CTB

Ministry of Health

ANNUAL REPORT 2011

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

Acronyms

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

1 Project form

Project name	"Institutional Capacity Building in Planning, Leadership and Management in the Ugandan health sector"
Project Code	DGD nr: 3008322 BTC code: UGA 09 017 011
Location	Uganda
Budget	Eur 7,850,000=00
Key persons	Dr Isaac Ezati, Project Coordinator Dr Hans Beks, TA / co-manager
Partner Institution	Ministry of Health - Uganda
Date of implementation Agreement	December 2009
Duration (months)	48 months
Target groups	MOH HQ, RRH & GHs, DMT & HSD MTs, HWs
Global Objective	"To improve effective delivery of an integrated Uganda National Minimum Health Care Package".
Specific Objective	"The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government Levels".
Results	1. The MoH is strengthened in its organisational and institutional capacity.
	2. One selected Regional Referral Hospital (Fort Portal) and two general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity.
	3. One further Regional Referral Hospital (Arua) and two additional general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity.
	4. District management teams are strengthened in their managerial capacity, leadership and planning functions.
	5. A comprehensive approach on capacity building of HSD management teams is operational.
	6. Two training centres/demonstration sites for capacity building of HSD management teams are functional
	7. A scientific support team accompanies the capacity building process in the Ugandan health sector.

2 Summary

2.1 Analysis of the intervention

Intervention logic	Efficiency	Effectiveness	Sustainability
Specific objective	C	B	A
Result 1; MOH HQ	B	B	A
Result 2: Hosp FP region	C	C	A
Result 3: Hosp Arua region	C	C	A
Result 4: District	C	C	A
Result 5: HSD	N/A	N/A	N/A
Result 6: Training	N/A	N/A	N/A
Result 7: Scientific Support	N/A	N/A	N/A

Budget	Expenditure per year	Total expenditure year N (31/12/2011)	Balance of the budget	Execution rate
7,850,000=00		390,618=00	7,459,381=00	5%

2.2 Key elements:

- Changed project governance structure introduced June 2011 (Technical Mission April 2011)
- New top political and technical leadership appointed MOH June 2011
- Increase in total project budget through SIDA delegated cooperation (June 2011)
- Comprehensive workplan implementation started August 2011
- Institutional Capacity Building is a time consuming process, in order for it to have sustainable impact
- Non-disbursement of SBS by Belgian Government and no replacement for Health Advisor, reduced the capacity of the project to be additional to other sector interventions.
- Involvement from all MOH departments and districts and hospitals in two implementation regions, leading to preparations of multiple parallel activities that will result in accelerated implementation in second half of Financial Year (January – June 2012).

2.3 Key Risks

• Implementation of project activities within a central government ministry is faced with various challenges, which will affect the execution rate of project activities within the specified time.
• The focus on (financial) execution rate by BTC as the leading indicator for project implementation and success is too limited for this specific project.
• The weaknesses in various MOH departments and units are threatening timely implementation of project activities; especially with Procurement and Accounts units.
• Eventually, more autonomy will have to be shifted to the two implementing regions in planning and implementing ICB related activities (execution agreements), which might come with increased financial risks.
• Variations in interpretation of the management and operating modalities of "co-management" by BTC and MOH require constant attention for effective project implementation.
• Coordination of 'L&M' activities within MOH will face continuous challenges and it is important to avoid a competitive atmosphere.
• Delayed recruitment of project officer and Project Accountant

2.4 Key lessons learned and recommendations

Resume Sector Budget Support Belgian Government
Expedite Recruitment of Health Advisor
Focus on increasing investments under ICB project (improve execution rate)

3 Analysis of the intervention

3.1 Context

The implementation period of the ICB project in Planning, Leadership and Management started in July 2010, during a period in which the Ministry of Health was without a substantial leadership. The ministers (political leadership) were occupied with re-election campaigns and the positions of Permanent Secretary and Director General (technical leadership) were vacant. The institutional anchoring of the project was therefore almost non-existent.
Since its start, three distinct phases can be identified :

1) From July to December 2010, the project tried to become established within MOH, build the required networks and identify capacity for issues to be addressed. There appeared to be increasing differences in interpretation of the objectives between BTC and MOH officers.
2) From January to June 2011 (period of this annual report), the project came to a standstill and required external assistance for a technical review. The findings were in line with those during the formulation process and directed to the weaknesses with the leadership and management at MOH as the main cause for delays in project implementation. Recommendations for adjustments were made, while at the same time new political and technical leadership was appointed in the Ministry. The responsibility for the project management was transferred from the Department of Planning to the Directorate in June 2011.
3) From July to December 2011, the new governance structure for ICB project was instituted and the new leadership within MOH was appointed. The Meeting in June 2011 is considered as the first Steering Committee meeting and the ICB project has now entered its implementation period.

3.1.1 Evolution of the context

After the SC meeting on June 20th, 2011, a bilateral agreement was signed between BTC and SIDA, effectively increasing the project budget with SEK 13,500,000 (approximately EUR 1,350,000).
The budget modification was approved by the SC in October 2011). An Exchange-of-Letters between the Belgian Embassy and the MOFPED has been completed (January 2011), formalizing an extension of the project period until December 2015.

During the first year of the ICB project (July 2010 to June 2011), a substantial 'institutional change' took place within the ministry of health. The project was seriously involved in the change processes, which were tedious, difficult and at times painful. This was however expected from its inception as well as necessary in order to focus on strengthening the institutional capacity to lead the sector to better performance.
Despite the very limited expenditures made during this period, the objective of 'organization development' was met and created a more fertile environment in which the project can support the planning, leadership and management development in the sector.

3.1.2 Institutional Anchoring

Score: Very Appropriate (since June 2011)

The Technical Review Mission in April 2011 recommended that the Programme Management should be anchored at the Top Management Level of the MOH, with the Director Health Services (Planning & Development) as the Project Manager or Coordinator.

Additionally, for implementation of activities under ICB in the two identified regions, two Regional Project Implementation Committees have been instituted in order to increase ownership and involvement of the local health managers.

3.1.3 Execution Modalities

Score: Appropriate / Not appropriate

Regie:
The employment of project secretariat staff has been transferred from regie to co-management in order the improve the anchorage of the project within the MOH structure.

Co-Management:
The weaknesses in the central procurement system cause many delays in project implementation. Although the focus of the project will remain on strengthening the 'institutional capacity' (including the procurement processes), some procurement will be transferred from co-management to regie in order to improve efficiency and increase in execution rate (e.g. short time consultancies ; investments that can be done under BTC international framework contracts (e.g. ambulances).

3.1.4 Harmo-dynamics

The Belgian Health Advisor left Uganda in March 2011 and has not yet been replaced. The Sector Budget Support (SBS) for the health sector has not been disbursed in 2011 due to performance issues in Uganda and political issues in Belgium. This caused a change in environment for the ICB project and contributed to the implementation difficulties.

The ICB project was formulated as an additional intervention to support the SBS in the health sector.
The Health Advisor and project Technical Advisor should have complemented the Belgian support in the sector. However, the ICB project TA had to cover a partially double role (e.g. participating in HDP and HPAC meetings, reviewing key documents on behalf of Belgian Embassy Attaché, and participating in discussions on SBS Belgian Government).

3.2 Specific objective

”The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government Levels”.

3.2.1 Indicators

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

Assessing the achievements for both the general and specific objective will be based on the national set of health- and service indicators as included in the National Health Sector Strategic and Investment Plan (HSSIP 2011/12 – 2014/15), and reported in the Annual Health Sector Performance Reports (AHSPR).

