBF tools and ensure data quality
- Be involved in the reflection at national level regarding strategic financing and the development of a national model for social protection. Possible sub-activities will include:
- Provide on-the-job training and coaching on the use of the digitalised RBF information system
- Support the RBF team in the action-research concerning RBF at the level of the regions
- Support the production and dissemination of the Periodic Performance Reports
- Mobilise the necessary IT-support to maintain/upgrade the system and solve problems
- Review and streamline indicators generated through several MoH Databases
- Develop a user-friendly dashboard with key indicators on RBF

4.2.3 SRH

SRH staff will work under the direct supervision of the Intervention Manager. They will work closely with RBF staff (Enabel and MoH) in order to embed SRH activities within the RBF model. Their main role and tasks are described under result 2 and 3.

The whole project team is however responsible for all 4 results.

4.3 Material resources

The main assets of previous health interventions (ICBI, ICBII, PNFP and SPHU) that have not been handed over to the partner or to the EHA Intervention will be transferred to this intervention. This mainly, without being exhaustive, concerns:

- Intervention vehicles to be transferred to the intervention

Description	Brand	Model	Serial No/ Chassis	Purchase date
UAX 828Z	Toyota	Hilux Pick up	AHTFR22G-106104941 2KD-A787309	04-12-15
UAX 853Z	Toyota	Hilux Pick up	AHTFR22G-X06104940 2KD-A788106	04-12-15

UAV 411 Z	Toyota	Land cruiser	JTEEB71J-807024453	29-08-14
UAV 410 Z	Toyota	Land cruiser	JTEEB71J-607024368	29-08-14

- Computer and electronic material such as printers, screens, copy machines, … used by the EHA / Enabel Intervention staff.
- Office furniture used by Enabel staff within the MoH building and furniture of Rwenzori and Arua's office that have not been transferred to the partner.

4.3.1 Intervention budget and financial projections

BUDGET TOTAL					Mode d'exéc.	BUDGET TOTAL	%	Year 1	Year 2	Year 3
A				**Specific objectives - Operational costs**		**3.024.000**	**75,6%**	**706.100**	**1.780.400**	**537.500**
A	*01*			*Result 1: Capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national and at Districts and health facilities level in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health*		*1.229.400*	*30,7%*	*291.950*	*646.600*	*290.850*
A	01	01		Provide technical support for RBF implementation to districts and facilities of the regions of Rwenzori and West Nile	Regie	560000		60000	300000	200000
A	01	02		Provision of technical support to the RBF MoH unit in particular in the area of data management and strategic reflexion: Monitoring and Evaluation, digitalization and integration of RBF processes into the national systems	Regie	559.400		201.950	281.600	75.850
A	01	03		Strengthen the Ministry's health policy development in the fields of health financing and social protection.	Regie	110000		30000	65000	15000
A	*02*			*Result 2: The demand for and access to SRH services, including Family Planning are increased, in particular among the most vulnerable groups (women, adolescents, refugees, people with disabilities) in West Nile and Acholi regions*		*1099600*	*27,5%*	*314150*	*613800*	*171650*
A	02	01		Increase information, sensitization and mobilization in the community about family planning and other SRH services	Regie	517600		204150	273800	39650
A	02	02		Increase capacity of health facilities to offer integrated SRH services	REGIE	582000		110000	340000	132000
A	*03*			*Result 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children, refugees and people with disabilities in West Nile and Rwenzori regions*		*415000*	*10,4%*	*65000*	*295000*	*55000*
A	03	01		Training of health workers especially at referral facilities in emergency care and response in the areas of West Nile and Rwenzori	Regie	200000		50000	125000	25000
A	03	02		Provision of equipment and supplies to ensure adequate emergency care	REGIE	140000		15000	125000	0
A	03	03		Implement the national policy on emergency evacuations and critically monitor the results	REGIE	75000		0	45000	30000

A	*04*			*Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions*		*280000*	*7,0%*	*35000*	*225000*	*20000*
A	04	01		Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions	Regie	100000		30000	70000	0
A	04	02		Support to the regional equipment maintenance centres	REGIE	40000		5000	35000	0
A	04	03		Implement energy and WASH interventions to support priority service delivery	REGIE	140000		0	120000	20000
X				**Budgetary reserve (max 5% * total activities)**		**186000**	**5%**	**0**	**186000**	**0**
X	*01*			*Réserve budgétaire*		*186000*	*5%*	*0*	*186000*	*0*
X	01	01		Réserve budgétaire REGIE	Regie	186.000,00		0	186000	
X	01	02		Réserve budgétaire COGESTION						
Z				**General Means**		**790.000**	**19,8%**	**258.450**	**358.400**	**173.150**
Z	*01*			*Staff*		*480.700*	*12%*	*177.750*	*205.200*	*97.750*
Z	01	01		International staff Enabel contracts	Regie	306.900		121050	129600	56250
Z	01	02		Admin staff contracts	Regie	173.800		56700	75600	41500
Z	*02*			*Investments*		*4.500*	*0%*	*4.500*	-	-
Z	02	01		IT equipment	REGIE	4.500		4500	0	0
Z	*03*			*Operational*		*199.800*	*5,0%*	*65.200*	*95.200*	*39.400*
Z	03	01		Utilities and maintenance	REGIE	12.000		4500	6000	1500
Z	03	02		Vehicles operational expenses	REGIE	77.600		22.100	39.800	15.700
Z	03	03		Telecom and expedition	Regie	48.000		15000	20000	13000
Z	03	04		Missions	Regie	10.200		3000	5000	2200
Z	03	05		Office supplies	Regie	10.800		2700	5400	2700
Z	03	06		Training	Regie	24.000		14000	10000	0
Z	03	07		Marketing and representation costs	Regie	10.000		2000	5000	3000
Z	03	08		Financial charges	Regie	7.200		1900	4000	1300
Z	*04*			*Audit, M&E and support*		*105.000*	*3%*	*11.000*	*58.000*	*36.000*
Z	04	01		Audit	Regie	15.000		0	0	15000
Z	04	02		Monitoring	Regie	5.000		1000	3000	1000
Z	04	03		Evaluation	Regie	35.000		0	35000	0
Z	04	04		Backstopping (S&L, HQ, external)	Regie	50.000		10000	20000	20000
TOTAL						**4.000.000**		**964.550**	**2.324.800**	**710.650**

