2022 Results Report

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

Uganda

Belgian development agency

enabel.be

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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
IPT	Intermittent Preventive Treatment (for Malaria)

MCH	Maternal Child Health
MOFPED	Ministry Of Finance, Planning and Economic Development
MoH	Ministry of Health
MPDSR	Maternal Perinatal Death Surveillance and Review
N/A	Not available (Not applicable)
NICU	Neonatal Intensive Care Unit
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)
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

Title of the intervention	Leveraging Strategic health Financing for Universal Health Coverage – with particular focus on vulnerable groups
Code of the intervention	UGA 20003
Location	Uganda
Total budget	EUR 4,000,000
Partner institution	Ministry of Health
Start date of the Specific Agreement	17th May 2021
Start date of the intervention/ Opening steering committee	1st October 2021 29th October 2021
Expected end date of execution	30th September, 2023
End date of the Specific Agreement	16th August 2024
Target groups	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.
General Objective	Contribute to Universal Health Coverage in Uganda
Specific Objective	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
Results	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
	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
	Result 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, children adolescents and refugees in West Nile and Rwenzori regions
	Result 4: Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions
Period covered by the report	January 1st – December 31, 2022

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 2012-2016 and the one 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 being streamlined into the public funding mechanism under the Uganda Intergovernmental Fiscal Transfer (UgIFT) program.

The project continues the efforts started with the previous projects, this time focusing more on technical support to RBF implementation, and continuing to support the reflection and elaboration of subsequent steps in the roadmap towards establishment of a sustainable national health financing system.

In addition to the component on health financing, the projects implement institutional capacity building at subnational level (districts and facilities) in alignment with MOH and local priorities and in close collaboration with the relevant MOH departments. The intervention provides direct support to MoH priority needs like sexual and reproductive health (including focused support to Neonatal care in HCIVs and blood banks) and emergency services (including the design of an ambulance call and dispatch centre and set up of a training and simulation centre, in close alignment with the new EMS policy).

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 Efficiency

	Performance
Efficiency	B

The intervention was signed in May 2021 but the start-up phase took long, due to both external and internal circumstances. During 2022, both the initial needs assessment and fast pace activity implementation took place: all the planned activities were implemented, except for the ones related to delays due to external factors (e.g. the postponement of the implementation of the mainstreaming to FY 2023/24). Where necessary, funds were redirected to emerging priorities e.g. funds for mainstreaming training were used for work-planning training, which will be preparatory to the mainstreaming, where RBF processes are fully integrated with the routine ones.

Some activities were slightly delayed or have a slower pace of implementation, especially the ones related to the EMS department, due to the intercurrent Ebola epidemic and the need to “build as

you go", being a new policy with yet lacking clear implementation guidelines. Overall the project was able to absorb 93% of the planned budget for the year and it is at 49% absorption of the total value. Of the remaining 2 m Euro, half is already committed to hard investments (construction, equipment).

2.2.3 Effectiveness

	Performance
Effectiveness	B

In spite of the short implementation and short duration, the project has already achieved significant results especially in result area 1 (where there was more continuity with previous projects): it provided effective support to the MOH RBF unit – supporting development and roll out of digital RBF system and constitution of centralized database for data collection and analysis; successfully supported the 2 regions to implement RBF with increase in subsidies attracted, quality score and outputs, focusing especially on DHMT managerial skills and value for money investments in high level facilities, and collaborated with the RBF unit in the finalization of the RBF mainstreaming strategy, which will integrate the RBF approach and principles in the routine systems.

In the area of reproductive health, the project has focused its support on HCIVs in the areas of integrated family planning, MPDSR and perinatal care, as directed by the project steering committee. We have seen some improvement in process indicators (increase in notification rates and review of deaths) and we hope to build on it and in the direct support provided at the end of 2022 (solar systems and medical equipment) to further increase quality of maternal and neonatal care. Support to the regional blood banks has also been included as haemorrhage is one of the major causes of maternal deaths.

In the area of emergency services, the country is in the initial stages of setting up the national EMS system and the intervention has worked with the MoH-EMS department to give contribution to some of the key activities: basic trainings and set up of a model training and simulation centre (ongoing) and design of a standard national Call and dispatch centre.

Last but not least, the work with the equipment workshop has unveiled a huge need in terms of user training, preventive maintenance and equipment repair which the project is contributing to address. Hundreds of health workers received hands on user training and hundreds of pieces of equipment were assessed, serviced and repaired in the 2 regions of Rwenzori and west Nile.

2.2.4 Potential sustainability

	Performance
Potential sustainability	B

The intervention is fully aligned with national policies, strategies and plans, and implementation modalities, is always in collaboration with the relevant MOH departments, regional and district structures. There is no single activity which is implemented by the project alone: from the initial

needs assessment (conducted with RH and EMS regional and national teams), to all RBF, EMS and RH related activities. The steering committee played a pivotal role in directing the activity reorientation.
The project is working on one side on system strengthening (trainings, mentorship, all within existing structures) and the other side on hard investments (infrastructures, equipment, energy systems) but with a strong attention to sustainability in terms for example of maintenance, life span and environmental and energetic sustainability.

2.2.5 Conclusions

This short project, designed as bridging between the previous Enabel interventions and the new portfolio under preparation, has the double role of consolidating the support to the RBF mechanism and the related health system strengthening activities, and provide more direct support in the areas of reproductive health, emergency services and equipment maintenances which will be the focus of the next program.

In spite of the slow start, it managed to conduct a baseline assessment in the 1st quarter which allowed reorientation of activities based on identified needs. Implementation proceeded swiftly with the support to RBF unit and the region to conclude the last year of URMCHIP project, roll out the digitalization of RBF and development of a database, and finalization of the RBF mainstreaming strategy. Several capacity building initiatives were implemented in favour of the district management teams.

In the area of more direct support to service delivery, the project focused on HCIVs as guided by the PSC in terms of technical support and hardware support (solar systems, equipment – not yet delivered though), with the objective of increasing the quality of care for maternal and neonatal services. The project started working with MoH EMS department and the regional structures, rolling out basic trainings and starting the process to set up a training and simulation center.

We are confident that in spite of the short time frame the project will continue to effectively work with the MOH and LGs and provide meaningful contribution to the country path to better population health.

National Execution Officer	Intervention Manager Enabel
Dr. Sarah Byakika Kyeyamwa	Dr. Monica Imi 28th february 2023

3 Monitoring of results

3.1 Evolution of the context

3.1.1 General and institutional context

The economy is continuing to recover from a sharp contraction due to the COVID-19 shock that had slowed growth to its lowest pace in over three decades. The Ugandan economy grew at 4.6% during FY2021/22, faster than had been anticipated due to an uptick in activity after the economy reopened in January 2022. [1]

Services are returning to pre-COVID19 trends, driven by public administration and education. The economic recovery is expected to continue, with GDP projected at 4.6% and 6.2% in 2022 and 2023, driven by services, following the reopening of schools in 2022 and recovery in the hospitality sector[2], which was anyway hit by a set back because of the Sudan Ebola Virus Disease epidemic in the last quarter of the year.

From the institutional context, FY 2021/22 has been the second year under the NDP III, which has changed the planning structure from sectors to program: Health, together with Education and Sports, 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 the health sector, the challenges caused by the Covid19 pandemic have attenuated in 2022 even though significant resources especially at district level were absorbed by the extensive Covi19 immunization campaign. In the second part of the year, the Ebola outbreak, while not affecting directly the Acholi sub-region, caused some strain at both national and subnational systems, engaged in activities of prevention, surveillance and response.

The health sector budget has been progressively increasing in nominal terms. However, the proportional share of the national budget to health has stagnated and it has remained between 6 and 8% in the last 5 years and, besides, with a significant percentage (40%) from external (on budget) funding[3].

Year	Health Budget	Growth	Total Gov't Budget	Growth	Health as % of total budget
	UGX 000,000,000		UGX 000,000,000		
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%

[1] https://www.worldbank.org/en/country/uganda/overview

[2] https://www.afdb.org/en/countries/east-africa/uganda/uganda-economic-outlook

[3] MOH Annual Health Sector Performance Report FY 2021/22

2018/19	2,373	18%	32,700	13%	7.2%
2019/20	2,589	9%	36,113	10%	7.2%
2020/21	2,788	8%	45,494	26%	6.1%
2021/22	3,331	19%	44,779	-2%	7.4%

Souce: MoH AHSPR 2021/22

As per (mostly retrospective) off-budget tracking exercise, an additional 1,100 billion are also contributed by development partners directly to beneficiaries or through service delivery points including LG[4].

