



## 2021 Results Report

UGA20003 – Leveraging  
Strategic health Financing for  
Universal Health Coverage  
(LSF)

Uganda



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## 1 Abbreviations

ANC4	Antenatal Care
ART	Anti-Retroviral Therapy
B/C EMONC	Basic/Comprehensive Emergency Maternal Obstetric and Neonatal Care
CYP	Couple Years of Protection
COVID-19	Novel Corona Virus Disease
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Office
DLG	District Local Government
DPT3	Diphtheria Pertussis and Tetanus Vaccine
DRC	Democratic Republic of Congo
EHA	Enhancing Health in Acholi. Short name for Short name for “Roll out the national Results-based financing policy in the Acholi Sub-Region, Uganda, UGA180371T”
EMS	Emergency Medical Services
EUR	Euro
FY	Financial Year
GDP	Gross Domestic Product
GH	General Hospital
HC III	Health Centre level III
HC IV	Health Centre level IV
HDP	Health Development Partner(s)
HF	Health Facility(ies)
HFQAP	Health Facility Quality Assessment Program
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
ICB II	Institutional Capacity Building Project in Planning Leadership and Management in the Uganda Health Sector – Phase II, UGA 1408211
IHFE	International Health Finance Expert

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IPT	Intermittent Preventive Treatment (for Malaria)
MCH	Maternal Child Health
MOFPED	Ministry Of Finance, Planning and Economic Development
MoH	Ministry of Health
M/ETR	Mid/End Term Review
N/A	Not available (Not applicable)
NTA-TL	National Technical Assistant – Team Leader
NDP	National Development Plan
OPD	Out Patient Department
PIP	Performance Improvement Plan
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNFP	Private Not For Profit . Also short name for “Institutional Support for the Private-Non-For-Profit Health Sub-sector to Promote Universal Health Coverage in Uganda, UGA 1302611”
PSC	Project Steering Committee
PS	Permanent Secretary
QI	Quality Improvement
RAFI	International Finance and Contracting Coordinator
RH	Reproductive Health
RBF	Result Based Financing
RHITES-N	Regional Health Integration to Enhance Services-North, Acholi, project funded by the United States Agency for International Development
RW	Rwenzori Region
SC	Steering Committee
SPHU	Short name for “Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU) UGA 1603611”
SRH(R)	Sexual and Reproductive Health (and Rights)
TASO	The Aids Support Organization
TB	Tuberculosis
TFF	Technical and Financial File
UgIFT	Uganda Inter-governmental Fiscal Transfer (program)

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UCMB/UPMB	Uganda Catholic/Protestant Medical Bureau
UGX	Ugandan Shilling
UNHCR	United Nations High Commission for Refugees
UNMHCP	Uganda National Minimum Health Care Package
URMCHIP	Uganda Reproductive Mother and Child Health Improvement Program
USAID	United States Agency for International Development
USD	United States Dollar
VHT	Village Health Team
WB	World Bank
WHO	World Health Organisation
WN	West Nile region



## 2 Summary of intervention

### 2.1 Intervention form

<b>Title of the intervention</b>	<b>Leveraging Strategic health Financing for Universal Health Coverage – with particular focus on vulnerable groups</b>
<b>Code of the intervention</b>	<b>UGA 20003</b>
<b>Location</b>	<b>Uganda</b>
<b>Total budget</b>	<b>EUR 4,000,000</b>
<b>Partner institution</b>	<b>Ministry of Health</b>
<b>Start date of the Specific Agreement</b>	<b>17<sup>th</sup> May 2021</b>
<b>Start date of the intervention/ Opening steering committee</b>	<b>1<sup>st</sup> October 2021 29<sup>th</sup> October 2021</b>
<b>Expected end date of execution</b>	<b>30<sup>th</sup> September, 2023</b>
<b>End date of the Specific Agreement</b>	<b>16<sup>th</sup> August 2024</b>
<b>Target groups</b>	<b>Direct beneficiaries are the Ministry of Health, district health offices and Public and PNFP facilities in West Nile, Rwenzori and Gulu region. Indirect beneficiaries are the rural population, particularly the poorest and most vulnerable.</b>
<b>General Objective</b>	<b>Contribute to Universal Health Coverage in Uganda</b>
<b>Specific Objective</b>	<b>To strengthen the capacity of Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR services, with a particular attention to vulnerable groups</b>
<b>Results</b>	<b>Result 1: Capacity of the Ministry of Health (MOH) RBF unit at national and at district and health facility level in Rwenzori and West Nile Region is strengthened in order to implement the RBF mechanism and to boost reflexion on social protection in health</b>
	<b>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 region</b>
	<b>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</b>
	<b>Result 4: Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions</b>
<b>Period covered by the report</b>	<b>May 17, 2021 – December 31, 2021</b>

## 2.2 Self-evaluation of performance

### 2.2.1 Relevance

	Performance
Relevance	A

The intervention is part of a bridging program between the Indicative Development Cooperation Program 2013-2016 and the one currently under development between the Kingdom of Belgium and the Republic of Uganda. As such, the project is built over the experiences of the previous Belgian-funded projects and continues to be aligned to Belgian and Ugandan policies and priorities.

The intervention is fully anchored in the Health Financing Strategy 2016-2025, the Results Based Financing (RBF) implementation framework, UHC Road Map for Uganda, as well as the Ministry of Health Strategic Plan 2020/21 - 2024/25. RBF has been scaled up nationally under the URMCHIP and USAID-EHA project, and the RBF approach is currently being streamlined into the public funding mechanism under the Uganda Intergovernmental Fiscal Transfer (UgIFT) program as a reform.