3.2.2 Analysis of progress made

In terms of institutional context, there have been positive changes in the Ministry of Health in terms of leadership and management since July 2011. The Top Management took back the power from the ‘middle-management’ level (departments) and re-established the SWAP governance structures (Technical Working Groups, Senior and Top Management Committee meetings, HPAC).
The National Health Assembly (NHA) and the Joint Review Meeting (JRM) in October 2011, demonstrated a focused and determined ministry, with vision and direction towards performance improvement. This was noticed

and appreciated by the Health Development Partners, the private health sector and the Civil Society.

The ICB project implementation, in terms of activities and execution rate, was very limited until June 2011. Since then, an elaborate workplan is being implemented, with increasing participation of all departments within the Ministry of Health. Regional committees have been established in both regions and the facilities and districts are planning activities now for the financial year 2012-2013 (and beyond), which will be implemented with support under the ICB project. Local ownership is the main focus of this exercise.
Many activities are in preparation and will be actively implemented in the first 6 months of 2012, leading to an increase in project execution rate.

3.2.3 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
• Implementation of project activities within a central government ministry is faced with various challenges, related to priorities of total ministry versus project priorities, availability of MOH officers, complicated procedures (especially procurement and financial management), etc. These will affect the execution rate of project activities within the specified time. Institutional Capacity Building is a time-consuming, long-term process, with limited spending opportunities.	HIGH			
• The focus on (financial) execution rate by BTC as the most important indicator for project implementation and success is too limited for this specific project. There is a tendency to deviate from the original objectives of the project (organization development), to higher consumption activities in order to accelerate absorption of available funds. This shift in focus will require more administrative management support (role of co-manager versus technical advisor)	HIGH			
• The weaknesses in various MOH	Medium			

departments and units are threatening timely implementation of project activities; especially with Procurement and Accounts units. .				
• Eventually, more autonomy will have to be shifted to the two implementing regions in planning and implementing ICB related activities (execution agreements), which might come with increased financial risks.	Medium			
• Mutual understanding of the management and operating modalities of "co-management" is essential for project implementation. This has been a challenge during the first period of the project and will require continuous attention (and support) by BTC Uganda office.	Medium			
• Coordination of 'L&M' activities within MOH (World Bank, African Development Bank, USAID, etc) project) will face continuous challenges and it is important to avoid a competitive atmosphere. Guidance on coordination will have to be provided by top management at MOH.	Medium			

3.2.4 Quality criteria

Criteria	Score	Comments
Efficiency	C	Implementation period only 6 months; still low financial execution rate.
Effectiveness	B	Institutional changes implemented at MOH HQ; effective structures at central and regional level for project implementation
Sustainability	A	ICB activities fully owned and embedded within MOH; implementation requires time, but this is essential for sustained impact of organizational changes.
Relevance	B	Health sector governance is weak and support to organizational and institutional development is therefore essential (reason for project formulation); relevance would be higher within portfolio approach of SBS and health advisor.

3.2.5 Potential Impact

Institutional and organizational developments are time consuming and its impact will only be seen at the level of performance over the coming years. The impact of the ICB project at service delivery level will be shown by improved management capacity, improved management systems and increased functionality of facilities.
Institutional Capacity Building is a process that depends on the environment in which it is implemented. The 'new' MOH is open to support and provides a fertile environment.
The social and economic instability in Uganda are threats, as the focus of partners is more on access to available financial resources, rather than on performance improvement.

3.2.6 Recommendations:

Recommendations	Source	Actor	Deadline
Resume SBS Belgian Government	DGD - GOB		immediately
Recruit Health Advisor	BTHQC		immediately
Focus on increasing investments in order to improve execution rate	P.Mgt.		2012

3.3 Result 1: The MOH is strengthened in its organizational and institutional capacity.

3.3.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Reform plan in execution						New Top Management appointed in MOH ; MOH restructuring plan under reviewed by GOU ;
Number of people trained by the project						HR Leadership & Management
Number of field visits for: coverage plan development						
Number of field visits for: master plan designing						
Number of field visits for: Procedure manual identification						
MOH procedures manual in place						
Support supervision policy paper renewed						Consultancy procurement finalised
Established procedures for training coordination						

3.3.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. Taking into account the recent initiatives already taken in this field, the MoH engages in a capacity assessment and capacity building exercise with a specific focus on leadership, management and planning.			x		Various assessments undertaken by other stakeholders; results used for ICB project
2. Based on the conclusions of the capacity assessment exercise, the MoH provides individual in-service trainings for several of its staff members and creates the material environment needed to support capacity.			x		Preparations for Top and Senior Management development programme ongoing
3. Develop a procedures manual for the MoH.					Not started
4. The MoH reviews and updated its support supervision framework.			x		Procurement consultancy completed
5. The MoH coordinates all efforts in the field of capacity building in the areas of					

management, leadership and planning.					
6. The MoH implements its policy on the use of technical assistance in the sector including the modalities for creating a pooled funding mechanism.					Not started; TA support Policy Analysis Unit in preparation
7. The MoH designs a policy and provides modules specific for each type of health facility enabling the organisation of introduction periods for newcomers in management positions in the system.					
8. The MoH organises the monitoring and two-yearly evaluation of the progress.					2012

3.3.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

3.3.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.3.5 Quality criteria

Criteria	Score	Comments
Effectiveness		B
Efficiency		B
Sustainability		A

3.3.6 Budget execution

Total budget: 927,855=00

Spent (31/12/2011): 47,352=00
Execution rate: 5 %

3.3.7 Recommendations

Recommendations	Source	Actor	Deadline
Increase focus on investments during FY 2011 - 2012.	P.Mgt		June 2012

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

3.4.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Strategic Plan incorporating master plans in place						On going
Hospital mandate reflects efforts for complementary role definition						On going (CHD)
Number of support supervisions realised respecting new policy in this matter						N/A
Number of people trained						N/A

3.4.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. The three hospitals engage in a capacity assessment exercise.			x		Ongoing
2. The three hospitals go through an organisational reform process based on the capacity assessment results.			x		Ongoing
3. Assist the hospitals in the development of a procedures manual.					
4. Assist the hospitals in the development of a strategic plan taking into account the results of the institutional capacity assessment.			x		Ongoing
5. Assist the hospitals in their yearly planning exercise taking into account the strategic plan and the result of the institutional capacity assessment.			x		Ongoing
6. Develop a master plan for each hospital.			x		Ongoing
7. The hospitals organise the monitoring and two-yearly evaluation of the progress.					

8. Presenting experiences and results in a training workshop for hospital management teams and MoH.					2012

3.4.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

Delays in procurement consultancy firm at PDU MOH. Consultancy will start in February 2012.
Preparations of activities in progress for implementation Q1 & 2 2012: surgical training of HC IV teams, CHD strengthening, equipping Boardroom and resource centre, transport assessment for ambulance procurement, etc. .