Result based financing, which had been scaled up at national level under the URMCHIP project, came to an end in FY 2021/22, but owing to the achievements and learnings from the RBF implementation, the MoFPED has approved the mainstreaming of RBF into the PHC Non-Wage Recurrent grants at public and Private-not-for–profit HCIII and HCIV facilities with effect from 2023/24.

In terms of health services, the epidemic had significantly affected service utilization in 2019/20 due to a combination of access and availability constraints. In 2020/21 there are signs of positive recovery for many of the indicators, with a positive trend continuing in FY 2021/22 except for TB notification rate. To note, the new strategic plans have a change in indicators so some are not the routinely tracked sector performance indicators or have been changed.

Indicator	**FY 2018/19**	**FY 2019/20**	**FY 2020/21 (change of some indicators)**	**FY 2021/22**
New OPD utilization rate	1	1.1	1 (calculated)	1 (calculated)
Hospital admission (n per 100 pop	7.3 per 100	7 per 100	7.1 per 100 (calculated)	7.4 per 100 (calculated)
Institutional deliveries	63%	59%	64%	68%
ANC4	42%	42%	48%	51.4%
IPT2	66%	60%	Replaced by IPT3 – 50%	57%
Measles coverage under 1 year	88%	88%	86%	91%
ART coverage	86%	89%	91%	95%
ART retention rate	76%	78%	78%	83%
TB detection rate	78%	82%	TB case notification rate: 161/100,000 (expected incidence: 192/100,000)	TB case notification rate: 220/100,000 (expected incidence: 192/100,000)
TB treatment success rate	72%	78%	Not reported	Not reported
CYP	3,222,372	3,835,235	NA	5,034,709
Unmet need FP	28%	28%	31%	23%

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 MoH, who has officially appointed the Under Secretary as chair.

Two steering committees took place in 2022, one in February and one in October 2022, with a hybrid modality (in person with online option).

Regular touch bases happen with the RBF unit, with project staff often working in the department directly.

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.

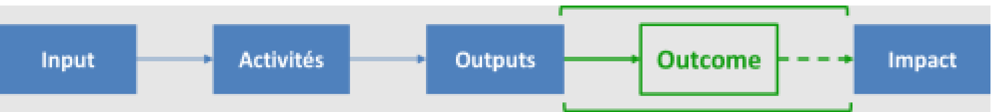
3.1.2.2 Operational modalities

The operational modalities have remained unchanged:

- 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 and EMS activities 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.

No staff changes happened in 2022.

3.2 Performance of outcome



3.2.1 Progress of indicators

Outcome: 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 2020*	2021*	2022	Targets
% institutional deliveries	WN 53% RW 63%	WN 56% RW 70%	WN 56% RW 72%	70%
% INSTITUTIONAL DELIVERIES regional *data from AHSRPR20/21 and 21/22*		FY 20/21 WN 60% RW 69%	FY 21/22 WN 53% RW 77%	
ANC care coverage – at least 4 visits	WN 43% RW 53%	WN 46% RW 56%	WN 45% RW 51%	52%
ANC COVERAGE *Regional data from AHSRPR20/21 and 21/22*		FY 20/21 WN 46% RW 55%	FY 21/22 WN 40% RW 53%	
IPT2 coverage	WN 58% RW 69%	WN 60% RW 73%	WN 59% RW 69%	85%
IPT3 COVERAGE *Regional data from AHSRPR20/21 and 21/22*		FY 20/21 WN 53% RW 63%	FY 21/22 WN 43% RW 57%	
Percentage of children fully immunized by 1 year	WN 74% RW 85%	WN 75% RW 90%	WN 78% RW 92%	97%
Percentage children fully immunized (from EPI dept)	*WN 84% RW 90%*	*WN 92% RW90%*	*WN: 95% RW 98%*	
INSTITUTIONAL MATERNAL MORTALITY RATIO *(regional data from AHSRPR20/21 and 21/22*	FY 19/20 WN 82/100,000 RW 97/100,000	FY 20/21 WN 82/100.000 RW 80/100,000	FY 21/22 WN 74/100,000 RW 60/100,000	63/100,000 live births
Couple Years Protection (CYP)	WN: 230,984 RW: 321,072 Acholi 132,478	WN: 312,629 RW: 487,768 Acholi: 158,117	WN: 379,677 RW: 556,060 Acholi: 147, 772	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	0	1

*Data recalculated including refugee populations

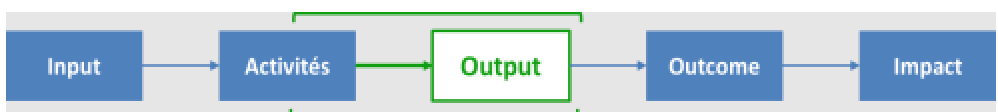
3.2.2 Analysis of progress made

[Type here]

The project aims at strengthening the health system at both national and subnational level. As a short term project in support of URMCHIP, it aims at providing a contribution to the national outcome targets. The table above show the progress in terms of outcome indicators, also showing the calendar year (project frame) and FY (national frame) trends. For IMMR we reckoned data from the national reports would be the gold standard.

Trends are quite mixed, with WN seem worse performing, possibly due to the strain put by refugee populations which accounts for 18%% of the total regional population. Immunization, CYP and IMMR show instead a positive trend, reflecting emphasis put on family planning and quality of maternal care by several initiatives in the region, but deliveries, ANC4 and IPT seems to stagnate in both regions.

3.3 Performance of output 1



3.3.1 Progress of indicators

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			
	Baseline (2020)	**2021**	**2022**
Average quality score of supported health units - QQA	WN 86.5% RW 87.9%	WN 92% RW 92.%	WN 92% RW 92%
Average quality score of supported health units - HFQAP	WN 63% RW 71%	NA	WN 65% RW: NA
Average quality score of supported DHMTs - QQA	(Apr-Jun 2020) WN 57% RW 60%	(Oct-Dec 2021) WN 66% RW 37%	(Apr-Jun 2022) WN 72% RW 48%
Average quality score of supported DHMTs - HFQAP	WN 72% RW 46%	NA	WN 65% RW: NA
Availability of detailed annual RBF report from RBF unit	No	No	Yes
Progress regarding a model for a comprehensive social protection system in Uganda	-	Draft mainstreaming strategy	Final RBF mainstreaming strategy Stakeholders consultations and initial 1st draft NHIS strategy

3.3.2 State of progress of the main activities

Progress of main activities[4]	**Progress:**			
	A	B	C	D

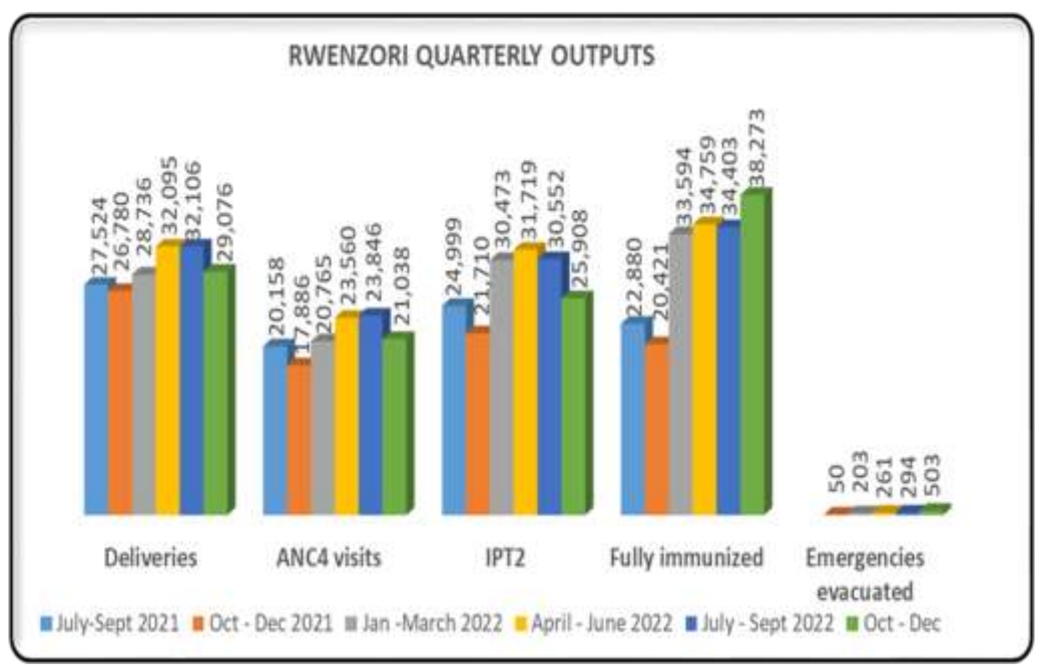
[4] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are required; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