5. IMPLEMENTATION MODALITIES

5.1 Legal framework and administrative responsibilities

The legal Framework of the Programme is governed by:

- the General Agreement between the Belgian Government and the Ugandan Government that was signed on the 23rd of March 1995.
- the Indicative Cooperation Programme (2012 – 2016) between the Government of Uganda and the Government of Belgium that was signed on the 5th of April 2012.
- The Specific Agreement – of which this TFF is part - signed between the Government of Uganda and the Government of Belgium.

There is a joint administrative responsibility for the execution of this Programme.

The Ugandan party designates the Ministry of Finance, Planning and Economic Development (MOFPED) as the administrative entity responsible for the Programme.

The MOFPED designates the Ministry of Health (MoH) as the responsible entity for the implementation of the intervention.

The Belgian party designates the Directorate General for Development Cooperation and Humanitarian Aid (DGD) represented by the Head of Cooperation at the Embassy of Belgium in Kampala as the Belgian entity responsible for the Belgian contribution.

DGD delegates the fulfilment of its obligations to the Belgian Development Agency (Enabel) represented by the ENABEL Resident Representative in Uganda as the Belgian entity responsible for the implementation and follow-up of the Programme. To that effect an “Implementation Agreement” (CMO) is signed between Enabel and the Belgian Government.

5.2 Institutional anchorage

The Intervention is institutionally anchored in the MoH in the Planning and Development Directorate. While the MoH role is in overall steering of the Intervention, validating and authorizing RBF payments, the role of Enabel will be to directly manage the Intervention.

The Intervention will be implemented at central level (Kampala) and within some selected regions. The Intervention will have two field antennas, one in West-Nile region (Arua office) and one in Rwenzori region (Fort Portal office) where some staff will be based.

Some activities will also be carried out in the 4 districts of Acholi region where Enabel is already present. For this latest, Intervention will occasionally use the current EHA Intervention office in Gulu (with an additional support of 1 SRHR officer based in Gulu).

5.3 Technical and financial responsibilities

There is a joint Belgian (Enabel) and Ugandan (MoH Directorate of Planning and

Development) technical and operational responsibility for the execution and achievement of the results to reach the specific objective of the Programme, both at the level of the Steering Committee (chaired by MoH Permanent Secretary and co-chaired by ENABEL Resident Representative) and at the level of the Programme Management Unit (MoH Directorate of Planning and Development, and Enabel).

The financial responsibilities linked to the execution of the Programme belong to Enabel. The Intervention is managed 100% in Enabel own management mode (Regie).

5.4 Intervention Life cycle

The Specific Agreement has a total duration of 39 months, as from the date of its signature. The intervention execution period (implementation and administrative closure) is planned for 33 months. The intervention life cycle entails the 3 phases.

5.4.1 Preparatory phase (indicatively 3 months before the signature)

Activities to be carried out during the preparatory phase by the Enabel representation Office and MoH are the following:

- Launch national HR recruitment processes
- Start launching procurement of additional material & logistics needed
- Preparation of necessary procurements in case of outsourced parts of the baseline

The table below provides an estimation of costs during the preparatory phase.

HR costs	
Recruitment costs for the staff to be financed by the intervention	€ 10,000

5.4.2 Execution phase (indicatively from 01/01/2021 to 30/09/2023)

Intervention Effective Start-up phase (3months)

The start-up is effective from the notification of the CMO.

The incoming intervention team assumes start-up duties (finalise recruitments, share a common understanding of TFF among the team members and stakeholders, set up the baseline and the operational manuals, open accounts, define, design the initial planning, launch the first cash call).

The end of the start-up phase is formalised with the **start-up report** after the first SC meeting. mandates

The start-up report comprises:

- Signed minutes of the first SC meeting since the effective start up
- Approval of the team recruited

- Intervention operation manual (including the functioning of Regional Offices)
- Operational and financial planning of the 1st year

Given the link and synergy between the current intervention and the ongoing EHA intervention the start-up phase will serve as a period of smooth alignment between both interventions.

Operational implementation phase (24 months)

Operationalization of the Intervention.

There will not be any MTR considering the short duration of the Intervention. Only one end-term evaluation will take place before end of the intervention.

At the end of this phase a planning of the operational closure is validated by the SC.

Operational Closure (6 months)

The execution ends with an operational closure phase to ensure proper technical, financial and administrative closing and hand-over.

This operational closure period starts at the latest 6 months before the end of the Specific Agreement.