3.4.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.4.5 Quality criteria

Criteria	Score	Comments
Effectiveness		C
Efficiency		C
Sustainability		A

3.4.6 Budget execution

Total budget: 1,061,625=00

Spent (31/12/2011): 8,300=00
Execution rate: 2 %

3.4.7 Recommendations

Recommendations	Source	Actor	Deadline
Accelerate SIP development	P.Mgt.		June 2012

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

3.5.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Strategic Plan incorporating master plans in place						
Hospital mandate reflects efforts for complementary role definition						
Number of support supervisions realised respecting new policy in this matter						
Number of people trained						

3.5.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. The three hospitals engage in a capacity assessment exercise.			x		
2. The three hospitals go through an organisational reform process based on the capacity assessment results.					
3. Assist the hospitals in the development of a procedures manual.					
4. Assist the hospitals in the development of a strategic plan taking into account the results of the institutional capacity assessment.					
5. Assist the hospitals in their yearly planning exercise taking into account the strategic plan and the result of the institutional capacity assessment.					
6. The hospitals organise a monitoring and evaluation workshop.					
7. Develop a master plan for each hospital.					

3.5.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

Delays in procurement consultancy firm at PDU MOH. Consultancy will start in February 2012.
Preparations of activities in progress for implementation Q1 & 2 2012: surgical training of HC IV teams, CHD strengthening, equipping Boardroom and resource centre, transport assessment for ambulance procurement, etc. .

3.5.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.5.5 Quality criteria

Criteria	Score	Comments
Effectiveness		C
Efficiency		C
Sustainability		A

3.5.6 Budget execution

Total budget: 811,350=00
Spent (31/12/2011): 317=00
Execution rate: 0.1 %

3.5.7 Recommendations

Recommendations	Source	Actor	Deadline
Accelerate SIP development	P.Mgt.		June 2012

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

3.6.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of people trained						
Number of support supervisions to General Hospitals realised						
Number of support supervisions to HSDMTs realised						
Strategic plan developed, followed and discussed with LG						
Level of understanding of coverage and master plans for strategic planning						

3.6.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. Districts are engaging in an institutional capacity assessment.			x		
2. Districts accompany general hospitals in their capacity assessment and building process.					
3. Districts accompany HSD management team in their capacity assessment and building process.					
4. District develop and negotiate with the LG authorities a strategic plan based, on the results of the HSD and GH capacity building plans including the coverage and master plans developed at that level.			x		

3.6.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

Regional – Implementation Committees are set-up. ICB supporting 15 districts in two regions in planning process 2012-2013.

3.6.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.6.5 Quality criteria

Criteria	Score	Comments
Effectiveness		C
Efficiency		C
Sustainability		A

3.6.6 Budget execution

Total budget: 520200=00
Spent (31/12/2011): 13,820=00
Execution rate: 3 %

3.6.7 Recommendations

Recommendations	Source	Actor	Deadline
Fast tracking of procurements for hospitals and district offices in two implementation areas in FY 2011-2012	P.Mgt.		June 2012

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

3.7.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of HSDMT members trained						
Coverage plans, master plans and procedure manual reflected in strategic and yearly plans						
Coverage plans discussed with LG						
Number of HSDMT meetings held						
Number of HC II and III supervised by HSDMT						

3.7.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. Support the ongoing capacity building for HSD management teams based on the modules developed by MoH / WHO.					
2. 10 HSDs (+ related district) engage in a capacity assessment exercise (Five HSDs per catchments area of the RRHs under result 2 and 3).					
3. The HSDs engage in an organisational reform process based on the capacity assessment results.					
4. The HSDs are supported by the MoH in the first year plan following the assessment.					
5. The HSDs organise the monitoring and an evaluation workshop after 2 years of implementation.					
6. Develop a coverage plan for 10 HSDs.					
7. Develop master plan for each HC IV.					
8. MoH capitalises the experiences and translates them into the sector policy.					

3.7.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

3.7.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.7.5 Quality criteria

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

3.7.6 Budget execution

Total budget: 1,943,947=00
Spent (31/12/2011): 0=00
Execution rate: 0 %

3.7.7 Recommendations

Recommendations	Source	Actor	Deadline

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

3.8.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of HSDMT members trained in training centres						
Number of training sessions held						
Number of HC II and III up to quality standard for receiving trainees						
Evaluation of the first 2 years of functioning						
Status training centres clarified						

3.8.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. Build training facilities and equip for receiving a maximum of 15 participants and 2 outside trainers at a time.			x		HMDC included in ICB after budget increase; SIP under development
2. Based on previous activities formulate a comprehensive approach for further capacity building activities for HSD and district management teams.					
3. Establish training modules and programmes.					
4. The HC and hospital(s) that will receive course participants for their practical training are prepared and work up to standards.					
5. Organise 3 training sessions with each 12 participants in a first year in the two centres.					
6. The MoH defines a long-term status and a sustainable financing mechanism for the centres, based on the findings of an in-depth evaluation of the impact of the courses on the management					

performance of the SHD MT.					
7. Develop master plan for each HC IV.					
8. MoH capitalises the experiences and translates them into the sector policy.					

3.8.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

3.8.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.8.5 Quality criteria

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

3.8.6 Budget execution

Total budget: 1,103,200=00
Spent (31/12/2011): 0=00
Execution rate: 0 %

3.8.7 Recommendations

Recommendations	Source	Actor	Deadline
HMDC Mbale Strategic and Investment Plan development (Q1 2012)	P.Mgt.		April 2012

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

3.9.1 Indicators

Result 1:						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Policy paper on support supervision refined and approved						
Policy paper on referral system refined and approved						
Complementary roles of health facilities better defined and approved in policy paper						
Continuous training policy for health personnel refined.						

3.9.2 Evaluation of activities

Activities *(See guidelines for interpretation of scores)*	**Progress:** A	B	C	D	**Comments** (only if the value is C or D)
1. An expert team composed of national and international experts supports the MOH in organizing the capitalization process between the operational and policy level of the MOH.					TOR developed
2. Facilitate the policy dialogue between the operational and policy level of the MOH					

3.9.3 Analysis of progress made

Most activities are foreseen to be implemented after the inception and planning period of the project. The contribution to the project by SIDA made it necessary to reformulate the project document.

Progress has been limited in all result areas due to operational delays at the project management level, such as procurement and accounts, and no recruitment of a project officer and project accountant until date.

3.9.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
See under Specific Objective				

3.9.5 Quality criteria

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

3.9.6 Budget execution

Total budget: 256,800=00
Spent (31/12/2011): 0=00
Execution rate: 0 %

3.9.7 Recommendations

Recommendations	Source	Actor	Deadline
Setting-up Scientific Support – support from BTC HQ and orientation mission to Rwanda	BTC HQ / P.Mgt		Dec. 2012

4 Transversal Themes

4.1 Gender

In 2011, a Gender and Health Human Rights (G&HHR) desk was established within the MOH HQ (Health Planning Department). A workplan was developed and part of implementation will be supported under the ICB project funding.
Capacity within the desk is limited and desk officers do not have time to dedicate to G & HHR issues.

4.2 Environment

Master Plans for two Regional Referral Hospitals are being developed and environmental impact assessment is included.
Waste management is considered in the 2012-2013 planning at district and health facility level.