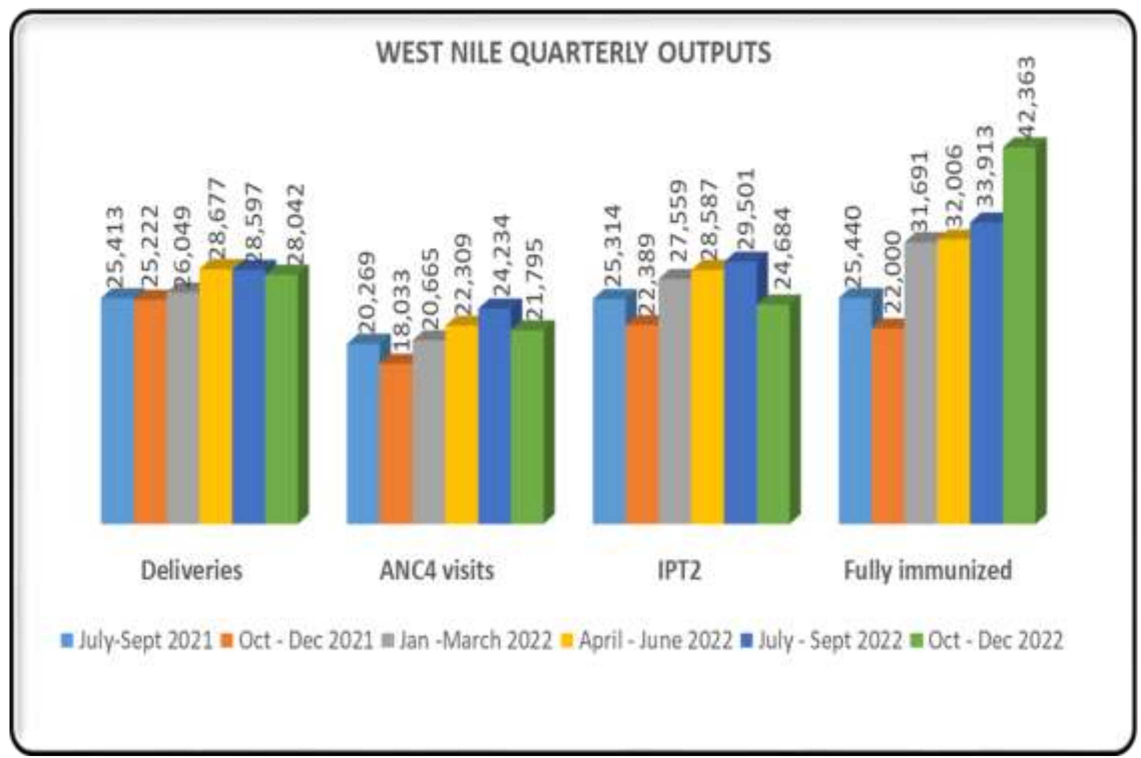
RBF trainings (financial mgt, support supervision, HRIS, planning, leadership and governance)		X		
RBF related activities (verification, validation and counter-verification)		X		
RBF supervisions/mentorship to facilities and districts		X		
RBF regional performance review meetings		X		
Support to annual regional review missions		X		
Roll out of digital RBF system in 22 districts, DQA (data quality assurance) activities and DHIS2 trainings		X		
Creation of national RBF data base and production of reports		X		
Support to policy development (RBF mainstreaming and NHIS strategy)			X	

3.3.3 Analysis of progress made

The project managed to implement the ambitious work-plan laid out at the beginning of the year, supporting the implementation of the URMCHIP RBF program and integrating with direct capacity building and technical support activities:

- 22 districts were supported in RBF implementation and related processes (verification, validation and counter-verification). Analysis of quarterly trends of attracted RBF subsidies (for Oct-Dec 2021, Jan-Mar 2022 and Apr-Jun 2022) showed a significant increase in Rwenzori (from 8987 m to 1,722 m), less in West Nile (from 800 m to 926 m). There was continued improvement in quality of data reported into DHIS2 compared to previous quarter thus reduced data variance of >±5% across all the indicators and all the 23 districts registered increased amount of consolidated district invoices compared to the previous years. Quality score of health facilities remained consistently high (above 90%) and key PHC outputs showed a progressive increase





- A number of trainings were implemented to strengthen the capacity of the districts to manage health services: support supervision, integrated human resource management system, annual work-planning as per recent MOH format (HMIS001), leadership and governance, financial management. The immediate effect is visible in the increase in District QQA score, which is indeed directly related to managerial processes at district level;
- Districts and high volume or problematic facilities were visited and mentored in particular on prioritization of value for money investment
- The project supported the successful roll out of the RBF digital system not only in the 2 regions but all over the country, investing also in DHIS2 hand-on training and Data Quality Assessment (DQA) exercises since the RBF outputs data were automatically extracted from the routine HMIS. This reduced by half the turnaround time in processing of invoices, improved routine data quality and eased extraction and analysis of national data
- The data expert, the data officer and the M&E expert worked closely with the RBF unit to create a centralized database for RBF data, run analytics and produce reports;
- Six monthly RBF review meetings were conducted in each region, and one review meeting was organized with the RBF unit.

The URMCHIP RBF program ended in December 2022 and unfortunately the transition to the new mainstreamed RBF system was postponed to FY 2023/24. The project supported the finalization of the mainstreaming strategy and is preparing to support roll out in 2023.

In terms of policy development towards NHIS, the project supported 1 stakeholder's consultative meeting, the 1st workshop for the development of the NHIS strategy, and the participation of Ugandan delegates to the international conference on Social Health Protection organized by

Enabel in Niger. Activities in these areas are moving slowly but it is quite a complex processes involving multiple stakeholders.

3.4 Performance of output 2

3.4.1 Progress of indicators

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

Indicator	Baseline 2020	2021				2022				Target
Number of FP visits (by region and by method)	WN 47,704 (short term) 39,389 (long term) Acholi 15,777 (short term) 14,209 (long term)	WN 73,488 (short term) 68,565 (long term) Acholi 25,887 (short term) 42,336 (long term)				WN 85,691 (short term) 91,965 (long term) Acholi 53,627 (short term) 40,215 (long term)				Increase by 25% (/year)
FP users in supported HCIVs by region and by method WN: 14 HCIV Acholi: 3 HCIV	WN 3,768 (short term) 5,323 (long term) Acholi: 1,483 (short term) 1,777 (long term)	WN 5,612 (short term) 8,309 (long term) Acholi: 1,831 (short term) 2,475 (long term)				WN 6,983 (short term) 10,545 (long term) Acholi: 3,205 (short term) 5,613 (long term)				Increase by 25% year
Availability tracker FP commodity (inj DMPA) > 95% last quarter) in HCIV -		WN 57% (6/14) Acholi 100% (3/3)				WN 72% (10/14) Acholi 100% (3/3)				>90%
New HIV+ FP user in supported HCIV	WN				35	33	29	13	10	
	Acholi				44	48	56	67	66	
Post Partum FP in supported HCIV	WN				317	1141	489	693	860	
	Acholi				285	557	776	740	1122	
% HCIV providing cEMONC services	WN Acholi	71% (10/14) 66% (2/3)				86% (12/14) 100% (3/3)				>90%

3.4.2 State of progress of the main activities

Progress of main activities[5]	**Progress:**			
	A	B	C	D
Baseline assessment		X		
Trainings in SRH related topics for HCIV staff (customer care in SRH service delivery, IMPAC and PET)		X		
Supervision visits to HCIVs and Clinical mentorship with RRH team (focus on neonatal care, MPDSR, uptake of FPs)		X		
Support to blood bank in Arua and Gulu		X		
Printing of IEC material on SRH topics			X	
Provision key equipment in MCH-NICU			X	
Construction works for theatre in Awach (later switched to construction of theatre in Maracha)			X	

3.4.3 Analysis of progress made

A comprehensive baseline assessment was conducted at the beginning of year in collaboration with the RH department to collect baseline data on indicators but also on training and equipment needs, which guided the activities implemented during the year.