As stated in the Health Financing Strategy 2015/16 – 2024, “the desired direction for the Government of Uganda is to move towards RBF. The MoH therefore developed the National RBF Framework to enhance the utilization, efficiency and quality of health services delivered to the population of Uganda while improving equitable access to these services; and to increase the strategic purchasing of cost-effective services in order to contribute to significant reductions in morbidity and mortality. The project continues the efforts started with the previous projects, this time focusing more on the technical support to RBF implementation, complementary direct support in priority areas (sexual and reproductive health emergency services) and reflection and elaboration of subsequent steps in the roadmap towards establishment of a sustainable national health financing system.

The project operates at national, regional, district and facility level, so responding to the needs, interests and priorities of direct and indirect beneficiaries (MOH, Districts, Health facilities and population).

### 2.2.2 Effectiveness

	Performance
Effectiveness	Not applicable

The project specific agreement was signed in May 2021, shortly before the third wave of Covid19 infections swept across the country and a national lockdown was declared. This delayed start of activities, with start-up phase extending from July to September. In particular recruitment of staff took long and some officers were not yet on board at the end of the year. Some activities were undertaken in Q4, but at this stage it is almost impossible to talk about results, but we are confident the project will be able to achieve its stated objectives.

### 2.2.3 Efficiency

	<b>Performance</b>
<b>Efficiency</b>	C

The intervention was signed in May 2021 but the start-up phase took long, due to both external and internal circumstances. Expense projection were met following the use of the reserve for a communication campaign on Covid19 vaccination. Being the first 6 months of project and with activities now taking speed, this should not affect overall implementation, but due to the short duration of the project, close follow up is warranted.

### 2.2.4 Potential sustainability

	<b>Performance</b>
<b>Potential sustainability</b>	B

The intervention is fully aligned with the institutional policies and strategies of the government of Uganda. There is a strong support at policy and institutional level for sustaining the implementation of RBF at national level. Government and health development partners are currently developing a five-year strategy to transition from multiple projects to a programme-based approach with a single RBF model implemented at national level and streamlined into existing government structures and systems. This is a positive development in terms of sustainability in the short and medium term. However, it is unlikely that the GoU will be able to sustain the current level of financing for health facilities in Acholi sub-region despite anticipated increase in domestic funding for health services. In the longer term, sustainability of RFB will depend on the increase of public budget allocation to the health sector in absolute and relative terms. The view of the Ministry of Health and Health Development Partners in Uganda is that RBF is strengthening strategic purchasing in the health sector as an initial step towards the establishment of a National Health Insurance System in Uganda (which remains a long-term policy goal).

In operational terms, project activities are fully integrated within the institutions and plans of the Ministry of Health (MoH) and are designed and implemented following a system strengthening approach, aiming at supporting and reinforcing existing structures.

## 2.2.5 Conclusions

The intervention builds on previous projects and it is strongly integrated with the other project implemented by Enabel in the Acholi region, and with the Ministry policies and strategies. It also aims to putting some more emphasis on the areas of sexual and reproductive health services and emergency health services.

In the area of RBF, there is a shift from direct implementation of grants to technical support at both national and regional/district level, in particular in the areas of data management, digitalization and mainstreaming.

Due to some delays in the start up phase, activities effectively started only in the last quarter of the calendar year 2021. The project is also undergoing some reorientation and adaptation to changing circumstances and national priorities, and this has determined some delays in the baseline data collection. Indeed, some resources were reallocated to a communication campaign to support Covid19 vaccination.

As a bridge intervention from the previous to the next portfolio, the project will consolidate the achievements of the previous interventions and put the basis for a more incisive action in the areas of sexual and reproductive health and rights and emergency services.

National Execution Officer	Intervention Manager Enabel
Dr. Sarah Byakika Kyeyamwa	Dr. Monica Imi

## 3 Monitoring of results

### 3.1 Evolution of the context

#### 3.1.1 General and institutional context

The challenges caused by the Covid19 pandemic have persisted during 2021: in June 2021 by a third wave, causing a 6-week strict lockdown.

The economic is slowly recovering from a sharp contraction due to the COVID-19 shock that had slowed growth to its lowest pace in over three decades. COVID-19 crisis is threatening to reverse some of the gains made on structural transformation and the declining poverty trend of the past decade. This transformation was characterized by a reduction in the workforce employed in on-farm agriculture and a take-off in industrial production, largely in agro-processing. However, following the COVID shock, there have already been widespread firm closures, permanent layoffs in industry and services, a rapid slowdown of activity particularly in the urban informal sector, and a movement of labor back to farming. At the same time, household incomes have fallen, which is concerning given the high levels of vulnerability to poverty, limited social safety nets, and impacts this might have on human capital development and Uganda's capacity to benefit from its demographic transition<sup>1</sup>.

The health sector budget has increased in nominal terms by 8% in FY 2020/21, from UGX 2,589 billions in FY 2019/20 to UGX 2,789 in FY 2020/21, majorly attributed to additional allocations for Covid19-related response (the sector received a supplementary budget of 324 billions).

However, the proportional share of the national budget to health has stagnated and it has remained between 6 and 9% in the last 10 years and, besides, with a significant percentage (43%) from external funding.

Year	Health Budget	Growth	Total Gov't Budget	Growth	Health as % of total budget
2010/11	660		7,377		8.9%
2011/12	799	21%	9,630	31%	8.3%
2012/13	829	4%	10,711	11%	7.7%
2013/14	1,128	36%	13,065	22%	8.6%
2014/15	1,281	14%	14,986	15%	8.5%
2015/16	1,271	-1%	18,311	22%	6.9%
2016/17	1,827	44%	20,431	12%	8.9%
2017/18	1,950	6.7%	29,000	42%	6.7%
2018/19	2,373	18%	32,700	13%	7.2%
2019/20	2,589	9%	36,113	10%	7.2%
2020/21	2,789	8%	45,494	26%	6.1%
2021/22	3,361	21%	44,779	-2%	8%

From the institutional context, FY 2020/21 has been the first under the new National Development Plan III, which has changed the planning structure from sectors to program: Health, together with

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<sup>1</sup> Uganda Economic Update, 16th Edition, December 2020 : Investing in Uganda's Youth (<https://openknowledge.worldbank.org/handle/10986/34893>)  
Uganda Economic Update, 17th Edition, June 2021 : From Crisis to Green Resilient Growth – Investing in Sustainable Land Management and Climate Smart Agriculture (<https://openknowledge.worldbank.org/handle/10986/2193>)  
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Education, Ministry of Gender, Labour and Social Development, contributes to the Human Capital Development Program with the objective of “Enhancing the productivity and social wellbeing of the population”. The key health subprogram objective under the NDPIII framework is to “Improve population health, safety and management”.