The intervention final report is produced after the end of the execution period using the Enabel template for intervention final reports. It comprises administrative, financial and operational information, as well as information on results with inclusion of indicators and progress markers as foreseen in the logical framework. The final report is presented to the Steering Committee for approval.

After Discharge of the Intervention team, the Representation and partner can still proceed to the liquidation of last commitments.

At the end of the Specific Agreement, expenses are not authorised except if related to commitments taken before the end of the Specific Agreement and if mentioned in the minutes of the SC. After the financial closure of the intervention, unused funds are managed following the modality foreseen in the Specific Agreement.

5.4.3 Administrative Closure phase

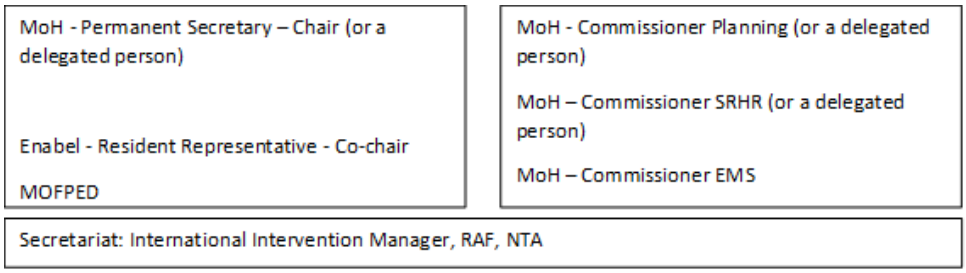
The final report is sent to DGD and the intervention is administratively closed.

5.5 Steering and implementation structures

The Intervention governance bodies, their role and articulation are based on the alignment principle. Therefore, all the intervention governance bodies will be aligned on the structures of the partner (MoH) and will work as closely as possible with the partner institutions.

5.5.1 Intervention steering committee

The Intervention Steering Committee (SC) will be chaired by MoH Permanent Secretary (or delegate) and co-chaired by ENABEL Resident Representative (or delegated person). It gathers every six months and on special request of one of its members, with a first meeting at the start-up of the intervention. The secretariat is assured by the operational level and IM, NTA and RAF will provide the necessary information (reports, presentations) to the SC. Its members are proposed in the figure below.



The SC may invite external experts or other stakeholders as resource persons on an ad hoc basis.

5.5.1.1 Role and functions (indicative):

- Ensure political and strategic steering of the Intervention in order to get full alignment of the action to national development policies and plans and complementarity with other development partner projects;
- Supervise the respect of the engagements of all parties;
- Assess the development results obtained by the Intervention (strategic purchasing, quality assurance and control) and approve planning and recommendations from the Intervention's annual results reports;
- Resolve any problems that cannot be solved at the Intervention management team level;
- Approve and ensure the follow-up of recommendations formulated in the reviews (MTR and ETR) reports;
- Based on the financial reporting and audit reports, advise on corrective actions to ensure the achievement of the Intervention's objectives;
- Ensure approval of the final report and the final closure of the Intervention.

5.5.1.2 Operating mode (indicative):

- The SC establishes its rule of order during its first meeting;
- The SC meets upon invitation of its chair at least twice a year. Extraordinary meetings can be held upon request of one of its members. The invitation shall be received by the members at least 7 days before the meeting. The invitation shall include an agenda, suggested decisions and supporting documents;

- The SC meets for the first time (at the latest) three months after the start of the Intervention;
- Decisions of the SC shall be taken by consensus. Decisions of each meeting of the SC shall be recorded in minutes signed by its present voting members;
- A SC is held at the latest three months before the end of the Intervention activities in order to approve the final report and prepare the modalities of the Intervention closure;
- The Intervention management Team will act as the Secretariat for the Steering Committee and will provide the necessary information to its members in advance of each meeting.

5.5.2 Intervention Technical Team

The management of the Intervention will be carried out in a coordinated approach between the Enabel International Intervention Manager and the Commissioner for Health services and Planning. Support will be provided by the Responsible for administration and finance and the International Procurement officer.

The **operational implementation** will be organized at the Intervention's level in Kampala, Rwenzori and West-Nile regions according to the topics and Gulu.

Annual plans will be budgeted and executed jointly with the regional offices and the Ministry of Health under the coordination of the International Intervention Manager.

The Intervention team will work consensually. All operational decisions are transparent in the team. In case of major disagreements, the Intervention's steering committee will take the appropriate decision.