Trainings focused on identified gaps in customer care in sexual and reproductive health services and updates on the most recent guidelines in management of key maternal conditions (IMPAC: Integrated Management of Pregnancy and Child birth and PET Pre/Eclampsia treatment). Supervision by the project team often in collaboration with a team from the regional referral hospital focused on conduction of MPDRS reviews, neonatal care, integration of FP services in HIV care and post natal care). In West Nile, the % of maternal death notification increased from 58% in FY 20/21 to 98% in 21/22, and % maternal death reviewed increased from 76% to 89%! Iin Acholi, % of notification and reviews increased from 81/74% to 100/97%. (MOH MPDSR report, 21/22)

In consideration of the frequent report of blood shortages (with antenatal and postnatal haemorrhage being the leading cause of maternal deaths), the project decided to support the blood banks of both regions to conduct additional blood drives (2 in Acholi and 1 in West Nile) through which 3,309 blood units were collected.

Printing of IEC material was delayed by the need of consultation with the relevant MOH department and the decision to translate in local languages the key selected messages.

In terms of equipment, after need assessment it was decided to provide the key major equipment which facilities would have struggled to buy on their own but to leave minor items to be purchased autonomously with RBF funds. Indeed the order focused on NICU equipment (incubators,

[5] 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.

phototherapy machines, apnoea monitors, infusion pumps), anaesthesia machines, portable ultrasound scanners. The contract was awarded but the supplier delayed delivery and it will be completed at the beginning of 2023. In terms of construction works, focus shifted from Awach HCIV in Acholi (since the other projects was able to mobilize funds to cover for this) to Maracha HCIV, the only HCIV without a theatre in the region. This was approved in October steering committees meetings and execution will start in 2023.

3.5 Performance of output 3

3.5.1 Progress of indicators

Output 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children and refugees, in West Nile and Rwenzori regions.							
Indicator	**2021**		**2022**				**Target**
Number emergency evaluated through the regional coordination center	WN	794	1,023	820	465	520	Increase by 25%/year
	RW	50	203	261	294	503	
Number of districts with functional ambulance district committees	WN 4/13 RW 3/10		WN 11/13 RW 6/10				>90%
Number of training and simulation center established			Ongoing (Yumbe RRH)				1
Number of call and dispatch center established			Design phase (Arua RRH)				1

3.5.2 State of progress of the main activities

Progress of main activities[6]	**Progress:**			
	A	B	C	D
Baseline assessment		X		
Training of ambulance crews in BEC (basic emergency care) and CFAR (community first aid responder)		X		
Training of district ambulance committees		X		

[6] 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.

Civil works, IT equipment and medical equipment for Yumbe training and simulation center			X	
Design of call and dispatch centre in Arua			X	

3.5.3 Analysis of progress made

The project is working in close collaboration with the regional emergency coordinators of the 2 regions and the central EMS department, in order to align activities within the recently approved EMS policy, outlining the roadmap of the country towards establishment of function EMS services.

A baseline assessment was conducted at the beginning of the year regarding equipment and training gaps. Trainings for 20 ambulance crews were organized in both regions targeting both the health workers (BEC: Basic emergency Care) and drivers (Community first aid responder). 20 districts ambulance coordination committees were also trained, to improve ambulance coordination and services in their region. Indeed there is some increase of the numbers of people benefitting of the regional coordination systems.

The set up of the Yumbe training and simulation center has started, with partitioning and provision of furniture completed. Provision of IT equipment and medical EMS training equipment is under way.

Regarding the call and dispatch centre, a consultant was engaged to support the design of a blueprint (there being no real existing one yet or standard blueprint). The process was slowed down by the need to coordinate with another team from the World Bank UCREPP projects undergoing the same exercise, but now the teams are working in harmony with MOH and they are in advanced stage to produce final designs for MOH senior management approval.

3.6 Performance of output 4

3.6.1 Progress of indicators

Output 4: Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions, in West Nile and Rwenzori regions**.**							
Indicator	2021		2022				Target
% HCIV satisfying minimum criteria for water sanitation and energy	WN 71% RW 94%		WN 79% RW 94%				>90%
Number HCIV-Hosp who received at least a visit from the regional workshop in the quarter	WN	0	9	10	15	8	12/quarter
	RW	0	9	14	4	8	12/quarter
Number of facilities who received an investment in WASH or energy			WN 3				15

		RW 4	

3.6.2 State of progress of the main activities

Progress of main activities[7]	**Progress:**			
	A	B	C	D
Baseline assessment		X		
Support to quarterly equipment maintenance visits in HCIV-GH		X		
Provision of spare parts for the repairs		X		
Installation/upgrade of solar systems in 7 HCIVs (focused on NICU, maternity, theatres and laboratory)		X		

3.6.3 Analysis of progress made

The baseline assessment conducted at the beginning of the year highlighted a lot of gaps in the area of power and sanitation (lack of incinerators) in the HCIVs of the 2 regions. Solar investments was chosen as a priority and solar systems were installed in 7 HCIV across the 2 regions to ensure un-interrupted and stable power for the key services like NICU and maternity.

Functionality of the equipment maintenance workshops was hampered by lack of enough funds for outreaches and spare parts. The project supported quarterly visits to HCIVs and hospital for equipment maintenance repairs and user training. In Q4, 319 pieces of equipment (focus on maternity, theatre, NICU) were assessed, of which 71% underwent preventive maintenance, 13% repaired and left functional, and 16% could not be repaired (some for absence of spares). The project was able to deliver a consignment of spare parts in Q4 to fix some of the gaps identified, particularly on oxygen concentrators, anaesthesia machines, autoclaves, baby warmers and varied other equipment).

[7] A: The activities are ahead of schedule; B: The activities are on schedule; C: The activities are delayed, corrective measures are requi81%red; D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

4 Budget monitoring

The LSF intervention budget execution rate was as follows as of December 31, 2022.

	Modified Budget	Expenditure		Balance	Rate of disbursement at the end of year n
		Preceding years	Years covered by the report (2022)		
Total sum	4 000 000	452,050	1,519,223	2,028,728	49%
Output 1	1 205 400	152,393	605,637	447,370	63%
Output 2	891,200	172,496	193,008	525,696	41%
Output 3	818,400	14,557	109,287	694,556	15%
Output 4	316,000	(2,550)	258,019	60,530	81%
General Means	769 000	115,153	353,271	300,575	61%

A budget modification was approved in October 2022 in which resources from result area 1 (RBF support) and 2 (SRH interventions) were moved to results area 3 (EMS) and 4 (Energy WASH and equipment maintenance).

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.

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5 Risks and issues

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
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	17/05/2021	DEV	Medium	Medium	Medium
Risk mitigation				**Follow-up of risk**	
Action(s)	Resp.		Deadline	Progress	Status
Participate and support in the RBF steering committee to plan and implement a road map for smooth transition	N/A		N/A		In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Stock outs of FP and other SRH supplies, which may be aggravated because of the Covid-19 pandemic	17/05/2021	DEV	Medium	High	High
Risk mitigation			**Follow-up of risk**		
Action(s)	Resp.	Deadline	Progress		Status
Monitor the level of stocks using all available data sources, coordinate and collaborate with supply chain partners and pharmacy department in MOH	N/A	N/A			In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identificat ion	Risk Category	Likelihoo d	Potential Impact	Total
Drug supply system, vertical programmes and free health care make health facilities dependent from others to improve their performance	17/05/202 1	DEV	Medium	Medium	Medium

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Bad maintenance of medical equipment Insufficient medical equipment to assure necessary quality of care	17/05/2021	DEV	Medium	Medium	Medium
Risk mitigation				Follow-up of risk	
Action(s)		Resp.	Deadline	Progress	Status
Synergy with other development partners to complement medical equipment in health facilities supported with RBF		N/A	N/A		In Progress
Support regional maintenance workshop		N/A	N/A		In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
The national government does not fulfil its long-term engagements due to political or economic developments	17/05/2021	DEV	Medium	Medium	Medium