In terms of health services, the epidemic had significantly affected service utilization in 2019/20 due to a combination of access and availability constraints: according to the Annual Health Sector Performance Report 2019/20, several indicators stagnated or even worsened (IPT2, under5 vitamin A coverage, immunization coverages, facility deliveries, hospital admissions, maternal and under 5 hospital death rates). In 2020/21 there are signs of positive recovery for many of the indicators. The tables below, extracted from the annual reports, summarize the progress of some health sector performance indicators (since monitoring frameworks changed, for some indicators there are no updated data):

<b>Indicator</b>	<b>FY 2018/19</b>	<b>FY 2019/20</b>	<b>FY 2020/21</b>
New OPD utilization rate	1	1.1	NA
Hospital admission (n per 100 pop	7.3 per 100	7 per 100	NA
Institutional deliveries	63%	59%	64%
ANC4	42%	42%	48%
IPT2	66%	60%	Replaced by IPT3 – 50%
Measles coverage under 1 year	88%	82%	86%
ART coverage	86%	89%	91%
ART retention rate	76%	78%	78%
TB detection rate	78%	82%	NA
TB treatment success rate	72%	78%	NA
CYP	3,222,372	3,835,235	NA

RBF has been rolled out across the whole country under the URMCHIP, which also took over the West Nile and Rwenzori regions, previously covered by the Enabel Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU Project). URMCHIP implementation has been extended up to June-2022 and subsequently RBF will be mainstreamed under the UgIFT program.

### **3.1.2 Management context**

At the central level, the intervention is anchored in the Department of Planning, Financing and Policy of the MoH. This is designed to foster ownership of the intervention by the MoH, facilitate discussion of necessary actions in the strategic areas, and increase intervention sustainability.

The Project Steering Committee (PSC) is the decision-making body of the intervention. The chair of the Steering Committee is the Permanent Secretary of the Ministry of Health, who has officially appointed the Under Secretary as chair.

The first Project Steering Committee took place on 29<sup>th</sup> October 2021 where the committee composition and regulation were approved. This was preceded by a technical meeting with the interested MOH departments (Planning, reproductive Health and Emergency Medical Services) to discuss operational alignment of the project result areas with MOH priorities and current developments.

A backstopping mission from the headquarters Health expert dr Gyselink Karel took place in August 2021, to assist he project team to frame the intervention.

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### **3.1.2.1 Partnership modalities**

The project does not foresee grants: the RBF mechanism is implemented by MOH under URMCHIP and the project focuses on technical support and direct health system strengthening interventions as per identified needs and priorities.

### **3.1.2.2 Operational modalities**

The operational modalities have been designed to align with the project objectives and the geographical scope:

- A central team constituted by an RBF expert, an M&E expert, a data management expert and a data officer to coordinate activities and provide support to the RBF unit
- A field office in Rwenzori (Fort Portal) to support RBF at regional level
- A field office in West Nile (Arua) to support RBF, SRH and EMS activities in the region
- An SRH officer in Gulu to support RH activities in Acholi.

## 3.2 Performance of outcome



### 3.2.1 Progress of indicators

<b>Outcome:</b> To strengthen the capacity of Ugandan health system in strategic health financing and ensuring access to quality basic health services for its population, including SRHR services, with a particular attention to vulnerable groups			
Indicator	Baseline (FY 2019/20)	2021	Targets
% institutional deliveries	WN 71.5% RW 69.9%	WN 69% RW 74.4%	80%
ANC care coverage – at least 4 visits	WN 26% RW 27%	WN 57% RW 59%	70%
IPT2 coverage	WN 67.2% RW 77.5%	WN 74% RW 78%	85%
Percentage of children fully immunized by 1 year	WN 75.8% RW 69.4%	WN 92% RW 96%	97%
Institutional Maternal Mortality ratio	WN: 92/100,000 live births RW: 99/100,000 live births	WN: 87/100,000 live births RW: 78/100,000 live births	80/100,000 live births
Couple Years Protection (CYP)	WN: 206,402 RW: 255,300 Acholi 134,386	WN: 382,174 RW: 565,611 Acholi: 173,749	WN: 400,000 RW: 600,000 Acholi: 200,000
Number of Inventories of documented experiences in line with the standards used in action-research	-	0	1

### 3.2.2 Analysis of progress made

The project aims at strengthening the health system at both national and subnational level, and its outcome indicators are aligned with national ones. The project is designed to build on the experience and work of the previous projects implemented in the same regions, in particular the SPHU (“Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda) which had introduced RBF in the regions and then supported the transition and implementation of the RBF under URMCHIP. Outcome results should then be interpreted as the result of the continuity of previous and current interventions and the effect of the external circumstances, in particular the Covid19 pandemic which has been responsible of the significant drop of coverage indicators in 2019/20. Indeed in 2021 most of indicators have shown a positive recovery, which is consistent with the national trend.



