Executive summary

Report of the End-term Review

Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU)

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This review is realised as part of the cooperation between Uganda and Belgium.

This report has been drawn up by independent external experts.

The opinions expressed in this document are those of the authors and do not necessarily reflect the views of Enabel, the Belgian Development Cooperation or the Ugandan authorities.

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1. Presentation of the evaluation

The project "Establishing a Financial Mechanism for Strategic Purchasing of Health Services in Uganda (SPHU)" overarching goal is to contribute to Universal Health Coverage (UHC) following a rights-based approach. The specific objective is to build the capacity of the Ugandan health system in order to roll out a strategic purchasing mechanism for public and private not-for-profit (PNFP) health facilities, with a particular focus on women, children, and vulnerable groups. Direct beneficiaries are the Ministry of Health, the Medical Bureaux, the District Health Office, and Public and PNFP health facilities in Rwenzori and West Nile regions. Indirect beneficiaries are the rural population, particularly the poorest and most vulnerable.

SPHU is a follow-up project integrating two previous interventions implemented by Enabel, "Institutional Capacity Building in Health Planning Leadership and Management" (ICB-HPLM2) and "Institutional support for the private not-for-profit health sub-sector to promote universal health coverage in Uganda" (PNFP). SPHU started in September 2018 and has been implemented at both central and district levels, covering a total of 85 health facilities including Health Centres level III and IV and General Hospitals in the Rwenzori and West Nile regions. The contribution of the Kingdom of Belgium to the project is EUR 6 million; with an expected financial contribution of the Republic of Uganda of EUR 1,5 million. The planned end date of the project is June 30th, 2020.

This End Term Review (ETR) intended to contribute to support steering of interventions, contribute to learning drawing lessons for other interventions or for the elaboration of new policies, strategies and programmes; and as accountability to the donor, partner and other internal actors.

Besides the evaluation of overall performance of the project based on the generic OECD-DAC criteria/ MoRe Results framework, the specific evaluation questions were: (i) What are the recommendations for the implementation of the USAID-funded intervention "Roll out the national 'Results-based financing policy' in the Acholi Sub-Region, Uganda (UGA180371T-USAID-HEALTH)"? (ii) Starting from what the ETR identifies as "what works best and what works less" in the SPHU project, what are the recommendations for potential future Enabel interventions in the health sector in Uganda? The evaluation team also assessed in which manner the SPHU had implemented the recommendations proposed in the ETR of PNFP and ICB-HPLM II.

The evaluation was guided by the realist evaluation approach. Mixed data collection and analysis methods were used including: document review, key informant interviews with participants at central, regional and district levels, observations during facility visits, and quantitative analysis of project related financial and monitoring data. Triangulation of data and sources was performed to improve validity of the results. The evaluation was carried out (1) at home for document review, briefing/debriefing and report writing; and (2) during field visit in Uganda from February 2nd to 14th, 2020.

2. Results and conclusions

2.1. Performance criteria

Relevance

SPHU was relevant by aligning with the Belgian Development Cooperation priority areas and responding to the needs of its direct and indirect beneficiaries (MoH, MB, DHO, public and PNFP health facilities, population).

The project subscribed to the general Enabel position that health care is a fundamental human right by contributing to improve health care service access and quality in line with UHC goals. Project activities and monitoring focused on Enabel priority areas, including maternal and child health, family planning and digitalisation. Gender and Environment were also considered through the implementation of the project, but to a lesser extent.

The project is in line with Uganda National Health Policy II, the Health Sector Development Plan and other key health sector policies including the Health Financing Strategy and the Result-based financing framework. SPHU has been designed to pilot results-based financing (RBF) as an element of health systems strengthening in both the public and the PNFP sub-sectors in view of scaling up and to feed the longer term reflection on strategic health financing, more specifically, the development of a National Health Insurance Scheme in Uganda. The RBF model and related project activities were relevant responses to beneficiary needs, in particular for capacity building at central and district level, bringing additional funding to health care facilities, and improving access to quality services for the population.

Efficiency

The project has used available resources in an efficient manner. Its inputs were available in time and within budget limits; most activities were on schedule and the few delayed had no impact on the delivery of outputs. All outputs have been (or will most likely) be delivered on time and in good quality.

Integration of PNFP and ICB-HPLM2 projects into one “follow-up” project (SPHU) has enhanced efficiency of Enabel support in the health sector in Uganda, in line with recommendations from the joint ETR of the PNFP and ICB-HPLM2 projects. The transition process and preparatory activities at the start of SPHU project in 2018 have delayed implementation of SPHU activities; but the projected budget utilization rate at the end date of the project in 30th June 2020 is 99.4%. SPHU inputs and HR have been managed adequately and some inefficiencies related to verification process and payment of RBF funds have been addressed.