Risk mitigation			Follow-up of risk	
Action(s)	Resp.	Deadline	Progress	Status
Donor coordination and policy dialogue	N/A	N/A		In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Insufficient increase in domestic budget for heath (health financing still very donor dependent)	17/05/2021	DEV	Medium	Medium	Medium
Risk mitigation				**Follow-up of risk**	
Action(s)		Resp.	Deadline	Progress	Status
Advocacy at the level for the Ugandan government to increase domestic funding in health and implement the planned health financing reforms (social health insurance		N/A	N/A		In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Fragmented, donor dependent referral framework (with fragmented ambulance network)	17/05/2021	DEV	Medium	Medium	Medium
Risk mitigation				**Follow-up of risk**	
Action(s)		Resp.	Deadline	Progress	Status
Support by regional and national authorities to validate a comprehensive referral policy note and scale-up		N/A	N/A		In Progress

Donor coordination at regional level				

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Misuse of funds, wrong accounting information, false reporting, different user fees for patients	17/05/2021	FIN	Medium	Medium	Medium
Risk mitigation			**Follow-up of risk**		
Action(s)	Resp.	Deadline	Progress		Status
Strong follow-up by Finance and Technical team at programme level (ITA & RAFI at national level; and regional antennas Control mechanisms (control missions, audit)	N/A	N/A			In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Slow procurement processes affects speed of implementation	01/06/2022	OPS	Medium	Medium	Medium

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Inclusion of infrastructure activities may cause implementation period to overshoot expected duration	31/03/2022	OPS	High	Medium	High
Risk mitigation			**Follow-up of risk**		

Action(s)	Resp.	Deadline	Progress	Status
Consider extension of implementation period based on INFRA time frame	N/A	N/A	Consider it for February SC	In Progress

Identification of risks			Risk analysis		
Risk Description	Period of Identification	Risk Category	Likelihood	Potential Impact	Total
Ebola epidemic from September 2022: the area of the intervention is not interested but at national level many MOH resources have been shifted to handle the epidemic (for example the EMS department is fully engaged in the response, as well as the national project coordinator has been appointed to manage the epidemic response in Jinja!) and districts even if not (yet) involved are engaged in preparedness and surveillance	01/11/2022	OPS	Medium	Medium	Medium

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. LSF projects is working with the regional hospitals especially in the areas of equipment maintenance, clinical mentorship, EMS coordination and regional planning and performance monitoring so the SDHR support focused on capacity building of the regional teams in all management areas well complement the LSF effort to strengthen the regional role of these institutions.

The project also took advantage of the framework agreements of SDHR to organize some trainings in leadership and governance for district technical leaders and customer care for midwives.

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 partial geographical (Acholi sub region) overlapping, but especially a thematic overlapping since both implement RBF as core intervention, even though in EHA Enabel is the grant holder while LSF only provides technical support to the RBF implemented by URMCHIP. These provides a lot of opportunities to discuss and compare different models of RBF implementation.

Both projects support direct system strengthening activities in the areas of planning and management, emergency medical services, medical equipment maintenance, regional coordination and performance monitoring, and maternal and child health, and the staff are working as a one-team, with integration of competences. LSF is also funding blood donation drives in Acholi under its result area addressing sexual and reproductive health.

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 reliable powers for key facility services (NICU, maternity, theatres and laboratories).

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 2021 and at the beginning of 2022, and in the 1st quarter of 2022 the system was rolled out in the all country. This halved the time for processing of RBF invoices. In addition, the project conducted hands-on training for HCIVs on direct entry data in DHIS2, and conducted training on the (electronic) integrated Human resource management system. This should make data collection, synthesis and analysis much quicker and available for decision making.

The data management expert/officer have supported development of a comprehensive database of RBF data allowing the RBF unit to perform analytics and produce reports as necessary.

8 Lessons learned

8.1 The successes

The activities implemented in the year were directly guided by the engagement with the Ministry of Health and its various departments, and the joint baseline needs assessment conducted at the beginning of the year. The close collaboration and coordination with all the counterpart is indeed a success by itself, especially considering the fragmented way of working in the development aid setting.

The project was able to successfully support the RBF unit to rapidly roll out the RBF digital system, allowing smoother operations in this last year of URMCHIP, and in consolidating the database of RBF data so that comprehensive analysis and reporting was simplified.

The team supported the RBF unit to refine and complete the mainstreaming strategy, in which the result based financing will be integrated within the routine PHC funding system. All experiences and learnings from the several RBF projects implemented by Enabel, with different modes of implementation, were used to refine the strategy so to keep the most effective elements of the model (the additional financing, the autonomy, the automated extraction of data from existing systems) while avoiding parallel and cumbersome administrative systems.

In the area of support to DHMT capacity, the projects implemented an ambitious and comprehensive training plan (leadership and governance, support supervision, use of integrated human resource management system, work-planning) which had been identified as a key component in successful implementation of RBF.

In the area of support to reproductive health, the project focused on HCIVs and in particular on the areas of integration of family planning into other service delivery points, MPDSR and NICU. The region had a dramatic improvement in notification and review rates of maternal and perinatal deaths, a process indicator which hopefully will soon show an effect in quality of care, and a lot of the direct investments towards the end of the year has been directed to support to NICU (solar systems for 200,000 Euro, equipment for almost 200,000 Euro) with the hope to soon see significant improvement in perinatal care.

In the area of EMS, the big success is the collaborative works established with the MOH and the WB-UCREEP team to design a prototype for the ambulance call and dispatch center which can serve as a standard blueprint for the country. In the areas of training, the projects supported various types of basic trainings and the set up of a training and simulation center (yet incomplete).

The work with the regional equipment maintenance workshop has revealed a huge unmet need in terms of equipment maintenance and user trainings and has sensitized health workers on the importance of appropriate handling and preventive maintenance (hundreds of workers underwent hand-on user trainings XXXXX

8.2 The challenges

Like all other projects, LSF has already been impacted by the Covid pandemic and its response (e.g. massive immunization drives heavily involving the district scarce human resources). The Ebola epidemic in the last part of the year disrupted activities in Rwenzori region and also delayed many engagements with the EMS department, which was heavily involved in the Ebola response.

The period of implementation is rather short (24 months) and especially for result area 2 and 3, which includes infrastructure interventions (design and construction of a call and dispatch center, construction of a theatre in Maracha HCIV), there will be need of an extension of the implementation period. It was anyway decided to proceed as these are priorities for the country and fit well into a bigger strategy of support to EMS and maternal care.

At a more implementation level, operational challenges have been the delays in RBF disbursements (partly addressed by the digitalization, which anyway came in towards the end of the project), knowledge and process gaps in RBF implementation due to staff turnover, parallel and unclear processes, and lack of training in financial management and proper planning based on needs and choice of strategic and impactful investments. Indeed the project has embarked in a round of support of regions and districts to fulfil the national planning cycle as per the new guidelines (HMIS001).

In the area of EMS, the policy is relatively new (launched in November 2021) and still lacks clear implementation guidelines and structures.

In the area of equipment maintenance, the lack of spare parts is a major hindering factor in effective equipment maintenance.

8.3 Strategic learning questions

In the last year, we had identified 3 strategic learning question:

- 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)

The reflection is ongoing at different stages and the project will be able to consolidate its learnings in 2023.

8.4 Summary of lessons learned

The following table presents a summary of the lessons learned.

Lessons	**Audience**
The deployment and use of the Digitalised system improved the timeliness in reporting and generation of invoices. Since data are automatically extracted from the routine information systems, this has stimulated a sense of commitment towards accuracy and timeliness of HMIS data within RBF health facilities. Thanks to improvement in data quality and the simplification of the processes, there was an significant increase in the amount of RBF subsidies attracted in the two regions of west Nile and Rwenzori.	MOH, Project
Facilities needs technical support – by the district and by project teams - to develop and implement meaningful investment plans to improve service delivery (guided autonomy!)	MOH, Project

Proper use and appreciation of the MPDSR system is a valuable tool to decrease bad birth outcome. There is need of directly linking MPDSR with the QI approach to cause change.	MOH, Project
There is a huge unmet need regarding equipment preventing maintenance, user training and repairs (and spare parts)	MOH, project
Capacity building at district level in managerial functions is essential for the district to provide effective support to health units	MOH, project
Alignment and harmonization of RBF processes with the mainstreamed ones (e.g. indicator aligned with the DHIS2, PIP aligned with HMIS001) can make the system simpler and more effective	MOH, project

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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 but as per recommendations of the 1st and second steering committee, a detailed reorientation of activities was undertaken and presented and approved at the steering committee of October 2022. A related change in the M&E framework and budget reallocation was also approved.