### 3.3 Performance of output 1



#### 3.3.1 Progress of indicators

<b>Output 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 and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflection on social protection in health</b>		
	<b>baseline</b>	<b>2021</b>
Average quality score of supported health units	WN 86.5% RW 87.9%	WN 91.9% RW 92.15%
Average quality score of supported DHMTs	RW 60% WN 57%	NA
Availability of detailed annual RBF report from RBF unit	No	No
Progress regarding a model for a comprehensive social protection system in Uganda	-	Draft mainstreaming strategy

#### 3.3.2 State of progress of the main activities

<b>Progress of main activities<sup>2</sup></b>	<b>Progress:</b>			
	A	B	C	D
Recruitment, orientation and deployment of RBF expert and officers		X		
Technical meeting with Planning dep and RBF unit		X		
Introductory meetings with the districts		X		
Development of project technical implementation manual		X		
Recruitment orientation and deployment of M&E expert		X		
Recruitment orientation and deployment of data management expert and data officer			X	
Support training for Digitalisation of RBF in RW, WN - (TOTs, Verifiers and HFs)		X		
Procure and distribute IT equipment for RBF unit			X	
Procure and distribute IT equipment (tablets) for districts to support roll out of RBF digital system		X		

#### 3.3.3 Analysis of progress made

<sup>2</sup> A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.  
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The focus of the quarter was orientation and deployment of the staff in their respective position, development of mode of cooperation with the Ministry of Health, and holding introductory meetings with the districts. The team was then heavily engaged in the support to the completion and roll out of the RBF digital platform, developed under URMCHIP. The project staff worked with the RBF unit to train all the 23 districts in the 2 regions, testing the digital system and allowing the final refinements of the platform. IT equipment was also rapidly procured and 70 tablets were distributed to support the digitalization of RBF. Additional IT equipment was procured to support the RBF unit at central and regional level. Use of the digital system is scheduled to start in Q3 of the current FY. The RBF expert also actively participated in the development of the draft mainstreaming strategy, which is supposed to guide the transition of the RBF program to the next model in FY 2022/23 under UgIFT. No other activity was scheduled for the quarter. Streamlining of data management and reorganization of RBF databases has started but it has been affected by the lack of the data officer.

### 3.4 Performance of output 2



#### 3.4.1 Progress of indicators

<b>Output 2:</b> 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.			
Indicator	Baseline 2019/20	2021	Target
Number of FP visits/users	WN Short term 32,259 WN Long term 26,287 Acholi short term 20,547 Acholi long term 18,062	WN Short term 82,608 WN Long term 90,464 Acholi short term 25,887 Acholi long term 42,336	
% facilities (HC IV) having adolescent and youth friendly services	West Nile 43%(6/14) Acholi 33% (1/3)	TBD	
% facilities (HC IV) integrating FP services with HIV and other preventive services (ANC, immunization)	TBD	TBD	
% facilities with VHT involved in promotion and implementation of SRH services	TBD	TBD	
Availability tracker FP commodities (COC and inj DMPA) - Day of the visit - > 95% previous quarter	TBD	TBD	

### 3.4.2 State of progress of the main activities

Progress of main activities <sup>3</sup>	Progress:			
	A	B	C	D
Technical meetings with the RH department		X		
Fact finding mission in West Nile		X		
Mapping of regional stakeholders in WN		X		
Preparation of the baseline assessment			X	
Covid19 vaccination communication campaign		X		

### 3.4.3 Analysis of progress made

The key activity undertaken was to meet the Reproductive Health Department to discuss the activities and scope of the project intervention in the area, in consideration of the MOH priorities but also of the number of stakeholders active in the region. Indeed, regional mapping and a fact finding mission organized in conjunction with the RBF unit highlighted a number of overlaps and potential duplication with the ANSWER project, implemented by UNFPA and several other partners, with funds from the Dutch Embassy. The Ministry of Health gave clear directives to design the intervention to avoid such situations and it was agreed that Enabel would focus on the supply rather than demand aspect – since ANSWER has a huge component on the community side including schools– and in particular on HCIV which are highlighted as yet non-functioning at the expected level in many cases. A particular attention on neonatal care units was also highlighted as a priority.

A specific data collection tool has been developed to collect data on equipment and water/energy/sanitation gaps in supported facilities in West Nile and Rwenzori regions, implementation of CEMONC services and adolescent and youth-friendly services. Baseline assessment has been delayed due to the need to comprehensive consultations and will be completed in the first quarter of 2022

Within this orientation, the steering committee held in October 2021 also agreed to cover under this area the infrastructure and water needs of Awach HC4 in Acholi, which had already been identified under the USAID-EHA project but could not be met because of resources limitations.

Last but not least, under this area a communication campaign has been conducted to promote vaccination, through radio and TV messages and printing of vaccine FAQ booklets. This orientation was approved by the steering committee voting members by exchange of letters in September 2021

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<sup>3</sup> A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.  
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### 3.5 Performance of output 3



#### 3.5.1 Progress of indicators

<b>Output 3:</b> 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.		
Indicator	Baseline 2019/20	2021
% HCIV providing cEMONC	NA	TBD
Number of maternal and perinatal deaths	WN 63/1,592 RW 99/2,255	WN 96/530 RW 91/506
% maternal and perinatal deaths	NA	NA (data not reliable)
% of emergency cases that arrive at facility using an ambulance	WN 24% RW 13%	WN 12% RW 12%
Number emergency maternal referrals transported by ambulance system	NA	TBD
Number district/regions having a comprehensive emergency referral plan	0	TBD

#### 3.5.2 State of progress of the main activities

Progress of main activities <sup>4</sup>	Progress:			
	A	B	C	D
Engagement with EMS department		X		
Site visit in West Nile and partners' mapping		X		
Preliminary discussion with MOH Infrastructure department on Call and Dispatch center		X		

#### 3.5.3 Analysis of progress made

As for result area 2, this area also was subjected to consultation and further reorientation following the approval by Cabinet and launch of the EMS policy in November 2020. The MOH identified the establishment of regional call and dispatch centers as a key priority in the area and requested the project to consider this activity. An exploratory mission to West Nile was organized with the EMS team and it was agreed on the possibility of designing and constructing a Call and Dispatch center

<sup>4</sup> A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.  
[Type here]

in Arua regional hospital and equipping a training and simulation center in Yumbe. The country does not have yet a final model of such, so part of the work would be to design and test a prototype, based on initial experiences in Masaka and Naguru. A possible suitable location was selected in Arua and the infrastructure teams of Enabel and MOH, and the technical team of EMS, have started the discussions. Further discussions on the modalities of support to the emergency services are under way.