5 Decisions taken by the Steering Committee and follow-up

Decisions	Source	Actor	Time of decision	Status
Project Management transferred from HPD to DHS(P&D)		PS / RR	June 2011	Done
Total project budget increase (SIDA delegated contribution) – budget modification			Oct 2011	Done
Exchange of letters to formalise extension of project period		Embassy of Belgium / MOFPED	Oct 2011	Done

6 Lessons Learned

Lessons learned	Target audience

7 Annexes

7.1 Logical framework

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
General objective: "To improve effective delivery of an integrated Uganda National Minimum Health Care Package"			
Specific objective: The strengthening of the Planning, Leadership and Management capacities of the health staff at national level and local government levels			
Result 1:The Ministry of Health is strengthened in its organisational and institutional capacity	• Reform plan in execution • Number of people trained by the project • Number of field visits for ➢ Coverage plan development ➢ Master plan designing ➢ Procedures manual identification • MoH Procedures manual in place • Support supervision policy paper renewed • Established procedures for training coordination	• Project Progress reports • Procedures manual • Planning manual • Annual work plan for the MoH • Framework for support supervision • Evaluation reports • Meeting minutes • Interviews	• Sanction/approval by the top and senior management at the MoH to conduct the activities required. • Availability and interest and willingness by MoH top managers and senior managers to participate and cooperate

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
Result 2: One selected regional referral hospital (Fort Portal) and two general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity	• Strategic plans incorporating master plans in place • Hospital mandate reflects efforts for complementary role definition • Number of support supervisions realised respecting new policy in the matter • Number of people trained	• Project Progress reports • Strategic plans • Master plans • Annual work plans • Evaluation reports • Meeting minutes	• Sanction/approval by the MoH and district authorities to conduct the activities required. • Availability and interest and willingness by hospital managers to participate and cooperate
Result 3: One further regional referral hospital (Arua) and two additional general hospitals, located within the catchments area of the RRH, are strengthened in their institutional and organisational capacity	• Strategic plans incorporating master plans in place • Hospital mandate reflects efforts for complementary role definition • Number of support supervisions realised respecting new policy in the matter • Number of people trained	• Project Progress reports • Strategic plans • Master plans • Annual work plans • Evaluation reports • Meeting minutes	• Sanction/approval by the MoH and district authorities to conduct the activities required. • Availability and interest and willingness by hospital managers to participate and cooperate
Result 4: District management teams are strengthened in their managerial capacity, leadership and planning functions	• Number of people trained • Number of support supervisions to GH realised • Number of support supervisions to HSDMT realised • Strategic plan developed, followed and discussed with LG • Level of understanding of coverage and master plans for strategic planning	• Project Progress reports • Minutes from meetings • Annual work plans. • Evaluation reports • Interviews	• Sanction/approval by the District authorities to conduct the activities required. • Key stakeholders willing to cooperate

	INDICATORS	SOURCE OF VERIFICATION	ASSUMPTIONS
Result 5: A comprehensive approach on capacity building of sub-district management teams is operational.	• Number of HSDMT members trained • Coverage plans, master plans and procedures manual reflected in strategic and yearly plans • Coverage plans discussed with LG authorities • Number of HSDMT meetings held • Number of HC II and III supervised by HSDMT	• Project Progress reports • Minutes from meetings • Annual work plans and reports • Coverage plans • Master plans • Evaluation reports	• Sanction/approval by the MoH to conduct the activities required. • Key stakeholders willing to cooperate
Result 6: Two training centres/demonstration sites for capacity building of health sub-district management teams are functional	• Number of HSDMT members trained in training centres • Number of training sessions held • Number of HC II and II up to quality standard for receiving trainees • Evaluation of the first 2 years of functioning • Status training centres clarified	• Training sessions evaluation reports • Project Progress reports • Field visits and observation • Evaluation report • Interviews • Policy note	• Sanction/approval by the MoH and district authorities to conduct the activities required. • Identified HSDs/ key stakeholders willing to cooperate
Result 7: A scientific support team accompanies the capacity building process in the Ugandan health sector	• Policy paper on support supervision refined and approved • Policy paper on referral system refined and approved • Complementary roles of health facilities better defined and approved in policy paper • Continuous training policy for health personnel refined	• Evaluation reports • Minutes from meetings/seminars • Policy documents • Interviews	

7.2 M&E activities of the previous year:

October 2011:	Annual Joint Review Mission MOH / HDPs
April 2011:	Technical Review Mission / Backstopping
June 2011 / October 2011:	Quarterly Project Steering Committee meeting
November / December 2011:	Quarterly Regional - Project Implementation Committee meetings
August / September:	Monthly Central - Project Implementation Committee meetings

Planned M&E activities:

Mid-Term review:	2013 (June- July).
Audit project accounts:	2012 (June - July)?

7.3 "Budget versus current" Report (31st December 2011)

Budget vs Actuals (Year to Month) of UGA0901711

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

Budget Version: **D01**
Currency : **EUR**
Year to month : **31/12/2011**
YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2010	Expenses 2011	Total	Balance	% Exec
A THE STRENGTHENING OF THE PLANNING, LEADERSHIP AND			**6.624.977,73**	**11.855,69**	**69.789,78**	**81.645,47**	**6.543.332,26**	**1%**
01 MoH strenghtend in its organisational and institutional			927.855,00	304,78	**47.352,19**	47.656,97	880.198,03	5%
01 Capacity assessment and capacity building exercise		COGES	493.200,00	304,78	**16.860,94**	17.165,72	476.034,28	3%
02 Capacity building at individual level		COGES	275.000,00	0,00	**0,00**	0,00	275.000,00	0%
03 Development of procedures mannual		COGES	27.000,00	0,00	**0,00**	0,00	27.000,00	0%
04 Ministry of Health reviews and updates support supervision		COGES	92.575,00	0,00	**25.563,74**	25.563,74	67.011,26	28%
05 Ministry of Health coordinates all efforts in the field of		COGES	12.180,00	0,00	**0,00**	0,00	12.180,00	0%
06 MOH develops policy and modules for newcomers in		COGES	16.500,00	0,00	**0,00**	0,00	16.500,00	0%
07 Monitoring and two-yearly evauation of the progress		COGES	11.400,00	0,00	**4.927,51**	4.927,51	6.472,49	43%
02 One selected RRH and two GH are strengthened in their			1.061.625,00	11.327,51	**8.300,58**	19.628,09	1.041.996,91	2%
01 The three hospitals engage in capacity assessment		COGES	504.800,00	4.033,54	**331,70**	4.365,24	500.434,76	1%
02 The three hospitals go through an organizational reform		COGES	255.000,00	0,00	**0,00**	0,00	255.000,00	0%
03 Development of procedures mannual		COGES	18.500,00	0,00	**0,00**	0,00	18.500,00	0%
04 Assist the hospitals in the development of a strategic plan		COGES	35.700,00	0,00	**7.033,67**	7.033,67	28.666,33	20%
05 Assist the hospitals in their yearly planning exercise		COGES	2.250,00	0,00	**0,00**	0,00	2.250,00	0%
06 Develop a master plan for each hospital		COGES	227.250,00	7.293,97	**935,21**	8.229,18	219.020,82	4%
07 Monitoring and two-year evaluation of progress		COGES	11.100,00	0,00	**0,00**	0,00	11.100,00	0%
08 Presenting experiences and results in training workshop		COGES	7.025,00	0,00	**0,00**	0,00	7.025,00	0%
03 One further RRH (Arua) and two additional general			811.350,00	223,40	**316,94**	540,34	810.809,66	0%
01 The three hospitals engage in capacity assessment		COGES	376.800,00	223,40	**249,48**	472,88	376.327,12	0%
02 The three hospitals go through an organizational reform		COGES	255.000,00	0,00	**0,00**	0,00	255.000,00	0%
03 Development of procedures mannual		COGES	18.500,00	0,00	**0,00**	0,00	18.500,00	0%
		REGIE	1.042.247,27	142.197,63	**166.760,43**	308.958,06	733.289,21	30%
		COGEST	6.807.752,73	11.870,39	**69.789,78**	81.660,17	6.726.092,56	1%
		TOTAL	7.850.000,00	154.068,02	**236.550,21**	390.618,23	7.459.381,77	5%

