



USAID Health Financing Improvement Program

# USAID Health Financing Improvement Program Quarterly Performance Report – Year I, Quarter I (October 25, 2018 - December 31, 2018)

**January 2019**

This report is made possible by the support of the American People through the United States Agency for International Development (USAID).

## **The USAID Health Financing Improvement Program**

The USAID Health Financing Improvement Program supports the Ethiopian government in its efforts to further strengthen and institutionalize health care financing reforms and initiatives to provide accessible, high quality, primary health care services for all Ethiopian citizens with reduced financial barriers. Led by Abt Associates, the program is implemented in collaboration with core partners Breakthrough International Consultancy, Dimagi, the Institute for Healthcare Improvement, and Results for Development, and resource partner Harvard School of Public Health.

**January 2019**

**Cooperative Agreement No.** 72066319CA00001

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USAID Health Financing Improvement Program  
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## **DISCLAIMER**

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# Acronyms

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<b>AOR</b>	Agreement Officer's Representative
<b>BIC</b>	Breakthrough International Consultancy
<b>CBHI</b>	Community-Based Health Insurance
<b>CHAI</b>	Clinton Health Access Initiative
<b>COP</b>	Chief of Party
<b>DRM</b>	Domestic Resource Mobilization
<b>EHIA</b>	Ethiopian Health Insurance Agency
<b>FMOH</b>	Federal Ministry of Health
<b>GOE</b>	Government of Ethiopia
<b>HCF</b>	Health Care Financing
<b>HSFR/HFG</b>	Health Sector Financing Reform/Health Finance and Governance
<b>HSPH</b>	Harvard School of Public Health
<b>IHI</b>	Institute for Healthcare Improvement
<b>IR</b>	Intermediate Result
<b>IST</b>	In-Service Training (Centers)
<b>LOP</b>	Life of Project
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MOFEC</b>	Ministry of Finance and Economic Cooperation
<b>MOU</b>	Memorandum of Understanding
<b>PHC</b>	Primary Health Care
<b>PHSP</b>	Private Health Sector Project
<b>QI</b>	Quarter I
<b>R4D</b>	Results for Development
<b>RHB</b>	Regional Health Bureau
<b>RRU</b>	Revenue Retention and Utilization
<b>SAPHE</b>	Sustaining and Accelerating Primary Health in Ethiopia
<b>SHI</b>	Social Health Insurance
<b>SNNP</b>	Southern Nations, Nationalities, and Peoples' (Region)
<b>SR</b>	Sub-Result
<b>STTA</b>	Short-Term Technical Assistance

**TOC** Theory of Change  
**USAID** United States Agency for International Development  
**YI** Year I



# I. Introduction

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The 5-year USAID Health Financing Improvement Program is aimed at supporting the government of Ethiopia (GOE) to further strengthen and institutionalize health financing functions and systems to support universal health coverage of quality primary health care (PHC) services for Ethiopian citizens with reduced financial barriers. The Program builds on previous investments in health care financing (HCF) reform by USAID and the GOE. The consortium implementing the Program is led by Abt Associates, and includes core partners Breakthrough International Consultancy (BIC), Dimagi, Institute for Healthcare Improvement (IHI), and Results for Development (R4D), and resource partner Harvard School of Public Health (HSPH). Abt and its consortium partners will work in close collaboration with the GOE to achieve four program objectives/intermediate results (IRs):

1. Increase domestic resource mobilization (DRM) for enhanced provision of quality PHC services;
2. Streamline pooling of risk-sharing/insurance mechanisms for wider access to PHC services with reduced financial barriers;
3. Facilitate strategic purchasing of health services from public and private health providers; and
4. Improve governance, management, and evidence-generation for health financing reforms and health facilities.

By the end of the Program in 2023, Ethiopia's health sector is anticipated to have more resources available for primary health care services. The share of domestic financing of health care services will increase from 2014's 64 percent to 70 percent. More people will have insurance coverage, including the poorest. Insurance programs will be made sustainable by connecting the public and the private sectors and promoting improved quality. The GOE will employ evidence-based practices that engage the full spectrum of health sector partners. The Program team will work on purposefully and systematically building local capacity to institutionalize and transition Program responsibilities to these institutions for sustainable and continuous implementation.

This Year I, Quarter I (YIQI) performance report covers the period of October 25 – December 31, 2018. As the first quarter of the Program, and just over two months in duration, activities primarily focused on mobilization and start-up, and the development and on-time submission of the Program's implementation and monitoring, evaluation, and learning (MEL) plans. These activities are described in detail in section 5. The main technical assistance/programmatic activities and accomplishments are described in the following section.



## 2. Summary of activities and key results and achievements during the quarter, by IR and sub-IR

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Programmatic work in Q1 involved engaging various stakeholders to brief them on the new program, discuss and identify key government priorities, and get insights to assist with planning. The Program team produced the draft Year 1 implementation and MEL plans with an on-time submission to the USAID Agreement Officer's Representative (AOR) on December 24, 2018. Together, these plans highlight technical, operational, and program management aspects for the implementation period as well as for the life of project (LOP). As part of the MEL plan development, the Program team including the consortium partners developed the theory of change (TOC), refined the results framework and key performance indicators, aligned data sources, identified additional data collection needs and developed performance indicator reference sheets for all project indicators. The MEL plan incorporated learning questions tailored to priority areas derived from the TOC and the proposed implementation plan. Implementation and MEL plan development involved home office support and international short-term technical assistance (STTA) as indicated in section 4. On December 27, 2018 the Alternate AOR provided provisional approval of the plans while they undergo USAID review.

The following section describes the work undertaken towards planned activities for Y1Q1, organized by IR and Sub-result (SR). Since Q1 focused principally on start-up, programmatic implementation work is described only for tasks that contribute to IR 1 overall and SR 2.1. In future reports, Annex A will provide performance data on Program indicators.