### 3.6 Performance of output 4



#### 3.6.1 Progress of indicators

<b>Output 4:</b> Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions, in West Nile and Rwenzori regions.			
Indicator	2019/20	2021	Target
Average quality score among HC IVs in equipment module of the RBF assessment tool	NA	TBD	
% of HC IVs satisfying minimum quality criteria for water, sanitation, energy and waste management	NA	TBD	
Number of effective repairs per month done by the regional maintenance workshops in Rwenzori and West-Nile (visits for HCIV)	NA	TBD	

#### 3.6.2 State of progress of the main activities

Progress of main activities <sup>5</sup>	Progress:			
	A	B	C	D
Baseline assessment			X	

#### 3.6.3 Analysis of progress made

Also in this result area, there has been a yet limited progress. The baseline assessment has not yet taken place. As per request of the MOH the scope will be focused on HC4, to ensure meaningful impact.

<sup>5</sup> A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.  
[Type here]

## 4 Budget monitoring

The LSF intervention budget execution rate was as follows as of December 31, 2021.

	Budget	Expenditure		Balance	Rate of disbursement at the end of year n
		Preceding years	Years covered by the report (2021)		
<b>Total sum</b>	4 000 000	NA	453 698	3 541 229	11.3%
<b>Output 1</b>	1 229 400	NA	152 393	1 073 144	12.4%
<b>Output 2</b>	1 285 600	NA	172 496	1 113 104	13.4%
<b>Output 3</b>	415 000	NA	14 496	400 504	3.5%
<b>Output 4</b>	280 000	NA		280 000	0
<b>General Means</b>	790 000	NA	114 312	674 478	14.7%

A budget modification took place in September 2021 by exchange of letters. This budget modification has led to the allocation of the reserve to the operational part. The total budget of the reserve (186kEuro) was allocated to the output 2 area mainly for activities related to the COVID crisis.

These figures can still slightly change as the yearly close of account has not yet been fully completed and that the figures have not yet been certified.

## 5 Risks and issues

The LSF intervention has the following risks:

### 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

### 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

### 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	Medium	Structure donor coordination and policy dialogue

[Type here]

Bad maintenance of medical equipment Insufficient medical equipment to assure necessary quality of care	Medium  Medium	Synergy with other development partners to complement medical equipment in health facilities supported with RBF  Link maintenance to RBF performance
Different approach between PNFP and public services in management of emergency referrals	Medium	Regional health fora and health assembly

## 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	Low	Donor coordination and policy dialogue
Insufficient increase in domestic budget for health (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

## 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)



## 6 Synergies and complementarities

### 6.1 With other interventions of the portfolio

There is a degree of synergy with the SDHR project, the capacity building arm of the Enabel portfolio, since Fort Portal and Arua regional hospital and Nyapea hospital are beneficiary organizations of the project.

### 6.2 With third-party assignments

The LSF intervention is synergetic and complementary with the USAID-EHA (Enabling Health in Acholi) funded by USAID, and implemented by Enabel. There is a thematic and geographical overlapping since both implement RBFas core intervention, even though in EHA Enabel is the grant holder while LSF only provides technical support. Both projects also support direct system strengthening activities in the areas of reproductive health and emergency medical services, and the staff are working as a one-team, with integration of competences.

### 6.3 Other synergies and complementarities

The LSF intervention is highly complementary with the RBF interventions implemented by the MoH under the URMCHIP funded by the GoU IDA Loan from the World Bank, SIDA Grant, GFF Grant. It will also strive to work in synergy and complementarity with the multiple partners operating in the region, like UNICEF, UNFPA and Malteser to name a few.

## 7 Transversal themes

The LSF intervention focuses on the transversal themes of Environment and climate change, gender, digitalization and decent work.

### 7.1 Environment and climate change

Issues of environment and climate change are mainly addressed by the project through the infrastructure component of the project and the procurement / maintenance of equipment. Preference is given to renewable energy and solar supported equipment, for example the installation of solar systems for the pumping, storage and distribution of water in health facilities. Construction and refurbishment work comply with the climate manifesto for responsive environmental design, for example by using local materials (to reduce the carbon footprint), limiting the use of timber (or replace trees that are cut), reducing the use of energy and creating comfortable thermal conditions (natural ventilation, etc.), and integrating solar energy (for water system, lighting and powering small equipment).

Issues of environment and climate change are taken into consideration both at the level of infrastructure planning, equipment purchase and maintenance, and daily operations. A specific investment was done towards the regional maintenance workshop with the aim of increasing efficiency and life span of equipment, including decreasing waste and turnover of items. Within the routine office activities, preference is given to paperless procedures to minimize paper consumption.

## **7.2 Gender**

As indicated in the TFF, Gender is mainly addressed in the project by improving access to and quality of the sexual and reproductive health and right health services particularly benefitting the young people. This will be done through RBF, which mainly incentives maternal and child services, but also through direct support through the SRH expert and officer. The support will be focused on HC4 and will include piloting solutions under an operational research agenda.

## **7.3 Digitalization**

Digitalization will play a big role in the intervention through the support to the roll out and utilization of the digital RBF system. Training and equipment supply were already conducted in the 1<sup>st</sup> quarter of implementation and support will continue. This should make data collection, synthesis and analysis much quicker and available for decision making. The data management expert/officer will also support organization of the data base and analysis and production of reports and analysis.

## 8 Lessons learned

### 8.1 The successes

In the short period of implementation, two successes can be highlighted:

1. The project was able to engage the Ministry of Health and the relevant departments and reorient the project definition based on emerging needs and priorities and adapting to the circumstances and requests.
2. The project was instrumental in the rapid roll out of the RBF digital platform in 2 regions (the first in the country) which will be used for RBF reporting and invoicing in the first quarter of 2022.

