Enabel

Executive summary

Ubuzima Burambye ("Long Healthy Life") Rwanda

Authors: COTA Asbl

Meg Braddock – Team leader
David Kamugundu – Associate Senior Expert
Pierre Dongier – Associate Senior Expert

August 2020

Belgian development agency

enabel.be

1 Presentation of the evaluation

Ubuzima Burambye ("Long Healthy Life") (UB) was a health system strengthening (HSS) project contributing to achievement of Rwanda's health goals. The Belgian contribution is 18,000,000 €, the Rwandan contribution is estimated at 6,155,000 €. The project agreement between the Governments of Rwanda and Belgium ran for 60 months from June 2015 to June 2020, with a project implementation period of 48 months. The project had six components, reduced to five by budget cuts. The remaining components focused on service quality (R1), mental health (R2), urban health (R3), leadership and governance (R4), and asset management (R6). UB was closely integrated with the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), with project technical assistance embedded into the relevant departments. It was integrated with Rwandan management systems using the national execution modality (NEX).july

The ***ETR objectives*** were accountability and learning, with a focus on identifying lessons that can be used in other interventions or for other policies, strategies, and programmes. It covers the OECD DAC performance criteria and Enabel transversal and horizontal issues, together with specific questions on each of the 5 results areas. As one of the first Enabel ETRs affected by Covid-19, the review also sought to identify any specific learning within the context of the pandemic. The review was carried out in the period June to August 2020. The ***methodology*** was participative and as inclusive as possible in the context of Covid-19. Input was sought from key stakeholder groups either in person, virtually or through documentation. Quantitative and qualitative data was collected using purposeful sampling for defining persons to be interviewed and health structures to be visited given the limitations of time, impacts on availability of key health personnel and decision-makers and restrictions on ETR team travel due to the pandemic.

2 Results and conclusions

2.1 Performance criteria

Relevance: UB was aligned with country needs and priorities, and consistent with country policies. It worked at both centralised and decentralised levels, with technical assistance at Central level, and construction and technical assistance activities at decentralised level. There was some divergence between Belgian technical support priorities and the project's principal focus on construction of a district hospital in Kigali which was the priority of the government of Rwanda. This focus on the top priority for Rwanda led to a relatively low level of attention to areas of need at decentralised levels, which UB aimed to address during implementation.

Efficiency: The project was well-managed with efficient use of resources; efficiency was affected by the NEX modality which both partners welcomed but whose implementation was complex. There was good progress in many components, but not all outputs were achieved due to budget cuts and reallocations, and other factors beyond the project's control. The MoH/RBC has made or is planning to make the financial contributions foreseen in the project design but more non-financial contributions (buy-in and leadership) would have helped to address some of the challenges in innovative activities.

Effectiveness: Project outputs were aligned to contribute to achievement of the project outcome, now or in the future; effectiveness will be greater if and when outputs are completed by national partners. There may have been more effective ways to contribute in some components, but this was attributable to decisions at project design stage rather than any shortcomings in implementation. Project strategy was adapted to changes in the context; negative effects were mitigated where possible (this was a major strength of the Project).

Impact: As the project outcome indicators correspond to those of the national health sector plan and are measured only every 5 years (complete endline data is not yet available), changes in the indicators are hard to attribute to UB, but it has made a contribution. Its impact will vary between different project components. There were negative unexpected impacts from budget cuts and the resulting reallocations.

Sustainability: The project design aimed to enhance sustainability through embedding technical assistance in the partner institutions and using the NEX. Sustainability will vary between different components and will depend on future actions by Rwandan partners and availability of finance (eg R1, R2, R6). Results of innovative components will need committed leadership and vision by MoH to ensure their potential is realised and their contributions to health system strengthening (HSS) are sustainable.

Transversal and horizontal themes: Opportunities to include ***gender*** as a cost-cutting theme were missed due to lack of specificity in programme planning, no allocation of budget resources and no gender expertise in the project team. There was limited negative impact on the ***environment*** but opportunities for innovation and environmentally friendly activities in construction were lost due to budget restrictions. There was good compliance on all fronts with ***results-oriented steering***, supported by an active and involved Steering Committee. UB complied with Belgian ***monitoring*** requirements whilst aligning project reporting to the Rwandan planning and administration cycle.

2.2 Specific questions

R1 (quality and accreditation). UB made important contributions to accreditation and increased awareness of quality improvement (QI) needs. Staff and management at health facilities level are motivated to continue with QI, but work remains to be done in linking quality to accreditation and establishing an independent accreditation body.

R2 (mental health). Effective support for mental health was provided at both strategic and decentralised levels. Sustainability will be enhanced by UB support for development of the mental health strategic plan but will depend on availability of resources and support from government. The Rwandan government is committed to financing a day-care centre whose project budget was reallocated to hospital construction.

R3 (urban health). The ***medicalisation*** pilot for selected health centres demonstrated that the concept has great potential but there are institutional, financial and resource constraints and a holistic approach is needed. Medicalisation is more likely to be sustainable if health centres are selected on the basis of demand for services. Hospital ***networking*** is a complex concept which needs support and buy-in from 3 levels of the public sector (MoH, Referral hospital, District hospitals) as well as the private sector. Some basic steps towards networking were implemented relatively easily ("quick wins"), but strong coordination, ownership and leadership is needed from the Ministry of Health. The ***campaign to raise awareness of NCDs*** is in line with national needs and new national priorities. The campaigns were successful in raising awareness, but more follow up counselling and services are needed from health facilities.