The tables below present the changes in activities and M&E.

Result area	Activities	Changes	Comments
1. The capacity of the Ministry of Health (MoH) Result-based financing (RBF) Unit at national level and of the Districts and health facilities in Rwenzori/Albertine and West Nile region is strengthened in order to implement an RBF mechanism and to boost the reflexion on social protection in health.	1.1 Provide technical support for RBF implementation to districts and facilities of the regions of Rwenzori and West Nile.	No change	
	1.2 Provision of technical support to the RBF MoH unit in particular in the area of data management and strategic reflexion: Monitoring and Evaluation, digitalization and integration of RBF processes into the national systems.	No change	
	1.3 Strengthen the Ministry's health policy development in the fields of health financing and social protection	No change	
2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents,	Activity 2.1: Increase information, sensitization and mobilization in the community about family planning and other SRH services.	**REMOVED** since the Dutch –funded project ANSWER focus on community sensitization and demand creation in WN and ACholi	

refugees) in West Nile and Acholi regions	Activity 2.2: Increase capacity of health facilities to offer integrated SRH services.	No change but number : 2.1	Focus on trainings and supervision/mentorships, use of RBF funds
		2.2: **ADDED** Increase capacity of HCIV in WN and Acholi to offer cEMONC incl NICU	Agreed in 1st steering committee to focus on HCIV, cEMONC and NICU services: equipment, training, mentorship PROPOSAL to switch from support to Awach HCIV to construction of theatre in Maracha HCIV to be discussed at steering committee level.
3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children, and refugees, in West Nile and Rwenzori regions	3.1 Training of health workers especially at referral facilities in emergency care and response in the areas of West Nile and Rwenzori	No change	
	3.2. Provision of equipment and supplies to ensure adequate emergency care	No change	
	3.3 Implement the national policy on emergency evacuations and critically monitor the results	Change in sub-activities 1. Call and dispatch center Arua (design and construction) 2. Regional and national coordination, policy and guidelines development, learning 3. Training and simulation center in Yumbe	Following approval of the national EMS policy in November 2021 and discussion with MOH on needs and priorities

4: Equipment and water/energy/sanitation gaps in supported facilities are addressed using climate smart solutions in West Nile and Rwenzori regions	Activity 4.1: Provision of basic equipment to health facilities (according to level and standards of care).	**REMOVED:** equipment is provided in result area 3 and 4	
	Activity 4.2: Support to the regional equipment maintenance centres	No change,	
	Activity 4.3: Implement energy and WASH interventions to support priority service delivery	Divided into 4.1 Energy and 4.3 WASH	Need assessment on HCIV indicates energy needs are the main issues

The proposed changes in M&E framework are in line with the reorientation of activities and budget changes as described in the document "Activity and budget change proposal".

Impact and outcome indicators: **No change**

Result area 1**: no change**

RESULT AREA 2: The demand for and access to SRH services, including Family Planning, are increased, in particular among the most vulnerable groups (women, adolescents, refugees) in West Nile and Acholi regions.	
Original indicator	**Proposed changes**
Number FP users/visits-General (Disaggregated by region and methods)	No change
Number FP users/visits among HCIVs in West Nile and Acholi regions (Disaggregated by region and method)	**New Indicator – subset of the above (focus on HCIV)**
% HCIV facilities with availability of tracker FP commodities (Sayana press)> 95% in the previous quarter (less than 5 days stock outs)	No change
% of facilities having adolescent and youth-friendly services/numbers.	**REMOVED – OUT OF SCOPE**
% of facilities integrating FP services with HIV and other preventive services (ANC, immunization)	**REMOVED – TRANSFORMED INTO NUMERICAL OUTPUTS**

#New HIV positive family Planning users among targeted HCIVs (disaggregated by region)	**New Indicator (output for offer of integrated services at HCIV)**
# mothers who received Family Planning in postpartum among targeted HCIVs (disaggregated by region)	**New Indicator (output for offer of integrated services at HCIV)**
% facilities with VHT involved in promotion and implementation of SRH services	**REMOVED OUT OF SCOPE**
Availability day of the visit of tracker commodities (COC and inj. DMPA)	**REMOVED - DUPLICATION**
% HC IV providing cEMONC services (disaggregated by region)	**Moved here from R3**

RESULT AREA 3: Capacity of emergency response at referral facilities is strengthened with a particular focus on women, adolescents, children and refugees, in West Nile and Rwenzori regions.	
Original indicator	**Proposed changes**
% HC IV providing cEMONC services	**Moved to R2**
Number of maternal and perinatal deaths	**REMOVED – OUTCOME LEVEL**
% maternal and perinatal deaths reviewed	**REMOVED- UNRELIABLE DATA**
Number emergency maternal referrals transported by ambulance system	**REMOVED- ADJUSTED TO BELOW**
Number of emergencies evacuated through the regional coordination centre (disaggregated by region)	**New Indicator**
Number of districts/regions covered by the program do have a comprehensive emergency referral plan	**REMOVED- ADJUSTED TO BELOW**
Number of districts with functional ambulance district committees (disaggregated by region)	**New Indicator**
Number of training and simulation center established	**New Indicator**
Number of call and dispatch centers established	**New Indicator**

RESULT AREA 4:Equipment and water/energy/ sanitation gaps in supported facilities are addressed using climate smart solutions, in West Nile and Rwenzori regions	
Original indicator	**Proposed changes**
% facilities satisfying minimum quality criteria for water, sanitation, energy and waste management	**REMOVED, ADJUSTED TO BELOW, restricted focus**

% of HC IVs satisfying minimum quality criteria for water, sanitation and energy.(disaggregated by region)	**New Indicator**
Number of effective repairs per month done by the regional maintenance workshops in Rwenzori and West-Nile	**REMOVED, ADJUSTED TO BELOW**
% of HCIVs and Hospitals who have received at least a visit in the last three months from the regional workshop.(disaggregated by region)	**New Indicator**
Average quality score in equipment module of the RBF assessment tool	**REMOVED**
Number of facilities who received an intervention in Water, sanitation and Energy (disaggregated by region)	**New Indicator**

9.2 Decisions taken by the Steering Committee

Decision to take		Period of Identification		Source
Approval Result report 2021		February 2022		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Sharing of report				Completed

Decision to take		Period of Identification		Source
Approval workplan 2022				Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
None		N/A		Completed

Decision to take	Period of Identification	Source
Approval of detailed activity reorientation	October 2022	Steering Committee

Action(s)	Responsible	Deadline	Progress	Status
Implementation	Project team			Completed

Decision to take		Period of Identification		Source
Approval revised M&E and baseline report		October 2022		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Execution	Project team			Completed

Decision to take		Period of Identification		Source
Approval budget reallocation		October 2022		Steering Committee
Action(s)	Responsible	Deadline	Progress	Status
Execution	Project team			Completed

Decision to take		Period of Identification		Source
Approval recommitment of 250,000 Euro from Awach HCIV to construction of Maracha HCIV theatre		October 2022		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

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.				
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				
Appraisal of RELEVANCE: Total score	**A**	**B**	**C**	**D**
	X			

		1.1 1.1. What is the current degree of relevance of the intervention?
X	**A**	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	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.
	C	A few questions on consistency with national policies and the Belgian strategy, aid effectiveness or relevance.
	D	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.
		1.2 Is the intervention logic as currently designed still the good one?
X	**A**	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	Appropriate intervention logic even though it could need certain improvement in terms of hierarchy of objectives, indicators, risks and hypotheses.
	C	Problems pertaining to the intervention logic could affect performance of an intervention and its capacity to control and evaluate progress; improvements required.
	D	The intervention logic is faulty and requires an in-depth review for the intervention to possibly come to a good end.