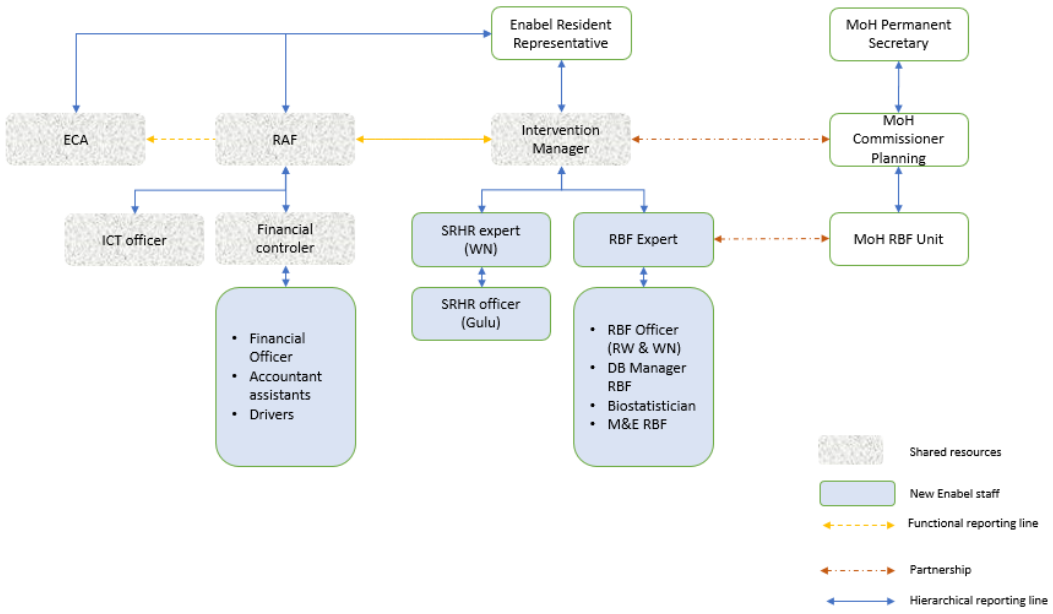
Field activity implementation will be covered by the regional offices on their respective territory. The implementation will be led by the field team consisting of an RBF and a SRH Technical assistant in West-Nile region, an RBF technical assistant in Rwenzori region and a SRH officer within the Acholi region within the concerned districts under general responsibility of the International Intervention Manager.

RBF activities, national and regional, will be conducted under the direct supervision of the International intervention manager and in close coordination with the RBF Unit at Ministry of Health. The RBF Intervention team based in Kampala consist of 1 RBF expert, a database manager, a M&E expert and a biostatistician will act under the supervision of the International Intervention Manager. They will work on a daily basis with the Ministry of Health RBF unit and will support the RBF unit. They are put at disposal of the RBF Unit but report to the International Intervention Manager.

The team will be assisted by local support staff but also by the support team in Kampala including an international administrative and financial officer (RAF) and an International Contracting Expert (ECA).

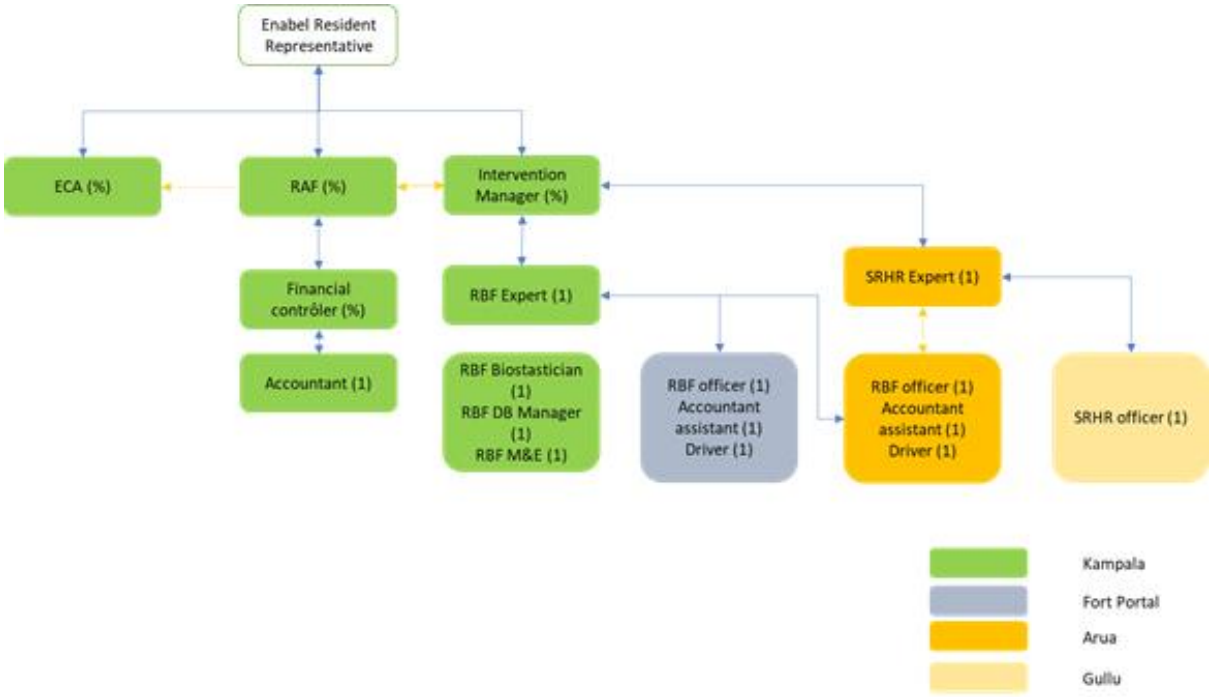
The International Intervention Manager based in Kampala will not only steer the Intervention along with the Ministry of Health, but also coordinate and support the dialogue process between stakeholders. Technical and coordination team	A part-time International Intervention Manager A RBF expert Two RBF Officers (RW and WN) A Database manager dedicated to RBF support A M&E expert dedicated to RBF support A biostatistician dedicated to RBF support A SRH expert (WN) A SRH officer (Gulu)
Administrative and financial project team	A part -time RAF (Finance & Contracting Co-ordinator) A part-time ECA A part-time Financial controller A Finance Officer Two accountant assistants

5.5.3 Intervention organigram



The technical team will function as one single team and at least meet on a weekly basis, virtually and/or physically. They will have a more detailed planning meeting monthly.