### 8.2 The challenges

Like all other projects, LSF has already been impacted by the Covid pandemic which has caused some delay in the start up phase. The period of implementation is rather short (24 months) and especially for result area 2 and 3, where some activities are “new”, the time available to execute and have some effect is limited. In particular, if the activity of design and construction of the call and dispatch center is confirmed, implementation frame will be very tight.

### 8.3 Strategic learning questions

Not much discussion has yet taken place within the project but some issues have been tabled as deserving further reflection and documentation:

- How the current RBF model will be adapted to fit the requirements of mainstreaming into existing systems
- Process of development of a prototype call and dispatch center
- Effect of digitalization of RBF process (timelines and quality of data)

### 8.4 Summary of lessons learned

Not yet available.

## 9 Steering

### 9.1 Changes made to the intervention

No changes in terms of objectives and result have been made to the intervention in the reporting period. In terms of activities, a communication campaign focused on promotion of Covid19 vaccination was organized after approval of a budget reallocation (mainly from reserve) by the Steering Committee.

### 9.2 Decisions taken by the Steering Committee

Decision to take		Period of Identification		Source
Approval of use of 200,000 Euro (of which 186,000 from reserve budget) for communication campaign on Covid vaccination		September 2021		Steering Committee (by exchange of letters)
Action(s)	Responsible	Deadline	Progress	Status
Execution	Representation team			Completed

Decision to take		Period of Identification		Source
Approval of Steering committee composition and regulation		October 2021		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Dissemination members to	Secretariat	N/A		Completed

Decision to take		Period of Identification		Source
Approval of intervention organigram		October 2021		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Implementation	Project team			Completed

Decision to take		Period of Identification		Source
Official opening of intervention		October 2021		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Execution	Project team			Completed

Decision to take		Period of Identification		Source
Approval of allocation of 250,000 Euro to Infrastructure investment in Awach HC4 in Acholi		October 2021		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Execution	Project team			Completed

Decision to take		Period of Identification		Source
Approval of establishment of call and dispatch centers in WN and RW as priority activity under result area 3		October 2021		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Execution	Project team			Completed

### **9.3 Considered strategic reorientations**

No strategic reorientations have been made to the intervention in the reporting period.

### **9.4 Recommendations**

(none since they are related to strategic re orientation – which we did not have)

## 10 Annexes

### 10.1 Quality criteria

<b>1. RELEVANCE: The extent to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries.</b>				
<i>Do as follows to calculate the total score for this quality criterion: At least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C, no 'D' = C; at least one 'D' = D</i>				
<b>Appraisal of RELEVANCE:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Total score</b>	X		
<b>1.1 1.1. What is the current degree of relevance of the intervention?</b>				
X	<b>A</b>	Clearly still anchored in national policies and the Belgian strategy, meets the commitments on aid effectiveness, extremely relevant for the needs of the target group.		
	<b>B</b>	Still embedded in national policies and the Belgian strategy (even though not always explicitly so), relatively compatible with the commitments on aid effectiveness, relevant for the needs of the target group.		
	<b>C</b>	A few questions on consistency with national policies and the Belgian strategy, aid effectiveness or relevance.		
	<b>D</b>	Contradictions with national policies and the Belgian strategy, the commitments on aid effectiveness; doubts arise as to the relevance vis-à-vis the needs. Major changes are required.		
<b>1.2 Is the intervention logic as currently designed still the good one?</b>				
X	<b>A</b>	Clear and well-structured intervention logic; vertical logic of objectives is achievable and coherent; appropriate indicators; risks and hypotheses clearly identified and managed; intervention exit strategy in place (if applicable).		
	<b>B</b>	Appropriate intervention logic even though it could need certain improvement in terms of hierarchy of objectives, indicators, risks and hypotheses.		
	<b>C</b>	Problems pertaining to the intervention logic could affect performance of an intervention and its capacity to control and evaluate progress; improvements required.		
	<b>D</b>	The intervention logic is faulty and requires an in-depth review for the intervention to possibly come to a good end.		

<b>2. EFFICIENCY OF IMPLEMENTATION TO DATE: A measure of how economically resources of the intervention (funds, expertise, time, etc.) are converted in results.</b>				
<i>Do as follows to calculate the total score for this quality criterion: At least two 'A's, no 'C' or 'D' = A; two 'B's = B, no 'C' or 'D' = B; at least one 'C, no 'D' = C; at least one 'D' = D</i>				
<b>Appraisal of the EFFICIENCY:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
			X	
<b>2.1 To what extent have the inputs (finances, HR, goods &amp; equipment) been managed correctly?</b>				
	<b>A</b>	All inputs are available in time and within budget limits.		
X	<b>B</b>	Most inputs are available within reasonable time and do not require considerable budgetary adjustments. Yet, there is still a certain margin for improvement possible.		
	<b>C</b>	The availability and use of inputs pose problems that must be resolved, otherwise the results could be at risk.		
	<b>D</b>	The availability and management of the inputs is seriously lacking and threaten the achievement of the results. Considerable changes are required.		
<b>2.2 To what extent has the implementation of activities been managed correctly?</b>				
	<b>A</b>	Activities are implemented within timeframe.		
	<b>B</b>	Most activities are on schedule. Certain activities are delayed, but this has no impact on the delivery of outputs.		
X	<b>C</b>	The activities are delayed. Corrective measures are required to allow delivery with not too much delay.		
	<b>D</b>	The activities are seriously behind schedule. Outputs can only be delivered if major changes are made to planning.		
<b>2.3 To what extent are the outputs correctly achieved?</b>				
	<b>A</b>	All outputs have been and will most likely be delivered on time and in good quality, which will contribute to the planned outcomes.		
X	<b>B</b>	The outputs are and will most likely be delivered on time, but a certain margin for improvement is possible in terms of quality, coverage and timing.		
	<b>C</b>	Certain outputs will not be delivered on time or in good quality. Adjustments are required.		
	<b>D</b>	The quality and delivery of the outputs most likely include and will include serious shortcomings. Considerable adjustments are required to guarantee at least that the key outputs are delivered on time.		



