Enabel

Executive summary

**Mid-term review**

# Roll out the National Results Based Financing Policy in Acholi Region, Uganda (USAID EHA)

UGA180371T

**Final report**

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# 1 Presentation of the evaluation

Enabel is supporting the roll out of National Results Based Financing (RBF) Framework through the implementation of a project funded by USAID named Enabling Health in Acholi (EHA) covering four districts and one city council in Acholi (namely Amuru, Gulu, Nwoya, Omoro, and Gulu City Council). The main objective is "to reinforce the health system in the Acholi sub region in order to provide better health, financial protection and greater equity to the most vulnerable populations". There are five specific result areas for this project including: R1) Increased access to quality health care services at public and Private-Not-For-Profit (PNFP) Health Facilities in the Acholi subregion, using RBF as an entry point; R2) Strengthened emergency referral system in the Acholi subregion; R3) Improved capacity of Health Districts to manage the quality of care, the RBF procedures and verification functions, R4) Enhanced infrastructure for quality service delivery; and R5) Learning, innovations and co-creation of a sustainable RBF approach to contribute to the conception of a robust national RBF system. The direct and indirect beneficiaries of the project are the MOH, Districts, Health facilities and population in the intervention areas. The EHA project has a budget of EUR 9,768,000 and an expected duration of execution of 48 months (until the 30th March 2023). It has been designed to work in synergy with the Regional Health Integration to Enhance Services in Northern Uganda (RHITES-N) initiative funded by USAID and implemented in all districts of Acholi subregion.

The mid-term review focuses on assessing the value of the results achieved and the whole process of implementing the intervention. The key functions of a mid-term review are to: i) Support steering; ii) Contribute to learning; iii) Accountability to the donor, to partners and to internal stakeholders by providing an external assessment of progress and results achieved. The methodological approach used for the MTR is aligned with the tenets of realist evaluation and used mixed methods to collect and analyse data including documentary review, in-depth interviews with key stakeholders, focus group discussions with beneficiaries, direct observations, and a review of project financial and performance data. A total of nine health facilities were purposively selected and visited by the evaluation team during the field visit in Uganda between the 4th and 13th October 2021.

# 2 Results and conclusions

## 2.1 Performance criteria

The overall project performance is relatively good based on the DAC performance criteria (scoring either A or B according to the criteria considered). The answers to the nine specific evaluations questions are embedded within the generic performance to better to establish a direct link between the specific and generic questions.

***Relevance (score: A)**:* The project is well aligned with key national health policies and strategies and responds to the needs, interests and priorities of the beneficiaries. The RBF component is aligned with the URMCHIP project that is implemented in the rest of the country, but with some adjustments which represents an opportunity for learning on what might be adjusted or improved at national level. Although the project focus is on RBF, EHA has a broader health system strengthening approach and implements much needed and critical interventions to improve emergency referral services and leadership / capacity building at regional level.

***Coherence (score: A)**:* The EHA project is coherent with other health system strengthening and RBF projects implemented in Uganda such as the new bridging project of the Belgian Cooperation in the health sector (*Leveraging Strategic Health Financing for UHC or LSF*) and the URMCHIP project implemented by the Government with funding from the World Bank / GFF / SIDA. The EHA project (and RBF component) is a complementary approach to the RHITES- N project funded by USAID in Acholi. Both teams consider that the collaboration between the two initiatives has been excellent with each project enhancing the impact of the other (numerous examples of collaborative efforts and synergies between the two projects were shared with the evaluation team). However, it has also been reported that partners mapping and engagement need to be reinforced at regional and district level to ensure a good collaboration, efficient use of resources and avoid any overlap of activities with other health donors and implementing partners active in Acholi.

***Efficiency (score: B)***: Project resources appear to be adequate for supporting Districts Health Teams and facilities in the five intervention areas, even if i) there is limited project funding for supporting infrastructures and Emergency Medical Services (EMS) and ii) RBF funding is significant compared to PHC grants but not sufficient to address health system issues related to human resources and availability of drugs and medical supplies. Recent events related to the general elections and two national-wide lockdowns to control the covid-19 epidemic in Uganda had significant impacts on project implementation leading to cancellation or delays of project activities, delayed renewal of grant agreements in 2020 (with no payment of RBF funds for Q3 2020) and delays in verification activities / payment of RBF funds. Project activities have since resumed despite some persisting sanitary restrictions and the focus of the districts and facilities on the covid-19 response. Results areas 1 and 3 appear to be back on track, but significant delays remain for activities related to result area 2 (EMS) and 4 (infrastructures). Delays in procurement and project activities together with the lower than anticipated absorption of RBF grants and late enrolment of Lachor Hospital and Gulu Regional Referral Hospital in RBF have contributed to the low project budget utilisation rate (38% by end of 2021).

**Effectiveness (score: B):** The effectiveness of the project is considered as satisfactory considering the current context since the same indicators at national level tend to show negative trends as provision of health services has been significantly affected by the covid-19 pandemic and the resulting decrease in availability of health care services and access to facilities. Outcome indicators included in the monitoring framework have remained somewhat stable since the start of project implementation. At output level, progress on indicators vary depending on the intervention considered. For Result 1, data show a general improvement in the performance of health facilities in terms of both outputs and quality. For Result 3, there was a recent decline in RBF incentives disbursed to DHMT while the average quality scores remained relatively stable over the implementation period. For the other result areas there was no progress recorded for the indicators included in the project results framework (for Results 2, 4 and 5). As for previous RBF projects implemented by Enabel in Uganda, reflection and learning is embedded in the EHA project although there has been no formal operational research conducted or formal learning events organized at this stage of the EHA project.