Budget vs Actuals (Year to Month) of UGA0901711

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

Budget Version: **D01**
Currency : EUR
Year to month : 31/12/2011
YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2010	Expenses 2011	Total	Balance	% Exec
04 Assist the hospitals in the development of a strategic plan		COGES	35.700,00	0,00	**67,46**	67,46	35.632,54	0%
05 Assist the hospitals in their yearly planning exercise		COGES	2.250,00	0,00	**0,00**	0,00	2.250,00	0%
06 Monitoring and two-year evaluation of progress		COGES	11.100,00	0,00	**0,00**	0,00	11.100,00	0%
07 Develop a master plan for each hospital		COGES	112.000,00	0,00	**0,00**	0,00	112.000,00	0%
04 District management teams are strengthened in their			520.200,00	0,00	**13.820,07**	13.820,07	506.379,93	3%
01 6 districts are engaged in an institutional capacity		COGES	436.800,00	0,00	**13.820,07**	13.820,07	422.979,93	3%
02 District accompany GH in their capacity assessment and		COGES	4.500,00	0,00	**0,00**	0,00	4.500,00	0%
03 Districts acompany HSD MT in their capacity assessment		COGES	7.500,00	0,00	**0,00**	0,00	7.500,00	0%
04 Development of a strategic plan etc		COGES	71.400,00	0,00	**0,00**	0,00	71.400,00	0%
05 A comprehensive approach on capacity building of sub-			1.943.947,73	0,00	**0,00**	0,00	1.943.947,73	0%
01 Support to ongoing HSD team capacity building		COGES	177.272,73	0,00	**0,00**	0,00	177.272,73	0%
02 10 Health sub-districts are engaged in an institutional		COGES	456.200,00	0,00	**0,00**	0,00	456.200,00	0%
03 10 sub-districts go through an organizational reform		COGES	950.000,00	0,00	**0,00**	0,00	950.000,00	0%
04 Assist the sub districts in their yearly planning exercise		COGES	137.500,00	0,00	**0,00**	0,00	137.500,00	0%
05 Monitoring and two-year evaluation of progress		COGES	3.700,00	0,00	**0,00**	0,00	3.700,00	0%
06 Develop a coverage plan for 10 HSDs		COGES	69.850,00	0,00	**0,00**	0,00	69.850,00	0%
07 Develop a master plan for each HSD HC IV		COGES	146.000,00	0,00	**0,00**	0,00	146.000,00	0%
08 Presenting experiences and results in training workshop		COGES	3.425,00	0,00	**0,00**	0,00	3.425,00	0%
06 2 training and demonstration sites forHSD management			1.103.200,00	0,00	**0,00**	0,00	1.103.200,00	0%
01 Build training facilities and equip for receiving participants		COGES	880.000,00	0,00	**0,00**	0,00	880.000,00	0%
02 develop training strategy		COGES	55.500,00	0,00	**0,00**	0,00	55.500,00	0%
03 Establishing training modules and programmes		COGES	40.000,00	0,00	**0,00**	0,00	40.000,00	0%
		REGIE	1.042.247,27	142.197,63	**166.760,43**	308.958,06	733.289,21	30%
		COGEST	6.807.752,73	11.870,39	**69.789,78**	81.660,17	6.726.092,56	1%
		TOTAL	7.850.000,00	154.068,02	**236.550,21**	390.618,23	7.459.381,77	5%

Budget vs Actuals (Year to Month) of UGA0901711

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Budget Version: **D01**
Currency : EUR
Year to month : **31/12/2011**
YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2010	Expenses 2011	Total	Balance	% Exec
04 prepare the field		COGES	38.700,00	0,00	**0,00**	0,00	38.700,00	0%
05 Organise 3 training sessions with 12 participants		COGES	66.000,00	0,00	**0,00**	0,00	66.000,00	0%
06 longterm strategy after evaluation		COGES	23.000,00	0,00	**0,00**	0,00	23.000,00	0%
07 A Scientific support team accompanies the capacity			256.800,00	0,00	**0,00**	0,00	256.800,00	0%
01 An external expert team organising the capitalisation		COGES	158.800,00	0,00	**0,00**	0,00	158.800,00	0%
02 Organise the policy dialogue		COGES	98.000,00	0,00	**0,00**	0,00	98.000,00	0%
W MANAGEMENT REVENUE SIDA			122.727,27	0,00	**0,00**	0,00	122.727,27	0%
01 Management Revenue SIDA			122.727,27	0,00	**0,00**	0,00	122.727,27	0%
01 Management Revenue SIDA		REGIE	122.727,27	0,00	**0,00**	0,00	122.727,27	0%
X BUDGET RESERVE			116.775,00	14,70	**0,00**	14,70	116.760,30	0%
01 Budget Reserve			116.775,00	14,70	**0,00**	14,70	116.760,30	0%
01 Budget Reserve COGESTION		COGES	116.775,00	14,70	**0,00**	14,70	116.760,30	0%
02 Budget Reserve REGIE		REGIE	0,00	0,00	**0,00**	0,00	0,00	?%
Z GENERAL MEANS			985.520,00	142.197,63	**166.760,43**	308.958,06	676.561,94	31%
01 Personnel cost			702.000,00	99.827,63	**140.071,11**	239.898,74	462.101,26	34%
01 International technical advisor		REGIE	624.000,00	98.106,63	**136.779,88**	234.886,51	389.113,49	38%
02 Project officer	Deleted	REGIE	0,00	0,00	**0,00**	0,00	0,00	?%
03 Project driver		REGIE	12.000,00	1.721,00	**3.291,23**	5.012,23	6.987,77	42%
04 Project Accountant		COGES	33.000,00	0,00	**0,00**	0,00	33.000,00	0%
05 Project Officer		COGES	33.000,00	0,00	**0,00**	0,00	33.000,00	0%
02 Investments			53.440,00	37.774,67	**1.036,19**	38.810,86	14.629,14	73%
01 vehicles		REGIE	35.500,00	35.637,74	**0,00**	35.637,74	-137,74	100%
		REGIE	1.042.247,27	142.197,63	**166.760,43**	308.958,06	733.289,21	30%
		COGEST	6.807.752,73	11.870,39	**69.789,78**	81.660,17	6.726.092,56	1%
		TOTAL	7.850.000,00	154.068,02	**236.550,21**	390.618,23	7.459.381,77	5%