The total budget of the project of EUR 6 million was inadequate for all eligible health facilities to benefit from RBF support in the Rwenzori and West Nile regions. The contribution of EUR 1.5 million by the GoU was not secured at the time of the ETR. Equity in access between communities and population subgroups, and positive/negative externalities on non-supported facilities were not assessed by the project. Focusing the project limited resources on a single region could have improved efficiency by targeting resources to ensure better geographical coverage and ensuring equitable access between subdistricts and communities within the region.

Effectiveness

SPHU implementation contributed to the improvement of management and the quality of practices at the levels of the MoH, LG/DHOs and health facilities. It supported the development of the National RBF framework.

The project contributed to improving access and quality of services in public and PNFP HC IIIs, HC IVs and General Hospitals (GH) in Rwenzori and West Nile (outputs 1 & 2). Quality of care has improved in all health facilities supported by Enabel, where performance assessments were

done quarterly within the RBF routine verification. Out-of-stock of essential medicines in GH and HC IV decreased, but remained high (25% in Rwenzori and 54%, in West Nile). Generally, utilisation rates for curative care increased. This increase in utilisation varied in time and between facilities, some performing better than others. Underlying factors for success were leadership of the in-charge and effective team work, cited systematically by all interviewees and at all levels. Family planning coverage remained unchanged over the course of the project as health facilities under the Uganda Catholic Medical Bureau do not to provide FP services.

SPHU contributed to strengthen the capacity of DHO to manage the quality of care and the integrated local health system (output 3) by supporting regular Quarterly Review meetings and Joint Review Missions, improving planning and management practices (via coaching/mentoring, on-the-job training, inter-vision and other specific trainings), regular supportive supervision, and better quality and use of data for decision making (even more after digitalization of RBF processes).

SPHU has likely contributed to strengthening the capacity of the MoH to steer the health financing strategy (output 4) by: supporting the RBF Unit in the Department of Planning, Financing and Policy of the MoH; enhancing the capacities of the MoH to use digitalised RBF information system for evidence-based decision making; refining the national RBF model based on the experience in Rwenzori and West Nile. However, the indicators chosen to measure the attainment of the results do not necessarily measure the capacity to steer but rather the capacity to manage the issues related to RBF implementation.

An e-patient file system has been developed in 9 health facilities and faced many challenges difficult to overcome. Above all, its implementation started very late within the already short time span of the project; and it is an expensive activity, besides numerous logistical problems preventing its development.

Impact

SPHU has contributed to UHC by implementing RBF in 85 health facilities across two regions in Uganda. Strict measurement of the project impact is not possible given the short period of project implementation. The approach used by SPHU was comprehensive and considered the health system as a whole, demonstrating that RBF may contribute to health system strengthening. There is evidence that SPHU has positively influenced policy at national level. SPHU has capitalized on the experience of the two prior Enabel projects, has supported technically and financially the RBF Unit at the MoH, and shares lessons with other RBF projects such as the EHA (USAID/Enabel) and URMCHIP (WB) in view of contributing to UHC in Uganda.

Sustainability

Benefits of SPHU are likely to continue beyond the project, but financial/economic sustainability remain a concern in the medium- and long-terms.

In the short term, the elaboration of Sustainability Plans at health facility level will help to sustain gains. However, it is unlikely that securing additional resources and improving efficiencies at facility level would be sufficient for health facilities to cope with the loss of income alone. The transfer of RBF supported facilities to the URMCHIP project will probably ensure continuation of RBF in Rwenzori and West Nile. Some concerns remain, in particular with regards to the provision of interventions other than Reproductive, Maternal, Neonatal, Child and Adolescent health (RMNCAH) services, and for services delivered by GH as these are not within the scope of URMCHIP.

In the longer-term, financial sustainability will depend on the GoU capacity to increase public funding for the health sector and reduce donor dependency.

Transversal themes

Gender was addressed to some extent via the activities related to reproductive and maternal health, and HIV/AIDS prevention and care (including PMTCT). However, SPHU did not proactively mainstreamed gender in the project following the recommendations from the ETR of the two previous Enabel projects and guidelines from Enabel.

Environment was mainly addressed through the project by encouraging various actions at facility level such as ensuring the availability of clean water, the installation of solar panel or improving the collection and treatment of biomedical wastes. These actions were reinforced and evaluated during the performance assessments/verifications by SPHU.

Horizontal issues

SPHU held regular Steering Committee meetings and it was the place where workplans and progress made were analysed, and decisions taken orienting the project. Recommendations from backstopping missions were taken into account.