**Impact (score: B)**: The key assumptions that contracting and (financial) incentives are motivating individuals and organizations to perform better appears to be valid in the context of the EHA project. The introduction of RBF has led to a certain number of behavioural /organizational changes that are contributing to strengthen the health system according to project stakeholders, beneficiaries and as observed during facility visits. However, it is likely that the full potential of RBF has not been observed at this stage of the project.

First, some of the anticipated changes have not come to fruition (e.g. the use of RBF funding to recruit additional personnel in supported facilities and districts). Second, financial incentives in some instance had an unintended negative effect on staff motivation and cohesion at facility level by causing tensions when deciding about the amount and repartition of the bonuses. Finally, broader health system weaknesses (mainly related to HRH and drug supplies) and operational delays in some of the other components and direct support provided by the project reduce its potential impact. Three broad approaches are suggested by the evaluation team for measuring the impact and to be able to attribute eventual changes to the implementation of EHA (and RBF): i) a traditional / rigorous approach to impact evaluation using other districts in Acholi where URMCHIP is implemented as counterfactual, ii) a more pragmatic approach involving theory-based evaluation and qualitative approaches, and iii) the use of district league tables to assess the performance of districts supported by EHA relative to other districts in Uganda.

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

## 2.2 Transversal and horizontal themes

**Gender** is mainly addressed by improving access to and quality of the health services particularly benefitting women (and children) but it has not been proactively mainstreamed in the project. Discussions with the EHA project team highlighted the lack of knowledge / understanding of gender issues among project team as a bottleneck for the mainstreaming of gender.

**Environment and climate change** are considered by the project through the infrastructure component of the project and the procurement / maintenance of equipment. Construction and refurbishment work need to comply with the climate manifesto for responsive environmental design.

**Results oriented steering:** the Steering Committee (SC) did not manage to meet every 6 months as required but four steering Committee meetings were held to review progress and take decisions at strategic level since the start of the project. Recommendations from the SC appear to have been actioned by the project team. Recommendations for the implementation of EHA that were issued following the end-term review of the SPHU project were partially implemented.

With regards to **monitoring**, the results framework was revised and the proposed changes approved by the SC after the completion of the baseline report. As a result, baseline values are not available for the new indicators included in the results framework.

Monitoring data are collected and analysed on a regular basis to inform decisions (except for Q3 2020 during which data could not be collected / verified due to the restrictions imposed by the covid-19 epidemics). There are currently no specific outcome indicators to assess 'financial protection' or 'equity' in the results framework. Collecting and analysing output and coverage data for specific subgroups of the population can provide useful information to measure accessibility for vulnerable groups of the population (for example by disaggregating data by gender, age, disability, poverty status). More generally, the MTR team found that there is no system in place to be able to assess if the EHA intervention has any unintended (positive or negative) effects on health facilities (HC II) or services that are not targeted by RBF since these aspects are not currently monitored by the project.

# 3 Recommendations

Based on the above findings, the key recommendations from the MTR are the following:

- Further orientation and additional capacity building for DHMT and health facilities (not only for the in-charge or RBF focal points). The Gulu City Council DHMT requires specific attention.
- Training and support is needed to further build managerial capacity at the facility and district level, in particular improving financial management and compliance.
- Reviewing and increasing incentives for indicators where there appears to be stagnation in the level of output, in particular for the TB treatment (to better reflect costs and level of effort)
- Improve procedures for individual staff performance assessments and repartition of RBF incentives among staff in order to reduce any unintended and negative effects on motivation and performance
- Promote the use of RBF funds for strategic investments in tangibles such as equipment, renovations that will contribute to patient satisfaction and sustainability at the facility level
- Improve community feedback mechanism to better address the needs / expectations of beneficiaries and use that information to drive strategic investments and improve patient satisfaction
- Project to monitor performance of indicators / facilities that are not incentivised routinely to detect any unintended positive or negative effect of RBF
- Review output data to identify potential gaps in terms of access or coverage for vulnerable groups (consider disaggregating data by gender, age, disability and poverty status)
- Build the capacity of the EHA project team to mainstream gender into the project and RBF more generally, using resources already available in Enabel (e.g. gender expert at Enabel representation in Kampala).

# 4 Lessons learned

Some important lessons have been learned from the EHA which can be used to inform future Enabel projects in the health sector in Uganda and elsewhere, including:

- Effective coordination and collaboration between complementary health system strengthening projects such as RHITES-N Acholi and EHA projects can have a synergistic effect and contribute to improving results to the benefit of the local health systems.

- The approach to capacity building on RBF for the health facility teams that is premised on training of in-charges or RBF focal points has not had the cascading effect as envisioned. Capacity building that is inclusive of more staff would be more effective and probably more lasting if a range of methods are simultaneously and systematically employed at health facility level.

- Increase in outputs and quality at health facility level do not necessarily translate into higher patient satisfaction as evidenced by the patient satisfaction survey that has been recently completed in the intervention area. Continuous engagement of service users and effective feedback mechanism are critical to elaborate strategies and inform investment decisions for a more patient-centred care approach at facility level.

- RBF can help to clarify and strengthen the role of RRH in line with the policy to support the regionalisation process (emphasising the technical role of RRH at regional level). RRH management and staff feel empowered to perform some of their activities that were generally perceived to be led by technical and financial partners before.

- To have transversal themes such as gender mainstreamed in the project, it needs to be thought of since design, operational planning and budgeting as an integral part of any project, independent of goals or setting. It is also important to ensure that project staff have access to the required knowledge and expertise.

- Tools, processes and guidelines for the allocation of staff bonuses need to be elaborated with care to reduce any unintended effects. There is a need to consult and reach a consensus among beneficiaries in order to reduce potential tensions and ensure that financial incentives have the intended effect on staff motivation and performance.