Budget vs Actuals (Year to Month) of UGA0901711

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	Status	Fin Mode	Amount	Start to 2010	Expenses 2011	Total	Balance	% Exec
02 Office equipment		REGIE	4.700,00	340,21	**0,00**	340,21	4.359,79	7%
03 Equipement IT		REGIE	12.240,00	1.796,72	**1.036,19**	2.832,91	9.407,09	23%
04 Office fixing-up		REGIE	1.000,00	0,00	**0,00**	0,00	1.000,00	0%
03 Recurrent costs			110.080,00	4.555,77	**12.482,22**	17.037,99	93.042,01	15%
01 Maintenance and insurance of vehicle		REGIE	11.520,00	2.101,51	**2.118,37**	4.219,88	7.300,12	37%
02 Maintenance and fuel of motorcycles		REGIE	7.200,00	0,00	**0,00**	0,00	7.200,00	0%
03 Fuel vehicle		REGIE	5.760,00	691,52	**1.557,37**	2.248,89	3.511,11	39%
04 Office maintenance (2)		REGIE	4.800,00	599,31	**1.029,62**	1.628,93	3.171,07	34%
05 Telecommunications 3 mobiles		REGIE	2.880,00	102,58	**605,38**	707,96	2.172,04	25%
06 Missions		REGIE	70.000,00	990,65	**1.149,04**	2.139,69	67.860,31	3%
07 Representation costs and external communication		REGIE	1.920,00	0,00	**4.198,15**	4.198,15	-2.278,15	219%
08 recruiting (1 ticket + stay in Belgium)		REGIE	6.000,00	70,20	**1.824,29**	1.894,49	4.105,51	32%
04 Audit et Suivi et Evaluation			120.000,00	0,00	**13.130,40**	13.130,40	106.869,60	11%
01 Frais de suivi et évaluation		REGIE	50.000,00	0,00	**10.010,42**	10.010,42	39.989,58	20%
02 Audit		REGIE	40.000,00	0,00	**0,00**	0,00	40.000,00	0%
03 Backstopping		REGIE	30.000,00	0,00	**3.119,98**	3.119,98	26.880,02	10%
99 Conversion rate adjustment			0,00	39,56	**40,51**	80,07	-80,07	?%
98 Conversion rate adjustment		REGIE	0,00	39,56	**40,51**	80,07	-80,07	?%
99 Conversion rate adjustment		COGES	0,00	0,00	**0,00**	0,00	0,00	?%
		REGIE	1.042.247,27	142.197,63	**166.760,43**	308.958,06	733.289,21	30%
		COGEST	6.807.752,73	11.870,39	**69.789,78**	81.660,17	6.726.092,56	1%
		TOTAL	7.850.000,00	154.068,02	**236.550,21**	390.618,23	7.459.381,77	5%

7.4 Beneficiaries

Potential beneficiaries of the project can be distinguished as follows:

1. The society at large / the population of Uganda:
   The eventual benefit of achieving the general and specific objectives will be to the people of Uganda who are in need of health services. Improvements in health service- and health status indicators will only be reflected in the long term.

2. The partner institution, the Ministry of Health, will benefit from the project through the strengthening of its organizational, institutional and managerial capacity. The first phase of the project has contributed to organizational changes at |the level of MOH HQ.

3. Health workers and health managers at various levels of the health sector will benefit from the project through enhancement of planning, leadership and management skills. This will be through direct training of health workers, but also through the effects of more effective planning, leadership and management at other levels in the sector.

4. Universities and other training institutions will benefit through skills development, interaction with other (international) institutions, and experience in supporting the health sector in planning, leadership and management

7.5 Operational planning Q1-2012:

Planned activities to deliver outputs FY	Q3	Q4	Q1	Q2				Resp. officer
	2012				2013	2014	2015	
A_01_01 Capacity assessment and capacity building	**Q1**	**Q2**	**Q3**	**Q4**				
Development of national vision and strategy on Governance, stewardship, Leadership and Management in health								DGHS / DHS(P&D) / TA
Assessment and inventory of leadership training needs for Top and Senior Management								DGHS / DHS(P&D) / TA
MOH - level 4 Ministerial Meeting room and MS(GD) office - rehabilitation								DHS(P&D) / USS
MOH - level 2 boardroom: re-modeling and equipping								CHS(P) / AC(Infra)
Capacity Building support Policy Analysis Unit (PAU)								DHS(P&D) / PPA / ACHS(HRM) /TA
MOH - Level 2: central printing facility (LAN)								DHS(P&D) / TA
Operational, logistical & mgt support MOH HQ and ICB project								DHS(P&D) / TA

Gender mainstreaming in health: support HR and gender desk activities (workplan)								CHS(P) / Gender FPP /TA

A_01_02 Capacity building at individual level	**Q1**	**Q2**	**Q3**	**Q4**				
Leadership & Management Capacity Building programme Top-Management MOH								DGHS / DHS(P&D) / TA
Advanced Short Course on Health Reforms & Financing - RTI Amsterdam								DHS(P&D) / TA
Support Hospital Management training (evaluation / impact assessment / implementation)								Clin.serv / HRD / QA
Support development of National Training Plan for pre-and in-service								AC HD(HRD) / AC HRM / AC HS(P) / TA
Support HMB induction training RRH								AC HD(HRD) / ACHS(CC) / TA
Support selected L&M training - scholarships								AC HD(HRD) / AC HRM / TA
A_01_03 Development procedures manual	**Q1**	**Q2**	**Q3**	**Q4**				
Development MOH draft procedures manual - stakeholders consultation								CHS(QA) / TA
Development ICB project procedures / operational manual								DHS(P&D) / TA

Support to MOH website (improve functionality): consultancy and training website manager								AC RC / CHS(P) / TA
Short - term web-manager (re-design website and capacity building RC staff)								AC RC / CHS(P) / TA

A_01_04 Review / revision supervision (monitoring) framework	**Q1**	**Q2**	**Q3**	**Q4**				
Integrated Supervision Framework - review process / consultancy								CHS(QA) / AC HS(QA) / TA
Support establishment and training of District Supervisory Authorities								DHS(P&D) / AC(HRM) / TA
A_01_05 MOH coordination all cap.bld initiatives	**Q1**	**Q2**	**Q3**	**Q4**				
Retreat - Directorate Health Services (Planning & Development) - continuation								DHS(P&D) / TA
Senior Management Retreat:								DGHS / CHS(QA)
Develop coordinating framework (in line with MOU - Compact)								CHS(P) / ACHS(HRD) / TA
A_01_06 Capacity Building PNFP sector and TA policy	**Q1**	**Q2**	**Q3**	**Q4**				

Capacity assessment of PNFP Medical Bureaus - develop PNFP inclusion in ICB project								PC / TA
Support to Institutional Capacity Building of PNFP bureau								PC / TA

A_01_07 MOH policy / modules for new mgrs.	**Q1**	**Q2**	**Q3**	**Q4**				
Consultancy for impact evaluation / assessment of induction training								AC HRM / ACHS(HRD) / TA
Revise and support induction training								ACHS(HRD) / TA
A_01_8 Monitoring and two-yearly evaluation of the progress	**Q1**	**Q2**	**Q3**	**Q4**				
Conduct Steering Committee meetings (quarterly)								DHS(P&D) / TA
Conduct Central Project Implementation Committee meetings (monthly)								DHS(P&D) / TA
A_02_01 Cap. Assessment 4 hospitals	**Q1**	**Q2**	**Q3**	**Q4**				
Planning visits F.Portal RRH / GHs / DHOs								ACHS / TA
Regional Project Implementation Committee (R-PIC) quarterly meetings								HD RRH / PC / TA

Inclusion of PNFP hospitals in ICB (assessment and selection).								ACHS(CC) / TA
Feasibility study Regional Health level								CHS(P) / TA
A_02_02 Hospitals organizational reform process	**Q1**	**Q2**	**Q3**	**Q4**				
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar								CHS(CC) / PC / TA
Procurement of regional CHD vehicle								CHS(CC) / PC / TA
CHD functional planning and implementation support (including SOS and technical support								CHS(CC) / PC / TA
Transport and equipment support (depending on assessment outcomes)								ACHS(CC) / TA
Furniture and equipment board room and RRH Resource Centre								HD RRH / TA
Roll-out of HR L&M course to RRH and GH								ACHS(HRD) / TA
Support Hospital management training								ACHS(HRD) / TA
(Induction) Surgical Training skills for surgical teams at RRH and GH – Rwenzori region								CHS(CC) / PC
A_02_03 Procedures manual	**Q1**	**Q2**	**Q3**	**Q4**				