Quarterly planning meeting will be organized in order to assess progress made, challenges and agree on the way forward for the next quarter. These quarterly meeting will also address financial and procurement planning priorities/concerns.



5.6 Financial responsibilities

The management of the Belgian contribution is done according to the Enabel management procedures. In accordance with the partnership principles between the Belgian and Ugandan parties, the planning and execution of the financial commitments will be done with mutual agreement.

5.6.1 Bank Accounts

For payments made Enabel opens specific bank account with only Enabel personnel signatory rights.

5.6.2 Funds transfer

First Transfer

From the notification of implementation agreement between the Belgian State and Enabel and after the opening of the main accounts, a cash call can be submitted by the Programme Management to Enabel Representation. The requested amount must be in line with the financial needs of the first three months and will follow the Enabel internal procedures.

Subsequent transfers

To receive subsequent transfers, the intervention must request a cash call to the RR following Enabel procedures.

Subsequent requests for transfers must be based on action and financial plans approved by the SC.

Each transfer should equate to the estimated funding requirements of the programme as prepared by the Intervention for the succeeding three months, plus a small margin for contingency, possibly paid in several tranches. The transfer of funds by Enabel to the bank accounts will be made provided that:

- The financial accounts for the programme are up to date and have been submitted to the Enabel Representative
- All required reports have been submitted to the local representation of Enabel
- Any recommendations proposed by external audits and/or MTE have been followed up or implemented and reported to the Enabel representation

In addition, intermittent urgent cash transfers may be requested; but such urgent cash calls are only acceptable if they are fully justified in relation to extraordinary events.

The final payment of the programme will follow the same conditions as described above.

The cash management procedures and rules of Enabel (transfer to operational accounts, cash management) apply.

5.6.3 Preparation of annual and multiannual budgets

Each year, the Intervention must develop a budget planning proposal for the next year following Enabel procedures. In this budget proposal, an indicative budget for the following years should also be included. This budget proposal must be approved by the SC.

The annual budget is part of the annual plan and provides the basis for the monitoring of budget execution of the next year.

5.6.4 Monitoring and budgetary commitments

Each quarter, the Intervention must report on the budget execution and the forecast of expenditure, compared to the total budget and annual budget approved. The reporting is done according to the format provided by Enabel and is part of the quarterly reporting.

The Intervention must ensure proper control and regular budget monitoring of commitments.

5.6.5 Accounting

Accounting is done on a monthly basis according to Enabel rules and regulations and its own financial system and tool.

The accounting documents must be up to date, accurate, and reliable and conform accounting standards and rules in place.

Eligible costs are actuals costs which meet the following criteria:

- They are identifiable and verifiable, in particular being recorded in the accounting records of the intervention according to the applicable accounting standards
- They relate to activities and criteria as specified in the TFF and necessary for achieving the results
- They are indicated in the budget and registered under the correct budget line
- They comply with the requirements of sound financial management.

5.6.6 Budget Management

Budget constraints:

The total budget may not be exceeded. The budget of the Programme sets out the budgetary limits within which the Programme must be executed.

Budget changes:

- Overshooting of a general means section or a result less than 10% of the amount budgeted for on this section or result in the latest version of the budget is authorized.
- At budget line level, budget overshooting is allowed if the overshooting is less than 20% of the amount of the latest approved budget for this line or if it is less than 50,000 EUR.
- At the level of the annual budget, there are no constraints, except for the general means section for which the annual budget overshooting can be no more than 5%.
- For all other budget changes, a written agreement of the Authorizing Officer is sufficient.
- For each request for budget change, the programme team must elaborate a budget change proposition according to Enabel procedures.
- The contingencies budget can only be used for Programme activities and after approval of the SC.

5.7 Public Procurement Management

Procurement of goods, services and works will be done according to Belgian procurement rules and regulations.

All activities of the interventions will be managed according to Belgian Law and Enabel system with a support of team of experts on procurement based at the Representation:

- Staff contracting
- All Investments (incl. operational/running costs)
- All the Consultancies
- Audits
- Mid-term and End-term reviews

5.8 Grant agreements

In accordance with Article 8 of the Enabel Law, Enabel can provide financing through a grant to one or more third-party partners for the achievement of part of the activities of the TFF or for an action of the third-party partner that contributes to the achievement of the objectives of the intervention. Grant Agreements are specific tools that will enable public and non-profit private actors to be contracted when the public procurement regime does not apply, and by this mean promote a multi-actor approach for the implementation. Grants enable an improved ownership of the beneficiaries and increased technical financial and administrative skills.

Grants will be awarded in accordance with the modalities described in the Enabel guide for the elaboration and follow-up of Grant Agreements.

5.9 Monitoring and Evaluation

5.9.1 Monitoring

	Report Title	Responsibility	System	Frequency	Users
Baseline	Baseline Report	InterventionTeam	Enabel	Unique	Intervention, SC, Enabel
Operational Monitoring	PILOT	InterventionTeam	Enabel	Quarterly	Intervention, Enabel Rep office
Results Monitoring	Progress report	InterventionTeam	Enabel	Annually	Intervention, partner, SC, Enabel rep office, BE Embassy
Final Monitoring	Final Report	InterventionTeam	Enabel	Unique	SC, Partner, Enabel rep office, BE Embassy, donor

1. Baseline: Establishing the baseline in the beginning of the project is a requirement. For this intervention, a new baseline will be established. The project M&E framework will be aligned with existing frameworks and methodologies already used by the partner.
2. Operational monitoring: Every quarter the Operational Monitoring is update in PILOT. It is sent to and discussed with ENABEL representation. ENABEL Resident Representative has the overall responsibility of ensuring that all projects conduct

Operational Monitoring in a correct and timely manner. It is an internal management process.