<b>3. EFFECTIVENESS TO DATE: Extent to which the outcome (specific objective) is achieved as planned at the end of year N</b>				
<i>Do as follows to calculate the total score for this quality criterion: At least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C, no 'D' = C; at least one 'D' = D</i>				
<b>Appraisal of EFFECTIVENESS: Total score</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
			NA	
<b>3.1 At the current stage of implementation, how likely is the outcome to be realised?</b>				
<b>A</b>	It is very likely that the outcome will be fully achieved in terms of quality and coverage. Negative results (if any) have been mitigated.			
<b>B</b>	The outcome will be achieved with a few minor restrictions; the negative effects (if any) have not had much of an impact.			
<b>C</b>	The outcome will be achieved only partially, among other things due to the negative effects to which the management was not able to fully adapt. Corrective measures should be taken to improve the likelihood of achieving the outcome.			
<b>D</b>	The intervention will not achieve its outcome, unless significant fundamental measures are taken.			
<b>3.2 Are the activities and outputs adapted (where applicable) in view of achieving the outcome?</b>				
<b>A</b>	The intervention succeeds to adapt its strategies/activities and outputs in function of the evolving external circumstances in view of achieving the outcome. Risks and hypotheses are managed proactively.			
<b>B</b>	The intervention succeeds rather well to adapt its strategies in function of the evolving external circumstances in view of achieving the outcome. Risk management is rather passive.			
<b>C</b>	The project has not fully succeeded to adapt its strategies in function of the evolving external circumstances in an appropriate way or on time. Risk management is rather static. A major change to the strategies seems necessary to guarantee the intervention can achieve its outcome.			
<b>D</b>	The intervention has not succeeded to react to the evolving external circumstances; risk management was not up to par. Considerable changes are required to achieve the outcome.			

<b>4. POTENTIAL SUSTAINABILITY: The degree of likelihood to maintain and reproduce the benefits of an intervention in the long run (beyond the implementation period of the intervention).</b>				
<i>Do as follows to calculate the total score for this quality criterion: At least three 'A's, no 'C' or 'D' = A; maximum two 'C's, no 'D' = B; at least three 'C's, no 'D' = C; at least one 'D' = D</i>				
<b>Appraisal of POTENTIAL SUSTAINABILITY: Total score</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
		x		
<b>4.1 Financial/economic sustainability?</b>				
	<b>A</b>	Financial/economic sustainability is potentially very good: Costs related to services and maintenance are covered or reasonable; external factors will have no incidence whatsoever on it.		
X	<b>B</b>	Financial/economic sustainability will most likely be good, but problems may arise in particular due to the evolution of external economic factors.		
	<b>C</b>	The problems must be dealt with concerning financial sustainability either in terms of institutional costs or in relation to the target groups, or else in terms of the evolution of the economic context.		
	<b>D</b>	Financial/economic sustainability is very questionable, unless major changes are made.		
<b>4.2 What is the degree of ownership of the intervention by the target groups and will it prevail after the external assistance ends?</b>				
X	<b>A</b>	The Steering Committee and other relevant local instances are strongly involved at all stages of execution and they are committed to continue to produce and use the results.		
	<b>B</b>	Implementation is strongly based on the Steering Committee and other relevant local instances, which are also, to a certain extent, involved in the decision-making process. The likelihood that sustainability is achieved is good, but a certain margin for improvement is possible.		
	<b>C</b>	The intervention mainly relies on punctual arrangements and on the Steering Committee and other relevant local instances to guarantee sustainability. The continuity of results is not guaranteed. Corrective measures are required.		
	<b>D</b>	The intervention fully depends on punctual instances that offer no perspective whatsoever for sustainability. Fundamental changes are required to guarantee sustainability.		
<b>4.3 What is the level of policy support delivered and the degree of interaction between the intervention and the policy level?</b>				
	<b>A</b>	The intervention receives full policy and institutional support and this support will continue.		

X	<b>B</b>	The intervention has, in general, received policy and institutional support for implementation, or at least has not been hindered in the matter and this support is most likely to be continued.
	<b>C</b>	The sustainability of the intervention is limited due to the absence of policy support. Corrective measures are required.
	<b>D</b>	Policies have been and will most likely be in contradiction with the intervention. Fundamental changes seem required to guarantee sustainability of the intervention.
<b>4.4 To what degree does the intervention contribute to institutional and management capacity?</b>		
X	<b>A</b>	The intervention is integrated in the institutions and has contributed to improved institutional and management capacity (even though it is not an explicit objective).
	<b>B</b>	The management of the intervention is well integrated in the institutions and has contributed in a certain way to capacity development. Additional expertise may seem to be required. Improvement is possible in view of guaranteeing sustainability.
	<b>C</b>	The intervention relies too much on punctual instances rather than on institutions; capacity development has failed to fully guarantee sustainability. Corrective measures are required.
	<b>D</b>	The intervention relies on punctual instances and a transfer of competencies to existing institutions, which is to guarantee sustainability, is not likely unless fundamental changes are made.

## 10.2 Updated Logical framework and/or Theory of Change

No modification to the Theory of Change nor any modification to the M&E framework were done in 2021.

## 10.3 Monitoring of change management processes forms (optional)

Not applicable.