Development of regional and hospitals procedures manual (draft)								ACHS(CC) / AC QA / TA
A_02_06 Master Planning	**Q1**	**Q2**	**Q3**	**Q4**				
Technical Support visits to Fort Portal for SIP development								CHS(P) / TA
Consultancy development of investment component SIP FP RRH								CHS(P) / TA
A_3_01 Cap. Assessment 4 hospitals	**Q1**	**Q2**	**Q3**	**Q4**				
Planning visits Arua RRH / GHs / DHOs								ACHS(CC) / ACHS(P) / TA
Regional Project Implementation Committee (R-PIC) quarterly meetings								HD RRH / PC / TA
Feasibility study Regional Health level (Combined with A_02_01)								CHS(P) / TA
A_03_02 Hospital reform process	**Q1**	**Q2**	**Q3**	**Q4**				
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar								CHS(CC) / PC / TA
Procurement of regional CHD vehicle								CHS(CC) / PC / TA

CHD functional planning and implementation support (including SOS and technical support								CHS(CC) / PC / TA
Transport and equipment support (depending on assessment outcomes)								ACHS(CC) / TA
Furniture and equipment board room and RRH Resource Centre								HD RRH / TA
Roll-out of HR L&M course to RRH and GH								ACHS(HRD) / TA
Support Hospital management training								ACHS(HRD) / TA
(Induction) Surgical Training skills for surgical teams at RRH and GH – West-Nile region								CHS(CC) / PC
A_03_03 Procedures manual	**Q1**	**Q2**	**Q3**	**Q4**				
Development of regional and hospitals procedures manual (draft) - combined with A_02_03								ACHS(CC) / AC QA / TA

A_03_07 Master Planning	**Q1**	**Q2**	**Q3**	**Q4**				
Technical Support visits to Arua for SIP development								CHS(P) / TA
Consultancy development of investment component SIP Arua RRH								CHS(P) / TA

A_04_01 Districts engaged in capacity assessment	Q1	Q2	Q3	Q4				
Needs assessment of IT equipment for district management teams and health facilities								ACHS(RC) / PPO PDU
Develop and support to e-Health policy								DHS(P&D) / ACHS(RC)
Roll-out support revised HMIS in all (15) districts in project regions								ACHS(RC) / TA
Roll-out support HRIS in all (15) districts in project regions								AC(HRM) / TA / ACHS (RC)
Support Supply Chain Management strengthening in selected districts (Arua, Yumbe, Adjumani, Zombo, Maracha, Kyegegwa, Ntoroko)								AC Phar / TA
Roll-out of HR Leadership & Management course to 15 districts in F.Portal and Arua regions								ACHS(HRD) / TA

A_04_01 Districts engaged in capacity assessment	Q1	Q2	Q3	Q4				
Support functionality selected HC IVs (infrastructure and equipment) – Rwenzori region								CHS(CC) / ACHS(Infr) / PC

Support functionality selected HC IVs (infrastructure and equipment) – West-Nile region								CHS(CC) / ACHS(Infr) / PC
A_05_01 Support ongoing HSD MT Cap. Bld	**Q1**	**Q2**	**Q3**	**Q4**				
Strategic and Investment plan development for HMDC - Mbale								ACHS(HRD) / DHS(P&D) / TA
Consultancy for SIP / masterplan HMDC								ACHS(HRD) / DHS(P&D) / TA
Specific Technical Assistance HMDC								ACHS(HRD) / DHS(P&D) / TA
TOR and apply BTC Junior Assistant HMDC - Mbale								TA / ACHS(HRD)
Implementation support Regional IST / CPD centre – West-Nile region								Hosp. Dir RRH / ACHS(HRD) / TA
Establish Regional IST / CPD centre – Rwenzori region								Hosp. Dir RRH / ACHS(HRD) / TA
Implementation support Regional IST / CPD centre – Rwenzori region								Hosp. Dir RRH / ACHS(HRD) / TA
Consultancy for HSD training evaluation / impact assessment								AC HS(HRD) / TA
Review and revise HSD training								AC HS(HRD) / AC HS (P) / TA
Support to strengthen District Health Unit Management Committees (HUMC)								CHS(P) / TA
A_06_01 Build HSD (IST / CPD) Training facilities	**Q1**	**Q2**	**Q3**	**Q4**				

Design and plan building of regional IST / CPD training facility – Rwenzori region								AC Infrastructure / AC HS (P)
Design and plan building of regional IST / CPD training facility – West Nile region								AC Infrastructure / AC HS (P)
A_6_02 Develop HSD Training strategy	**Q1**	**Q2**	**Q3**	**Q4**				
Develop HSD MT training strategy								ACHS(HRD) / TA
A_07_01 Capitalization process	**Q1**	**Q2**	**Q3**	**Q4**				
Develop TOR Scientific Support								PC / TA
Procurement of Scientific Support								PPO - PDU / TA / PC
Operationalize Scientific Support Team								PC / TA
Strengthen operational research component								PC / TA
Z_01 Personnel cost	**Q1**	**Q2**	**Q3**	**Q4**				
Project accountant								DHS(P&D) / AC Acc
Project officer								DHS(P&D)

7.6 Implementation status Q4-2011:

PROGRESS REPORT Q 4, 2011

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A_01_01 Capacity assessment and capacity building	**Oct**	**Nov**	**Dec**		
Development of national vision and strategy on Governance, stewardship, Leadership and Management in health (see also A_07_01)				**R**	Not yet done; planned pre-JRM; postponed till Q 3 (Jan-March 2012)
Assessment and inventory of leadership training needs for top and middle management				**R**	Postponed - HAS completed by MakSPH / Abt Associates (awaiting final report)
ICB sensitization and orientation MOH				**R**	Re-launch of ICB project once full implementation has started off - postponed till Q3
MOH - level 4 Ministerial Meeting room rehabilitation				**Y**	In preparation - procurement plan being developed
MOH - level 2 boardroom: remodelling and equipping				**Y**	In preparation - assessment by Infrastructure Division and BOQ
MOH - Office MS (GD) level 4 boardroom: refurbishment				**Y**	In preparation - procurement plan being developed
Capacity Building support Policy Analysis Unit (PAU) / HPAC Secretariat				**Y**	TOR drafted - to be advertised January 2012
MOH - Level 2: central printing facility (LAN)				**G**	Heavy duty photocopier procured - delivery January 2012

Operational, logistical & mgt support MOH HQ and ICB project				G	IT equipment: ACHS(HRD), ACHS(QA), Global Health Desk, PAU / HPAC secretariat, PAU unit - 5 desktop computers with UPS, 5 printers, three scanners sand two laptop computers procured - delivered January 11, 2012
Gender mainstreaming in health: support HR and gender desk activities (workplan)				R	No action yet by HHR & G desk officers
A_01_02 Capacity building at individual level					
Leadership & Management Capacity Building programme Top-Management MOH					See comment under A_01_01; postponed
Support HMB induction training RRH				Y	HUMC and HMB training workshops postponed to January 2012
A_01_03 Development procedures manual					
Development ICB project procedures / operational manual				Y	New governance structure implemented; project staff recruitment started; project procedure manual drafted
Re-design MOH website (improve functionality): consultancy and training website manager				Y	UHSSP started process; support offered to RC
A_01_04 Review / revision supervision (monitoring) framework					

Support to Q4 Area Team visits - baseline for review Integrated Supervision Framework				G	Q4 Area Teams (14) Supervision completed
Integrated Supervision Framework - review process / consultancy				Y	TOR developed - advertised and evaluated (all bids rejected) ; re-advertised Nov 2011; evaluation Jan 2012
Support AHSPR & JRM preparatory process				G	Support to AHSPR retreat (Jinja)
A_01_05 MOH coordination all cap.bld initiatives					
Retreat - Directorate Health Services (Planning & Development) - continuation				G	Directorate retreat - LTIA orientation planned for Q3
Develop coordinating framework (in line with MOU - Compact)					HDG - MOH (post JRM)
A_01_06 Capacity Building PNFP sector and TA policy					
Capacity assessment of PNFP Medical Bureaux - develop PNFP inclusion in ICB project				R	Not yet started
Support to Institutional Capacity Building of PNFP bureaux				R	Not yet started
A_01_07 MOH policy / modules for new mgrs.					