Progress was assessed by evidence, monitoring data collected which were presented and analysed for decision making at SC level. When necessary, adaptations were considered.

2.2 Specific evaluation questions

The ETR consultants had been asked to assess the implementation of the recommendations proposed by the ETR of PNFP and ICB-HPLM2. This assessment is summarised in the Table below.

Recommendations ETR PNF and ICV-HPLM2	Comments
a) Strengthening the DHMTs	Reinforcement of coaching, mentoring, in-service training and supervision and inter-vision supported the implementation of recommendations (a) and (b)
b) Reinforcing information for management by training and mentoring	
c) Analysing the potential for integration of RBF model, in particular in relation to the WB approach also implemented in Uganda	The SPHU team engaged with key stakeholders to discuss the adoption or integration of the RBF model implemented by Enabel. SPHU model has the advantage of (i) having a systemic orientation, encompassing all health care activities included in the minimum package of activities; (ii) including qualitative aspects into the quantitative appraisal of performance; (iii) privileging peer verification, among others. Eventually, URMCHIP has taken some aspects of the SPHU model into consideration, but their focus will be RMNCAH specifically; and accreditation criteria and quality control are less strict, “considering the large scale of the project”.
d) Performing studies on user utilisation and cost studies	Studies on user utilisation and cost studies could not be carried out given the short implementation period and limited budget.
e) Mainstreaming gender issues within SPHU	Gender issues were not mainstreamed within SPHU (see discussion in transversal themes).
f) Preparing an exit strategy	An exit strategy was developed, disseminated and some activities started to be put into action

3. Recommendations

In case of "soft" extension of SPHU

- Support and follow up health facilities in the implementation of their Sustainability Plans, prioritising feasible and local alternatives for generating resources and increase efficiency in use of existing resources. Promote exchanges between health facilities in a view of peer support.
- Further strengthen financial management and control (internal audit) capacities.
- Support for further integration of RBF models (e.g. joint capitalization or learning events between USAID/Enabel EHA and URMCHIP/WB).

For the USAID/Enabel EHA Project

- Build on lessons learned from the capitalization of ICB/HPLM2, PNFP, and SPHU projects and integrate elements that contributed to their success such as: the use of action research approach, RBF verification by peers from other districts, quality embedded quantitative questionnaires for assessing health care providers, focus on mentoring/coaching, maintain and reinforce digitalised management of RBF, among others.
- Mainstream gender and review project data collection tools to ensure availability of gender disaggregated data.
- Exit strategy and attention to financial sustainability to be considered at earlier stage (e.g. possibility of using RBF subsidies for supporting sustainability actions).
- Monitor user fees in PNFP facilities and analyse the impact on utilisation of services and user fees income.
- Execute short studies on certain topics such as the origin catchment area of users, client satisfaction, impact of user fees on utilisation at PNFP facilities, use of essential medicines by different populational groups, other.

For the Future Enabel health interventions in Uganda

- Keep the learning by doing, sustained mentorship, and the general action research approach, making it explicit.
- Transversal themes such as Gender, Environment and Human Rights need to be considered in design, budget, implementation and monitoring of the project.
- Attention to geographical and populational coverage in the design of the project (for instance, better to cover a whole region instead of some facilities in two regions).
- Access to health services and actions for vulnerable groups needs to be better monitored.
- Include indicators and/or frameworks for assessing equity.
- Pay more attention to community participation and empowerment (e.g. feedback mechanisms and involvement, user platforms as in Benin, etc.).
- Give more attention to health promotion and preventive activities.

4. Lessons learned

- Capacity building can be reinforced by applying the action research approach (both as methodology to solve problems/test alternative solutions and as learning process).
- Capacity building is more effective and probably more lasting if a range of methods are simultaneously and systematically employed at health facility level (including on-the-job training, supervision, coaching and mentoring, etc.).

- RBF can have positive effects on the health system if conceived and implemented as a tool to strengthen health systems and along other activities aiming primarily at improving the quality of health services and enhancing human resources capacity. It is thus important to consider other components (besides financing) of strengthening the health system to support/strengthen the effect of RBF.
- RBF can be instrumental for better collaboration with the PNFP health sector and enabling the introduction of lower flat rate user fees in order to improve access.
- RBF requires important resources to be implemented and is often relying on donor funding; it is therefore important to initiate very early in the implementation of the project a general reflection on sustainability, and financial sustainability in particular.
- Mainstreaming gender, environment and human rights needs to be thought of since design, operational planning and budgeting as an integral part of any project, independent of goal or setting.