The large ***hospital construction component*** in UB showed that a workable balance is needed between national priorities, core competencies of the donor, and resources available. Financial and human resource allocations should reflect the final balance with sufficient funds and technical expertise to cover all components. Some of the challenges due to construction delays and overspending could have been avoided with preparation of the design prior to finalizing the project budget, and with recruitment of infrastructure expertise for supervision. Opportunities were lost for innovative environmentally friendly features as funding was insufficient. Construction may be better financed through alternative modalities rather than inclusion in a public health technical assistance project.

R4 (leadership and governance). UB worked to strengthen the decentralisation process at central and district levels. MoH has a decentralisation policy but a clear roadmap for full implementation is needed, and stewardship capacity is still low at district level. UB was involved in relevant governance activities at central level. Although the topic of definition of the respective roles of MoH and RBC was included in the project design, UB did not work on this as it was felt to be an area more appropriate for management by national partners. UB did not provide support for developing public-private partnerships as this complex area of work still has to be better defined by the national partners.

R6 (asset management). ***Provincial workshops*** were set up with UB support and have potential for an important contribution to medical equipment maintenance. It will take longer than expected for workshops to reach financial self-sufficiency. The effectiveness of ***capacity building*** was limited by the lack of an overall strategy for human resources and the break-up of MTI Division in RBC. There are insufficient trained asset managers to ensure the effectiveness of technical staff. ***Recommendations*** focus on the need to finalise the strategic plan, develop a policy for standardization of donor inputs, and continue with decentralization of equipment maintenance. There are opportunities to analyse other intervention strategies, such as a focus on preventive maintenance as cost-effective complements to repair workshops, and investigation of alternative systems such as collaboration with equipment suppliers to help rationalise public sector spending on equipment maintenance.

Transversal questions: The ***action research*** projects have been a means of promoting use of evidence in decision-making, and acquisition of research skills was highly motivating for staff and helps find local solutions to local problems. A key lesson from NCD campaign action research was the need to strengthen patient follow-up by health facilities. ***Unexpected effects*** included project team support for the MoH in addressing Covid-19; support for strategic plan development which provides frameworks for future development; training of nurses in use of ultrasound equipment in medicalised health centres which supports national moves to increase task shifting; extension of mental health support to drug users, now recognised as a priority by the Government of Rwanda; reallocation of funds and elimination of R5 due to budget cuts and construction overspending which impacted all other components; support for the MMED training program for Psychiatric Doctors contributed to recognition of Clinical Psychology officially as a full-fledged department in the University of Rwanda. The ***NEX modality*** presented opportunities and challenges. There were learning processes on both sides, and adjustments were needed to ensure adherence to national planning cycles and procurement lead times. It was useful to have alternative modalities (Regie, co-management) available to overcome delays and provide greater flexibility. Dual reporting and financial administration procedures generated additional work for project staff. NEX is seen as a transition step on the way to budget support, but the administrative complexity affected efficiency.

The ***principal conclusions*** of the ETR team are that UB was a complex but well-managed project which addressed national priorities and worked exceptionally well with the Rwandan partners. There was insufficient attention to the crosscutting themes of gender and environmental protection, but the project successfully addressed major challenges due to budget cuts and reallocations, inclusion of a major infrastructure element which was not matched by relevant expertise in the UB team, and the learning processes of NEX. Many of the components have set the groundwork for future development and sustainability of innovative HSS initiatives. UB made important sustainable contributions to HSS.

3 Recommendations

If a large infrastructure component is included, a full analysis of the advantages of alternative funding channels such as budget support should be carried out at the project design stage (Enabel, national partners), and the project team should include expertise to cover all the major components of the project (Enabel).

If crosscutting themes are intended to be integral elements of the project, they should be adequately resourced and planned (Enabel).

The balance between efficiency and sustainability which results from NEX should be explicitly identified and built into the expected project results. If the implementation modality is likely to present challenges and cause delays, risks and mitigation measures should be carefully identified, and allowance for additional learning and time should be built into the project budget and calendar (Enabel, national partners).

4 Lessons learned

General and Rwanda-specific lessons learnt are included in the report. Some of the key general lessons are:

- A clear national sector strategy and vision for the future provides an essential framework for effective development cooperation work and is an important factor for sustainability of project work. If a national counterpart does not yet have strategy plans, health sector strengthening projects can make an important contribution by supporting their development.
- If new implementation modalities such as NEX are implemented, it is useful to have alternative systems as backup if unexpected challenges are encountered. A risk analysis should be carried out if innovative management modalities are used, accompanied by a risk mitigation plan. Flexibility should be included in project design to ensure that alternatives are available and can be used if necessary.
- For technical assistance projects in health systems strengthening, expertise of the technical team is as important as a large budget. Budget shortfalls can be covered by other funding sources, but the technical expertise cannot be easily substituted.
- Motivation of participants is a key factor in success and sustainability of initiatives of quality improvement. This works especially well within a policy context which provides incentives for quality services, such as the accreditation system in Rwanda. Highly motivated participants may themselves overcome obstacles due to lack of resources. In UB, hospitals are planning to provide finance for QI from their own resources. In a similar Belgian HSS programme in Peru, staff from participating health facilities sought very low-cost solutions, and contributed their own time and work to improve quality.
- Specific elements of interventions may be sustainable and have potential for future development, even if the overall intervention component cannot be taken forward immediately. A good example of this in UB was participants' enthusiasm to continue with technical capacity building through mentoring, which was just one part of the hospital networking component.