3. Annual Results Monitoring: Every year the Intervention holds a participatory reflection process in which intervention team reflects about the achievements, challenges, etc. of the past year, and looks for ways forward in the year(s) to come. The SC approves or disapproves recommendations made by the intervention team in the annual result Report.
4. Final Result Report: The purpose of final monitoring is to ensure that the key elements on the intervention's performance and on the development process are transferred to the partner organisation, the donor and Enabel and captured in their "institutional memory". This enables the closure of the intervention (legal obligation for back-donor of ENABEL), the hand-over to the partner organisation and the capitalisation of lessons learned. It can be considered as a summary of what different stakeholders might want to know at closure or some years after closure of the intervention.

5.9.2 Evaluation (Reviews) and Audits

	Responsibility	System	Frequency	Users
End-term review	Enabel HQ	Enabel	Unique at end term (year 2) (6 months before operational closure)	SC, partner, intervention, Enabel, donor
Audits	Enabel	Enabel	At least once	SC partners, intervention, Enabel, donor

1. Reviews are normally organised twice in a lifetime of an intervention: at mid and end of term. However, as the implementation period of this intervention is very short, there will be only one End-term review. Furthermore, the Invention will rely on the recommendations done by the ETR of PHSU Intervention (of which the present TFF is a continuation) which was done in July 2020.

ENABEL-HQ will be in charge of organising the end term review. The ToR of the review and their implementation are managed by ENABEL Brussels, with strong involvement of all stakeholders. The role of the SC is to approve or disapprove the recommendations made in the reviews.

2. The intervention will be audited at least once during the implementation following Enabel procedures. Enabel will deploy an independent qualified audit firm (International

Accounting Standards) to audit the dedicated programme accounts annually. Enabel will write the terms of references of the audits. Theses audits will be carried out by the auditors according to the Enabel framework contract in force. Enabel and the Steering Committee may request additional audits if necessary.

The auditor's reports must be presented to the SC. The audit reports will include recommendations and proposal of corrective actions.

The intervention will prepare an action plan to improve the procedures and justify that corrective measures were taken.

Additionally to intervention audits, the College of Commissioners will yearly audit Enabel accounts. They also audit the interventions at that moment. Enabel Audit Committee can also request that Enabel internal auditors audit an intervention.

5.10 Modification of the TFF

The formal agreement of the Belgian State and the Ugandan Government is needed for the following changes:

- Modification of the duration of the Specific Agreement
- Modification of the total Belgian financial contribution
- Modification of the Overall and Specific Objective of the programme.

The request of the above modifications must be motivated by the intervention team and approved by the Steering Committee. The exchange of letters requesting these modifications shall be initiated by the Ugandan Government and shall be addressed to the Belgian Embassy in Uganda.

The following changes to the TFF will have to be approved by the Steering Committee:

- The programme results and activities and their respective budgets
- The execution modalities
- Competences, attributions, composition and tasks of the SC
- The indicators at the level of the specific objective and the results
- The mechanism to change the TFF.
- The financial modalities to implement the contribution of the Parties.

All other changes to the TFF should be approved by the chairman of the Steering Committee and the Enabel resident representative. The adapted version of the TFF shall be communicated to the Enabel headquarters and to the Belgian Embassy in Kampala.

6 CROSS CUTTING THEMES

The cross-cutting themes are integrated in the activities in the activities developed under chapter 3 in order to work on them in an integrated way instead of being a separate pillar.

6.1 Environment

Renewable energy, waste management, maintenance and WASH are main areas of intervention.

6.2 Gender

The focus on sexual and reproductive health is particularly favourable for improving the right to health of women and girls. The use of a rights-based approach must also assure to strengthen the rights of refugee women and girls who are even more vulnerable in their sexual and reproductive health, and run particularly high risks of unwanted pregnancies, sexually transmitted infections, HIV and all forms of sexual violence.

All communication and awareness raising strategies take a gender sensitive approach and also develop models for working on masculinity and positive involvement of men and boys in the sexual and reproductive health of their intimate partner.

The programme will also build on the lessons learned from the SHDR programme, and more particularly on the workshops and trainings that were organised in view of addressing gender inequalities and discriminations at the place of work. These trainings focused on translating the newly acquired knowledge and understanding of gender issues at the workplace into concrete gender action plans.

6.3 Social economy

The RBF strategy is one of the building blocks of a national social protection system. The link between RBF and social protection will be explicitly made in this intervention. This ultimately leads to less inequalities and more protection of people who work and their families.

6.4 HIV/AIDS

The integration of HIV/AIDS into SRH services is key for detection of HIV infection, timely access to ARV treatment and the prevention of mother to child transmission. Improved access to FP for people living with HIV/AIDS will be key for them in making decisions on their fertility.