A_01_08 Monitoring and two-yearly evaluation of the progress					
Conduct Steering Committee meetings (quarterly)				G	June 20 2011 (1st); October 12 (2nd). Next SC scheduled January 2012
Conduct Central Project Implementation Committee meetings (monthly)				Y	August 13, September 20, Oct 25 (cancelled JRM),

A_02_01Cap. Assessment 4 hospitals					
Planning visits F.Portal RRH / GHs / DHOs				G	All districts Rwenzori visited (except Bundibunyo and Ntoroko)
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	Start Q2 meeting (Nov 29 Rwenzori)
Inclusion of PNFP hospitals in ICB (assessment and selection).				Y	Not yet started (included in R-PIC)
Feasibility study Regional Health level				Y	Draft TOR (in consultation with UHSSP and GF FCO)
A_02_02 Hospitals organizational reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				Y	Discussions FP RRH HMT; no programme yet;
Procurement of regional CHD vehicle				Y	procurement CHD / SOS vehicle to be started
CHD functional planning and implementation support (including SOS and technical support				Y	Discussions FP RRH HMT; no programme yet;
Transport and equipment support (depending on assessment outcomes)				Y	Regional assessment started (to be completed) - discussed in SC Oct 2011
Furniture and equipment board room and RRH Resource Centre				Y	Procurement plan finalised; procurement process December 2011
Roll-out of HR L&M course to RRH and GH				Y	Phase 1 conducted for 4 district teams; hospitals to be starting Q3

Support Hospital management training				R	Not yet started

A_02_03 Procedures manual					
Development of regional and hospitals procedures manual (draft)				Y	Clinical Department task force; draft manual presented to Top Mgt; workshop December 2011
A_02_06 Master Planning					
Technical Support to SIP development				Y	Process support on site; stalled due to cancellation consultancy procurement;
Technical Support visits to Fort Portal for SIP development				Y	Delayed development of SBD FP RRH
Consultancy development of investment component SIP Arua RRH				Y	Consultancy re-advertised Dec 2011
A_03_01 Cap. Assessment 4 hospitals					
Planning visits Arua RRH / GHs / DHOs				Y	July 2011 (HRD, Clinical, TA)
Regional Project Implementation Committee (R-PIC) quarterly meetings				G	Start Q2 meeting (Dec 7, 2011)
Inclusion of PNFP hospitals in ICB (assessment and selection).				Y	Not yet started (included in R-PIC meeting)
Feasibility study Regional Health level (Combined with A_02_01)				Y	TOR drafted (in consultation with UHSSP / GF FCO)

A_03_02 Hospital reform process					
Development of functional Community Health Department at RRH for regional project entry / Regional Health level: workplan and SOS calendar				R	Not yet started
Procurement of regional CHD vehicle				R	Not yet started
CHD functional planning and implementation support (including SOS and technical support				R	Not yet started
Transport and equipment support (depending on assessment outcomes)				Y	Regional transport assessment started - to be completed; discussed in SC Oct 2011
Furniture and equipment board room and RRH Resource Centre				R	Not yet started
Roll-out of HR L&M course to RRH and GH				R	Postponed to Q3 (started Rwenzori region)
Support Hospital management training				R	Not yet started
A_03_03 Procedures manual					
Development of regional and hospitals procedures manual (draft) - combined with A_02_03				Y	see previous comment
A_03_07 Master Planning					
Technical Support visits to Arua for SIP development				G	MOH team (Dec. 2011)

Consultancy development of investment component SIP Arua RRH				Y	Delayed preparation SBD - to be advertised December 2011
A_04_01 Districts engaged in capacity assessment					
Needs assessment of IT equipment for district management teams and health facilities				Y	MOH Resource Centre conducted assessment in Rwenzori region (Oct 2011)
Develop and support to e-Health policy				R	Not yet started
Roll-out support revised HMIS in all (15) districts in project regions				Y	Scheduled for October 2011 (postponed due to JRM preparations); to be rescheduled
Roll-out support HRIS in all (15) districts in project regions				Y	Consultations with UCP
Support Supply Chain Management strengthening in selected districts (Arua, Yumbe, Adjumani, Zombo, Maracha, Kyegegwa, Ntoroko)				Y	Workplan and budget developed for support MOH pharmacy unit; Ntoroko & Kyegegwa district (Rwenzori); Arua, Maracha, Adjumani, Yumbe and Zombo districts (West Nile)
Roll-out of HR Leadership & Management course to 15 districts in F.Portal and Arua regions				Y	Phase 1 HRH L&M training 4 district teams Rwenzori region (November 2011)
A_05_01 Support ongoing HSD MT Cap. Bld					
Strategic and Investment plan development for HMDC - Mbale				Y	Task force HRH TWG established; concept paper development retreat Jan 2012
Consultancy for SIP / masterplan HMDC				R	Procurement procedure to start Q3 (Jan-Mar 2012)

Specific Technical Assistance HMDC				Y	Option of Junior Assistance discussed with BTC HQ. TOR to be presented January 2012
Support to strengthen District Health Unit Management Committees (HUMC)				Y	HRD revised guidelines; TOT scheduled for January 2012
A_07_01 Capitalization process					
Develop TOR Scientific Support				Y	Draft TOR finalised
Procurement of Scientific Support				R	Not yet started; consultation BTC HQ
Operationalize Scientific Support Team				R	Not yet started

Z_01 Personnel cost					
Project accountant				Y	TOR developed; advertised Nov 2011
Project officer				Y	TOR developed; advertised Nov 2011
Z_01 Personnel cost					
International technical advisor				G	
Project driver				G	
_02 Investments					
Office equipment				Y	DHS(P&D) office: LCD, screen, white board; side-desk (Jan 2012)
Equipment IT				G	Photocopiers PC and TA office procured(Delivery January 2012); equipment project staff as soon as recruitment finalised.
Z_03 Recurrent Costs					
Maintenance and insurance of vehicle				G	Ongoing
Fuel vehicle				G	Ongoing

Office maintenance (supplies)				G	Ongoing (office supplies, bank charges, etc)
Telecommunication				G	Ongoing (TA, driver)
Missions				G	Regional visits TA
Representation and external communication				G	Service Agreement (SLA) BTC Uganda office
Recruitment (ITA, ticket Belgium)				G	Ongoing
Z_04 Audit and evaluation					
Monitoring & evaluation					
Audit				R	BTC Audit scheduled for 2012
Backstopping					Follow-up Technical Mission (April 2011) planned for Q4 2011/2012
W_01 Management Revenue SIDA					
BTC administrative costs SIDA contribution				G	Formalised in budget modification