## 10.4 Summary of MoRe Results

Results or indicators of the logical framework changed during the last 12 months?	No
Report of the Baseline registered in PIT?	No (baseline not finalised yet)
MTR Final Report	Not foreseen
ETR Planning (registered report)	Mid 2023
Backstopping missions	August 2021

## 10.5 'Budget versus Actuals (y – m)' Report

Row Labels	Initial Budget	Delta Revised Budget	Total Budget	Open Requisitions	Open Purchase orders	Reg. Invoices	Total commitments	Actuals	Available
UGA2000311	4,000,000.00	0.00	4,000,000.00	0.00	29,185.27	453.40	29,638.67	448,700.39	3,521,660.94
UGA20003_A	3,024,000.00	186,000.00	3,210,000.00	0.00	27,975.27	0.00	27,975.27	339,385.73	2,842,639.00
UGA20003_A01	1,229,400.00	0.00	1,229,400.00	0.00	19,061.36	0.00	19,061.36	152,393.23	1,057,945.41
UGA20003_A0101	560,000.00	0.00	560,000.00	0.00	3,814.62	0.00	3,814.62	88,735.70	467,449.68
UGA20003_A0102	559,400.00	0.00	559,400.00	0.00	15,246.74	0.00	15,246.74	63,657.53	480,495.73
UGA20003_A0103	110,000.00	0.00	110,000.00	0.00	0.00	0.00	0.00	0.00	110,000.00
UGA20003_A02	1,099,600.00	186,000.00	1,285,600.00	0.00	8,913.91	0.00	8,913.91	172,496.26	1,104,189.83
UGA20003_A0201	517,600.00	186,000.00	703,600.00	0.00	8,913.91	0.00	8,913.91	172,496.26	522,189.83
UGA20003_A0202	582,000.00	0.00	582,000.00	0.00	0.00	0.00	0.00	0.00	582,000.00
UGA20003_A03	415,000.00	0.00	415,000.00	0.00	0.00	0.00	0.00	14,496.24	400,503.76
UGA20003_A0301	200,000.00	0.00	200,000.00	0.00	0.00	0.00	0.00	0.00	200,000.00
UGA20003_A0302	140,000.00	0.00	140,000.00	0.00	0.00	0.00	0.00	10,311.40	129,688.60
UGA20003_A0303	75,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	4,184.84	70,815.16
UGA20003_A04	280,000.00	0.00	280,000.00	0.00	0.00	0.00	0.00	0.00	280,000.00
UGA20003_A0401	100,000.00	0.00	100,000.00	0.00	0.00	0.00	0.00	0.00	100,000.00
UGA20003_A0402	40,000.00	0.00	40,000.00	0.00	0.00	0.00	0.00	0.00	40,000.00
UGA20003_A0403	140,000.00	0.00	140,000.00	0.00	0.00	0.00	0.00	0.00	140,000.00
UGA20003_X	186,000.00	-186,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UGA20003_X01	186,000.00	-186,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UGA20003_Z	790,000.00	0.00	790,000.00	0.00	1,210.00	453.40	1,663.40	109,314.66	679,021.94
UGA20003_Z01	480,700.00	0.00	480,700.00	0.00	0.00	0.00	0.00	56,707.98	423,992.02
UGA20003_Z0101	306,900.00	0.00	306,900.00	0.00	0.00	0.00	0.00	42,609.94	264,290.06
UGA20003_Z0102	173,800.00	0.00	173,800.00	0.00	0.00	0.00	0.00	14,098.04	159,701.96
UGA20003_Z02	4,500.00	0.00	4,500.00	0.00	1,210.00	0.00	1,210.00	10,838.52	-7,548.52
UGA20003_Z0201	4,500.00	0.00	4,500.00	0.00	1,210.00	0.00	1,210.00	10,838.52	-7,548.52

[-] UGA20003_Z03	199,800.00	0.00	199,800.00	0.00	0.00	453.40	453.40	41,164.90	158,181.70
+ UGA20003_Z0301	12,000.00	0.00	12,000.00	0.00	0.00	0.00	0.00	555.54	11,444.46
+ UGA20003_Z0302	77,600.00	0.00	77,600.00	0.00	0.00	0.00	0.00	7,679.45	69,920.55
+ UGA20003_Z0303	48,000.00	0.00	48,000.00	0.00	0.00	453.40	453.40	7,060.00	40,486.60
+ UGA20003_Z0304	10,200.00	0.00	10,200.00	0.00	0.00	0.00	0.00	2,504.94	7,695.06
+ UGA20003_Z0305	10,800.00	0.00	10,800.00	0.00	0.00	0.00	0.00	6,498.35	4,301.65
+ UGA20003_Z0306	24,000.00	0.00	24,000.00	0.00	0.00	0.00	0.00	7,272.95	16,727.05
+ UGA20003_Z0307	10,000.00	0.00	10,000.00	0.00	0.00	0.00	0.00	1,519.41	8,480.59
+ UGA20003_Z0308	7,200.00	0.00	7,200.00	0.00	0.00	0.00	0.00	8,074.26	-874.26
[-] UGA20003_Z04	105,000.00	0.00	105,000.00	0.00	0.00	0.00	0.00	0.00	105,000.00
+ UGA20003_Z0401	15,000.00	0.00	15,000.00	0.00	0.00	0.00	0.00	0.00	15,000.00
+ UGA20003_Z0402	5,000.00	0.00	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00
+ UGA20003_Z0403	35,000.00	0.00	35,000.00	0.00	0.00	0.00	0.00	0.00	35,000.00
+ UGA20003_Z0404	50,000.00	0.00	50,000.00	0.00	0.00	0.00	0.00	0.00	50,000.00
+ UGA20003_Z99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	603.26	-603.26
<b>Grand Total</b>	<b>4,000,000.00</b>	<b>0.00</b>	<b>4,000,000.00</b>	<b>0.00</b>	<b>29,185.27</b>	<b>453.40</b>	<b>29,638.67</b>	<b>448,700.39</b>	<b>3,521,660.94</b>

## 10.6 Resources in terms of communication

No.	Name of resource	Type of resource
1.		
2.		
3.		
4.	1.	
5.		
6.		