7 ANNEXES

7.1 Logical framework

	Logical of the intervention	Indicators	Sources of verification	Hypotheses
GO	Global objective: Contribute to Universal Health Coverage in Uganda	Maternal Mortality Ratio Neonatal Mortality Rate Infant Mortality Rate Under 5 Mortality rate Total Fertility Rate Adolescent Pregnancy	HMIS	The COVID19 pandemic is getting under control in the course of 2021 The elections don't undermine the political stability
SO	Specific objectives: To strengthen the capacity of the Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR, with a particular attention to vulnerable groups	% institutional deliveries ANC care coverage-at least 4 visits IPT2 coverage % children fully immunized by age 1y Institutional Maternal Mortality Ratio Couple Years Protection Inventory of documented experiences in line with an action-research approach	HMIS, RBF quarterly assessment Specific documents generated through action-research	There is a good partnership between MoH and all partners involved in Strategic Financing in the health sector The number of refugees is not increasing drastically

R 1	Result 1: The capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national level and of the Districts and health facilities in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.	Average quality score of supported health units Average quality score of supported Districts Availability of annual RBF data report from the MoH RBF Unit Progress regarding a model for comprehensive social protection system	RBF quarterly quality assessment RBF unit annual report Specific action-research documentation	There is a continued political interest to scale up RBF and to move forward to a National Health Insurance Scheme
R 2	Result 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West-Nile and Acholi regions.	Number FP users/visits disaggregated by age, by type of visit (outreach or facility-based service) by method – short/long/permanent and by host vs refugee population (if possible) % facilities having youth-friendly services % facilities integrating FP services with HIV and other preventive services (ANC, immunization) % facilities with VHT involved in promotion and implementation of SRH services % of RBF enrolled health institutions with a functional Patient Satisfaction Survey system % of FP supplies out of stock > 1wk	HMIS RBF quarterly assessment Project supervision reports RBF quarterly assessment RBF quarterly assessment	There is no duplication of efforts between the Development Partners in Uganda

R 3	Result 3: The capacity of emergency response at referral facilities in strengthened with a particular focus on women, adolescents, children and refugees) in West-NIle and Rwenzori regions.	% HCIV providing cEMONC services Number of maternal and perinatal deaths % maternal and perinatal deaths reviewed Number of referrals % emergency maternal referrals transported by ambulance system Number of districts/regions covered by the program do have a comprehensive emergency referral plan	Project supervision reports HMIS HMIS HMIS, RBF quarterly invoices Project reports	There is a will between public and PFNP health providers to collaborate in the field of emergency referral in order to move towards one system for referrals
R 4	Result 4: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions in West-NIle and Rwenzori regions.	Average quality score in equipment module of the RBF assessment tool increased % facilities satisfying quality criteria for water, sanitation, energy and waste management Number of effective repairs per month done by the regional maintenance workshops in Rwenzori and West-Nile	RBF quarterly quality assessment RBF quarterly quality assessment Project supervision reports	There is a collective interest of stakeholders in the Ugandan health sector to work on the availability and quality of material resources

	Activities to reach Result 1	Means	Belgian Contribution
R 1	Result 1 The capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national level and of the Districts and health facilities in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.		1,229,400 Euros
A 1.1	A 1.1 Provide technical support for RBF implementation to districts and facilities of the regions of Rwenzori and West Nile	- Trainings for facilities and district staff in RBF and related processes and activities - Sensitization, orientation and involvement of leaders and communities - Supervision and mentorship visits to districts and facilities - Coordination and support to verification and invoicing processes - Organization of managerial and clinical trainings/mentorships to address gaps in service delivery and management process - Specific follow-up on HIV and FP related indicators in the RBF strategy - Clinical and data audit in RBF implementing facilities - Regional performance review meetings - Support to medical bureaus and diocesan coordinators	

A 1.2	A 1.2 Provision of technical support to the RBF MoH unit in particular in the area of data management: Monitoring and Evaluation, digitalization and integration of RBF processes into the national systems.	- Technical supervision and support to districts and regional RBF officers - Development of analytical dashboards, preparation of reports - Trainings and mentorships on use of digitalized tools - Advocacy to assure a balanced representation of SRH related indicators in the RBF strategy	
A 1.3	A 1.3 Strengthen the Ministry's health policy development in the fields of health financing and social protection	– Support the concerned MoH departments in their reflexion – Organise seminars and coordinate the donor community around the subject – Organise studies on the subject that would help the Ministry to model its policy	

	Activities to reach Result 2	Means	Belgian Contribution
R 2	Result 2 The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West-Nile and Acholi regions.		1,099,600 Euros

A 2.1	A 2.1 Increase information, sensitization and mobilization in the community about family planning and other SRH services	- Development and provision of behavioural change communication strategies and messages reaching out to vulnerable groups in particular - Training of village health teams on provision of SRH education and information, counselling, data collection and registration, mobilization and referral - Development/provision of counselling material for VHTs - Support to health facilities in planning and supervision for VHT involvement	
A 2.2	A 2.2 Increase capacity of health facilities to offer integrated SRH services	- In-service training/mentorship of staff in continuous, integrated provision of SRH services with a particular attention to technical, practical and attitudinal aspects - Supporting district and health facilities in planning outreach SRH services based on catchment area mapping - Strengthening of SRH multi-stakeholder Coordination mechanisms at district level - Support to integrated outreach services (in particular for difficult to reach populations). - Support measures to reinforce adolescent and youth-friendly services at facility level, responsive to their priority needs - Explore the opportunities, through the Study Fund, to conduct a study on how to reinforce the fight against Gender-Based Violence (GBV) in a structural way - Reinforce measures to improve HIV services in the supported Health facilities - Provision of equipment and supplies in case of gaps (particularly a challenge where FP/LAC (long-acting contraceptives is concerned) - Monitor the stock-outs of FP products and its causes and engage in a policy dialogue on this subject at the Ministry's level and through participation in technical working groups.	