<table>
<tr><th colspan="6">2. EFFICIENCY OF IMPLEMENTATION TO DATE: A measure of how economically resources of the intervention (funds, expertise, time, etc.) are converted in results.</th></tr>
<tr><td colspan="6">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</td></tr>
<tr><td colspan="2" rowspan="2">Appraisal of the EFFICIENCY: Total score</td><td>A</td><td>B</td><td>C</td><td>D</td></tr>
<tr><td></td><td>X</td><td></td><td></td></tr>
<tr><td colspan="6">2.1 To what extent have the inputs (finances, HR, goods & equipment) been managed correctly?</td></tr>
<tr><td></td><td>A</td><td colspan="4">All inputs are available in time and within budget limits.</td></tr>
<tr><td>X</td><td>B</td><td colspan="4">Most inputs are available within reasonable time and do not require considerable budgetary adjustments. Yet, there is still a certain margin for improvement possible.</td></tr>
<tr><td></td><td>C</td><td colspan="4">The availability and use of inputs pose problems that must be resolved, otherwise the results could be at risk.</td></tr>
<tr><td></td><td>D</td><td colspan="4">The availability and management of the inputs is seriously lacking and threaten the achievement of the results. Considerable changes are required.</td></tr>
<tr><td colspan="6">2.2 To what extent has the implementation of activities been managed correctly?</td></tr>
<tr><td></td><td>A</td><td colspan="4">Activities are implemented within timeframe.</td></tr>
<tr><td>X</td><td>B</td><td colspan="4">Most activities are on schedule. Certain activities are delayed, but this has no impact on the delivery of outputs.</td></tr>
<tr><td></td><td>C</td><td colspan="4">The activities are delayed. Corrective measures are required to allow delivery with not too much delay.</td></tr>
<tr><td></td><td>D</td><td colspan="4">The activities are seriously behind schedule. Outputs can only be delivered if major changes are made to planning.</td></tr>
<tr><td colspan="6">2.3 To what extent are the outputs correctly achieved?</td></tr>
<tr><td></td><td>A</td><td colspan="4">All outputs have been and will most likely be delivered on time and in good quality, which will contribute to the planned outcomes.</td></tr>
<tr><td>X</td><td>B</td><td colspan="4">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.</td></tr>
<tr><td></td><td>C</td><td colspan="4">Certain outputs will not be delivered on time or in good quality. Adjustments are required.</td></tr>
<tr><td></td><td>D</td><td colspan="4">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.</td></tr>
</table>

3. EFFECTIVENESS TO DATE: Extent to which the outcome (specific objective) is achieved as planned at the end of year N					
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					
Appraisal of EFFECTIVENESS: Total score		**A**	**B**	**C**	**D**
			B		
3.1 At the current stage of implementation, how likely is the outcome to be realised?					
	A	It is very likely that the outcome will be fully achieved in terms of quality and coverage. Negative results (if any) have been mitigated.			
X	**B**	The outcome will be achieved with a few minor restrictions; the negative effects (if any) have not had much of an impact.			
	C	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.			
	D	The intervention will not achieve its outcome, unless significant fundamental measures are taken.			
3.2 Are the activities and outputs adapted (where applicable) in view of achieving the outcome?					
	A	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.			
X	**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.			
	C	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.			
	D	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.			

<table>
<tr><td colspan="6">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).</td></tr>
<tr><td colspan="6">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</td></tr>
<tr><td colspan="2" rowspan="2">Appraisal of POTENTIAL SUSTAINABILITY: Total score</td><td>A</td><td>B</td><td>C</td><td>D</td></tr>
<tr><td>X</td><td></td><td></td><td></td></tr>
<tr><td colspan="6">4.1 Financial/economic sustainability?</td></tr>
<tr><td></td><td>A</td><td colspan="4">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.</td></tr>
<tr><td>X</td><td>B</td><td colspan="4">Financial/economic sustainability will most likely be good, but problems may arise in particular due to the evolution of external economic factors.</td></tr>
<tr><td></td><td>C</td><td colspan="4">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.</td></tr>
<tr><td></td><td>D</td><td colspan="4">Financial/economic sustainability is very questionable, unless major changes are made.</td></tr>
<tr><td colspan="6">4.2 What is the degree of ownership of the intervention by the target groups and will it prevail after the external assistance ends?</td></tr>
<tr><td>X</td><td>A</td><td colspan="4">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.</td></tr>
<tr><td></td><td>B</td><td colspan="4">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.</td></tr>
<tr><td></td><td>C</td><td colspan="4">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.</td></tr>
<tr><td></td><td>D</td><td colspan="4">The intervention fully depends on punctual instances that offer no perspective whatsoever for sustainability. Fundamental changes are required to guarantee sustainability.</td></tr>
<tr><td colspan="6">4.3 What is the level of policy support delivered and the degree of interaction between the intervention and the policy level?</td></tr>
<tr><td>X</td><td>A</td><td colspan="4">The intervention receives full policy and institutional support and this support will continue.</td></tr>
</table>

	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.
	C	The sustainability of the intervention is limited due to the absence of policy support. Corrective measures are required.
	D	Policies have been and will most likely be in contradiction with the intervention. Fundamental changes seem required to guarantee sustainability of the intervention.
4.4 To what degree does the intervention contribute to institutional and management capacity?		
X	**A**	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	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.
	C	The intervention relies too much on punctual instances rather than on institutions; capacity development has failed to fully guarantee sustainability. Corrective measures are required.
	D	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 but M&E has been changed following activity reorientation (see section 10.2).

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?	Yes
MTR Final Report	Not foreseen
ETR Planning (registered report)	Feb-Mar 2023
Backstopping missions	August 2021
	June 2023

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**	**14,014.24**	**386,684.82**	**0.00**	**400,699.06**	**1,969,403.56**	**1,629,897.39**
UGA20003_A	**3,024,000.00**	**207,000.00**	**3,231,000.00**	**14,014.24**	**384,785.45**	**0.00**	**398,799.69**	**1,502,847.81**	**1,329,352.51**
UGA20003_A01	1,229,400.00	-24,000.00	1,205,400.00	0.00	0.00	0.00	0.00	758,030.32	447,369.68
UGA20003_A0101	**560,000.00**	**0.00**	**560,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**383,237.00**	**176,763.00**
UGA20003_A010101	320,000.00	-99,000.00	221,000.00	0.00	0.00	0.00	0.00	230,112.83	-9,112.83
UGA20003_A010102	160,000.00	-9,000.00	151,000.00	0.00	0.00	0.00	0.00	62,513.03	88,486.97
UGA20003_A010103	80,000.00	108,000.00	188,000.00	0.00	0.00	0.00	0.00	90,611.14	97,388.86
UGA20003_A0102	**559,400.00**	**-24,000.00**	**535,400.00**	**0.00**	**0.00**	**0.00**	**0.00**	**329,170.35**	**206,229.65**
UGA20003_A010201	457,200.00	-18,000.00	439,200.00	0.00	0.00	0.00	0.00	269,480.29	169,719.71
UGA20003_A010202	35,000.00	27,000.00	62,000.00	0.00	0.00	0.00	0.00	59,296.77	2,703.23
UGA20003_A010203	67,200.00	-33,000.00	34,200.00	0.00	0.00	0.00	0.00	393.29	33,806.71
UGA20003_A0103	**110,000.00**	**0.00**	**110,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**45,622.97**	**64,377.03**
UGA20003_A010301	60,000.00	0.00	60,000.00	0.00	0.00	0.00	0.00	8,305.90	51,694.10
UGA20003_A010302	50,000.00	0.00	50,000.00	0.00	0.00	0.00	0.00	37,317.07	12,682.93
UGA20003_A02	1,099,600.00	-208,400.00	891,200.00	0.00	193,090.00	0.00	193,090.00	365,504.04	332,605.96
UGA20003_A0201	**517,600.00**	**-55,400.00**	**462,200.00**	**0.00**	**0.00**	**0.00**	**0.00**	**328,601.54**	**133,598.46**
UGA20003_A020101	152,400.00	-5,000.00	147,400.00	0.00	0.00	0.00	0.00	81,503.79	65,896.21
UGA20003_A020102	247,600.00	-160,500.00	87,100.00	0.00	0.00	0.00	0.00	48,564.44	38,535.56
UGA20003_A020103	40,000.00	133,700.00	173,700.00	0.00	0.00	0.00	0.00	183,468.45	-9,768.45
UGA20003_A020104	77,600.00	-23,600.00	54,000.00	0.00	0.00	0.00	0.00	15,064.86	38,935.14
UGA20003_A0202	**582,000.00**	**-153,000.00**	**429,000.00**	**0.00**	**193,090.00**	**0.00**	**193,090.00**	**36,902.50**	**199,007.50**
UGA20003_A020201	194,000.00	0.00	194,000.00	0.00	192,550.00	0.00	192,550.00	30,435.96	-28,985.96
UGA20003_A020202	388,000.00	-153,000.00	235,000.00	0.00	540.00	0.00	540.00	6,466.54	227,993.46
UGA20003_A03	415,000.00	403,400.00	818,400.00	14,014.24	62,604.55	0.00	76,618.79	123,843.76	617,937.45
UGA20003_A0301	**200,000.00**	**-113,400.00**	**86,600.00**	**3,882.53**	**0.00**	**0.00**	**3,882.53**	**38,174.87**	**44,542.60**
UGA20003_A030101	200,000.00	-113,400.00	86,600.00	3,882.53	0.00	0.00	3,882.53	38,174.87	44,542.60
UGA20003_A0302	**140,000.00**	**-29,700.00**	**110,300.00**	**0.00**	**0.00**	**0.00**	**0.00**	**10,311.40**	**99,988.60**
UGA20003_A030201	100,000.00	0.00	100,000.00	0.00	0.00	0.00	0.00	198.44	99,801.56
UGA20003_A030202	40,000.00	-29,700.00	10,300.00	0.00	0.00	0.00	0.00	10,112.96	187.04
UGA20003_A0303	**75,000.00**	**546,500.00**	**621,500.00**	**10,131.71**	**62,604.55**	**0.00**	**72,736.26**	**75,357.49**	**473,406.25**