	Activities to reach Result 3	Means	Belgian Contribution
R 3	Result 3 The capacity of emergency response at referral facilities in strengthened with a particular focus on women, adolescents, children and refugees in West-NIle and Rwenzori regions.		415,000 Euros
A 3.1	A 3.1 Training of health workers especially at referral facilities in emergency care and response in the areas of West Nile and Rwenzori	– Trainings will be directed to existing staff with the objective to increase their capacity to respond to and handle emergencies, in particular maternal and child emergencies.	
A 3.2	A 3.2 Provision of equipment and supplies to ensure adequate emergency care	– Provide for the necessary equipment and management tools to implement the policy in the intervention areas	
A 3.2	A 3.3 Implement the national policy on emergency evacuations and critically monitor the results	– Develop an integrated district and regional plan for emergency evacuations – Put up a systematic monitoring system to allow a quantitative and qualitative analysis of the performance of the system. – Provide a feedback to the MoH in order to refine the policy where necessary	

	Activities to reach Result 4	Means	Belgian Contribution
R 4	Result 4 Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions in West-NIle and Rwenzori regions. .		280,000 Euros
A 4.1	A 4.1 Provision of basic equipment to health facilities (according to level and standards of care) -	- Needs will be identified using standardized assessment tools e.g. RBF quarterly quality assessment, HFQAP assessment and quarterly integrated supervision, - focus on equipment which facilities may not be able to acquire through RBF	
A 4.2	A 4.2 Support to the regional equipment maintenance centres	- Support to maintenance visits and activities - Purchase of spares and equipment for regional workshops	
A 4.3	A 4.3 Implement energy and WASH interventions to support priority service delivery	- improvement of water supply systems, - sanitation waste management, - improvement of energy supply,	

7.2 Job descriptions new functions (class 6)

Title	Function main task
National RBF expert	As Technical Advisor: (55%) • He/she contributes technical knowledge to Ministry of Health in the planning and execution of RBF-related activities at national level • Participate to planning and discussion fora in order to develop a sustainable and integrated RBF model • Participate in district trainings, mentorships and supervision visits; • Assure institutional and organisational development through capacity transfer; As a Manager: (30%) • Lead the operational planning of the project activities of the national and regional project teams including the SRHR component and its integration with RBF activities • Supervise the regional RBF officers supporting MOH at regional level • Draw up reports (periodic report, follow-up reports, contribution to official reports to Representation, Enabel HQ and donor, etc.); • Supervise data manager, M&E and biostatistician data and lead data use for improved decision making; • Monitor and evaluate the indicators of the project, the RBF scheme and the national health information system of the facilities in the region to facilitate informed den making. As Capitaliser – Facilitator – Innovator (15%) • Adopt an action research approach for the mainstreaming of RBF ; • Participate with the whole project technical team in all the steps of the realistic evaluation; • Document best practices and lessons learned throughout the duration of the project to prepare for formal capitalisation at the end of the projects; • Document innovative interventions to increase the technical knowledge for the partner and Enabel and to feed the policy debate at national level by those field experiences;
Data Base Manager	• Support MOH to develop and maintain user-friendly and secure databases of national RBF-related data according to organizational needs • Contribute to development of data security and restoration policies, procedures, and controls. • Develop procedures to ensure data integrity and quality • Extract and produce summary table and graphs for ad hoc programmatic reporting needs • Support MOH (RBF unit and DHI dept) on developing and implementing data sharing and integration of RBF information system within existing ICT systems by developing requirements and collaborating in design and programming • Participate in training, mentorship and supervision of national and regional staff in data management.
M&E expert	As technical advisor (70%) ➢ Support MOH RBF unit in developing and defining indicators and M&E framework for RBF activities ➢ Conduct data analysis and interpretation in order to track progress, outputs and

	potential outcomes of RBF ➢ Compile reports and assessment to inform monitoring and evaluation activities ➢ Contribute to development and implementation of action research and ad hoc studies ➢ Provide trainings to national and regional staff on data management in particular data use for decision making As project M&E expert (30%) ➢ Update M&E framework, tools and systems ➢ Accurately manage project M&E plan and track progress on indicators at all levels of the project; ➢ Periodically coordinate data collection, analyse and issue status M&E report to inform project progress ➢ Contribute to the compilation of the monthly, quarterly annually and overall project reporting ➢ Provide trainings to programme staff, on M&E tools, data entry, data collection and reporting, data quality
SHRH expert	As technical advisor (65%): • Collaborate with the MOH to develop and implement activities to leverage RBF in order to promote demand of SRH services from the community, including community sensitization and training and involvement of village health teams • Support facilities to improve offer of SRH services through mentorship and supervision • Coordinate capacity building activities for health facility workers on provision of integrated SRH services including adolescent and youth friendly services • Collaborate with district and regional stakeholders to improve coordination and integration of services ➢ Support SRH data analysis and use for performance assessment and quality improvement ➢ Contribute to development and implementation of action research and ad hoc studies As manager (35%) • Lead the operational planning of the project activities at regional level • Supervise the regional SRHR officer • Draw up reports (periodic report, follow-up reports, contribution to official reports to Representation, Enabel HQ and donor, etc.)
Intervention Manager	The function of the current intervention manager is not fundamentally changing so no new job description needed
RAF	The function of the current Administrative & Financial Responsible is the same will just be prolonged