UGA20003_A030301	25,000.00	466,500.00	491,500.00	0.00	41,989.38	0.00	41,989.38	15,036.86	434,473.76
UGA20003_A030302	50,000.00	80,000.00	130,000.00	10,131.71	20,615.17	0.00	30,746.88	60,320.63	38,932.49
UGA20003_A04	280,000.00	36,000.00	316,000.00	0.00	129,090.90	0.00	129,090.90	255,469.69	-68,560.59
UGA20003_A0401	100,000.00	110,000.00	210,000.00	0.00	129,090.90	0.00	129,090.90	205,274.33	-124,365.23
UGA20003_A040101	100,000.00	110,000.00	210,000.00	0.00	129,090.90	0.00	129,090.90	205,274.33	-124,365.23
UGA20003_A0402	40,000.00	26,000.00	66,000.00	0.00	0.00	0.00	0.00	50,195.36	15,804.64
UGA20003_A040201	40,000.00	26,000.00	66,000.00	0.00	0.00	0.00	0.00	50,195.36	15,804.64
UGA20003_A0403	140,000.00	-100,000.00	40,000.00	0.00	0.00	0.00	0.00	0.00	40,000.00
UGA20003_A040301	140,000.00	-100,000.00	40,000.00	0.00	0.00	0.00	0.00	0.00	40,000.00
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_X0101	186,000.00	-186,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
UGA20003_X010100	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	-21,000.00	769,000.00	0.00	1,899.37	0.00	1,899.37	466,555.75	300,544.88
UGA20003_Z01	480,700.00	-21,000.00	459,700.00	0.00	0.00	0.00	0.00	235,573.90	224,126.10
UGA20003_Z0101	306,900.00	-21,000.00	285,900.00	0.00	0.00	0.00	0.00	112,627.95	173,272.05
UGA20003_Z010101	306,900.00	-21,000.00	285,900.00	0.00	0.00	0.00	0.00	112,627.95	173,272.05
UGA20003_Z0102	173,800.00	0.00	173,800.00	0.00	0.00	0.00	0.00	122,945.95	50,854.05
UGA20003_Z010201	173,800.00	0.00	173,800.00	0.00	0.00	0.00	0.00	122,945.95	50,854.05
UGA20003_Z02	4,500.00	0.00	4,500.00	0.00	1,210.00	0.00	1,210.00	15,065.60	-11,775.60
UGA20003_Z0201	4,500.00	0.00	4,500.00	0.00	1,210.00	0.00	1,210.00	15,065.60	-11,775.60
UGA20003_Z020101	3,500.00	0.00	3,500.00	0.00	1,210.00	0.00	1,210.00	12,638.68	-10,348.68
UGA20003_Z020102	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00	2,426.92	-1,426.92
UGA20003_Z03	199,800.00	0.00	199,800.00	0.00	689.37	0.00	689.37	204,997.17	-5,886.54
UGA20003_Z0301	12,000.00	0.00	12,000.00	0.00	0.00	0.00	0.00	7,970.97	4,029.03
UGA20003_Z030101	12,000.00	0.00	12,000.00	0.00	0.00	0.00	0.00	7,970.97	4,029.03
UGA20003_Z0302	77,600.00	0.00	77,600.00	0.00	0.00	0.00	0.00	47,584.10	30,015.90
UGA20003_Z030201	48,000.00	0.00	48,000.00	0.00	0.00	0.00	0.00	21,050.53	26,949.47
UGA20003_Z030202	8,000.00	0.00	8,000.00	0.00	0.00	0.00	0.00	1,468.43	6,531.57
UGA20003_Z030203	21,600.00	0.00	21,600.00	0.00	0.00	0.00	0.00	25,065.14	-3,465.14
UGA20003_Z0303	48,000.00	0.00	48,000.00	0.00	0.00	0.00	0.00	15,375.24	32,624.76
UGA20003_Z030301	48,000.00	0.00	48,000.00	0.00	0.00	0.00	0.00	15,375.24	32,624.76
UGA20003_Z0304	10,200.00	0.00	10,200.00	0.00	0.00	0.00	0.00	11,899.17	-1,699.17

UGA20003_Z030401	10,200.00	0.00	10,200.00	0.00	0.00	0.00	0.00	11,899.17	-1,699.17
UGA20003_Z0305	**10,800.00**	**0.00**	**10,800.00**	**0.00**	**0.00**	**0.00**	**0.00**	**40,171.44**	**-29,371.44**
UGA20003_Z030501	10,800.00	0.00	10,800.00	0.00	0.00	0.00	0.00	40,171.44	-29,371.44
UGA20003_Z0306	**24,000.00**	**0.00**	**24,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**17,090.29**	**6,909.71**
UGA20003_Z030601	24,000.00	0.00	24,000.00	0.00	0.00	0.00	0.00	17,090.29	6,909.71
UGA20003_Z0307	**10,000.00**	**0.00**	**10,000.00**	**0.00**	**689.37**	**0.00**	**689.37**	**17,519.58**	**-8,208.95**
UGA20003_Z030701	10,000.00	0.00	10,000.00	0.00	689.37	0.00	689.37	17,519.58	-8,208.95
UGA20003_Z0308	**7,200.00**	**0.00**	**7,200.00**	**0.00**	**0.00**	**0.00**	**0.00**	**47,386.38**	**-40,186.38**
UGA20003_Z030801	7,200.00	0.00	7,200.00	0.00	0.00	0.00	0.00	47,386.38	-40,186.38
UGA20003_Z04	105,000.00	0.00	105,000.00	0.00	0.00	0.00	0.00	12,787.89	92,212.11
UGA20003_Z0401	**15,000.00**	**0.00**	**15,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**15,000.00**
UGA20003_Z040101	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**	**12,787.89**	**-7,787.89**
UGA20003_Z040201	5,000.00	0.00	5,000.00	0.00	0.00	0.00	0.00	12,787.89	-7,787.89
UGA20003_Z0403	**35,000.00**	**0.00**	**35,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**35,000.00**
UGA20003_Z040301	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_Z040401	30,000.00	0.00	30,000.00	0.00	0.00	0.00	0.00	0.00	30,000.00
UGA20003_Z040402	20,000.00	0.00	20,000.00	0.00	0.00	0.00	0.00	0.00	20,000.00
UGA20003_Z99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,868.81	1,868.81
UGA20003_Z9998	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**-1,868.81**	**1,868.81**
UGA20003_Z999800	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,868.81	1,868.81
Grand Total	**4,000,000.00**	**0.00**	**4,000,000.00**	**14,014.24**	**386,684.82**	**0.00**	**400,699.06**	**1,969,403.56**	**1,629,897.39**

10.6 Resources in terms of communication

No.	Name of resource	Type of resource
1.	Regional maintenance team builds capacity of health workers at lower health facilities	Story available on sharepoint
2.	The Neonatal Intensive Care Unit (NICU) at Rwamwanja HC III saves babies	Story available on sharepoint
3.	Enabel rolls out RBF Digitalised system	Story available on sharepoint
4.	BEC training and West Nile PRM	Photos available on sharepoint
5.	Equipment User Training	Photos available on sharepoint
6.	Production of project visibility materials	Visibility materials