### 2.1 IR 1: Increase Domestic Resource Mobilization for Enhanced Provision of Quality PHC Services

The Program team supported the Federal Ministry of Health (FMOH) in the translation of its HCF Strategy into Amharic and prepared a short version of the strategy which was submitted to the Prime Minister's office for further review and approval. The team participated in initial discussions with the Legal and Drafting Policy Development Directorate of the Prime Minister's Office regarding the strategy while it was undergoing review.

### 2.2 IR 2: Streamlined Risk-Pooling Mechanisms for Wider Access to PHC Services with Reduced Financial Barriers

SR 2.1: Implemented strategies on further consolidation of the CBHI schemes and institutionalization of the CBHI implementation systems in the rural districts of the four

## agrarian regions (Tigray, Amhara, Oromia and Southern Nations, Nationalities, and Peoples' (SNNP)).

Since the pilot community-based health insurance (CBHI) program was launched in 2011, a directive has been serving as the legal framework for its implementation. Even though a CBHI Scale-up Strategy was endorsed in 2015, the legal backing for scale up continued to be a directive that was developed in line with the Scale-up Strategy. Given that the country is aspiring to achieve nation-wide implementation of CBHI, the need for a higher level legal framework in the forms of a proclamation and a regulation is even more important.

A draft proclamation was developed last year under the Health Sector Financing Reform/Health Finance and Governance (HSFR/HFG) project. In Q1, a consultative meeting on the development of a CBHI legal framework that includes a proclamation and regulation was conducted in Adama. During the meeting, the draft CBHI proclamation was refined, a regulation was developed on the basis of draft proclamation, explanatory notes for the CBHI proclamation and regulation were produced, and a communications piece that will be used by the Ethiopian Health Insurance Agency (EHIA) in its effort to kick-off social health insurance (SHI) was developed. A total of 21 participants comprising directors and experts from EHIA, legal advisors from the Federal Attorney General's office, technical staff from the Clinton Health Access Initiative (CHAI) and Program technical staff attended the meeting.

The proclamation delegates CBHI mobilization and collection activities to regions, while pooling and purchasing activities are delegated to EHIA and its branches. This delegation is outlined the same way in the regulation whereby EHIA assumes functions of a single pool administrator and purchasing agent according to the draft legal framework. The pooling process in CBHI will eventually develop to one big national pool that will cater for cross-subsidization among all regions and woredas in the country. The regulation is expected to enforce CBHI membership being mandatory. The refined CBHI legal framework will be forwarded to legislators for endorsement after a series of consultation meetings to further enrich the draft regulation. Endorsement of the proclamation will help improve enforcement of CBHI implementation and further consolidate the scheme through facilitation towards institutionalization in the rural districts of the four agrarian regions.

### 2.3 Success story

In accordance with the cooperative agreement, the first success story is targeted to be included in the Q3 quarterly performance report.

### 3. Cumulative list of deliverables

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A cumulative list of deliverables completed through YIQI is provided in Table I. The list also indicates the status of posting deliverables to USAID’s Development Experience Clearinghouse (DEC).

**Table I: Cumulative list of deliverables completed and DEC status**

Title	Author	Program year and quarter completed	Posted to DEC (Y/N)	Comments
USAID Health Financing Improvement Program Year I Implementation Plan (October 25, 2018 - September 30, 2019)	USAID Health Financing Improvement Program	YIQI	N	Draft undergoing USAID review. Per the cooperative agreement, implementation plans should not be posted to the DEC.
USAID Health Financing Improvement Program Year I Monitoring, Evaluation, and Learning (MEL) Plan (October 25, 2018 - September 30, 2019)	USAID Health Financing Improvement Program	YIQI	N	Draft undergoing USAID review. Per the cooperative agreement, implementation plans should not be posted to the DEC.



## 4. International STTA

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STTA visits that took place during YIQI are provided in Table 2.

**Table 2: International STTA visits**

Name	Arrival	Departure	Scope of Work
<p>██████████ Portfolio Manager, Abt Associates</p>	November 2, 2018	November 16, 2018	Start-up tasks; Facilitate meetings and collaborative sessions with USAID, consortium partners, GOE counterparts, and development partners.
<p>██████████ Technical Advisor, Abt Associates</p>	November 2, 2018	November 17, 2018	Technical assistance for implementation planning; Facilitate and technical input for meetings and collaborative sessions USAID, consortium partners, GOE counterparts, and development partners.
<p>██████████ Technical Project Officer, Abt Associates</p>	November 2, 2018	November 17, 2018	Start-up tasks; Implementation planning; Personnel recruitment and onboarding; Deliverables management; Participate in meetings with USAID, consortium partners, and development partners.
<p>██████████ M&amp;E Specialist, Abt Associates</p>	December 3, 2018	December 15, 2018	MEL planning; Review/update TOC, results framework, indicators, and prepare learning plan and data QA mechanisms.
<p>██████████ Technical Advisor, Abt Associates</p>	December 4, 2018	December 15, 2018	Contribute to MEL planning; Participate in TOC, results framework, and indicators updating; Review and contribute to implementation plan drafts.





## 5. Program management and operations

### 5.1 Start-up mobilization and kick-off meetings

Within eight days of the cooperative agreement's effective date, a start-up team from Abt Associates' home office was deployed to Addis Ababa consisting of the Portfolio Manager, Technical Advisor, and Technical Project Officer. The start-up team quickly got to work with recruitment and hiring of key personnel to establish the Program team, setting up initial kick-off and implementation planning meetings and tasks, and participating in clarification meetings with USAID/Ethiopia. Key meetings included:

- **USAID post-award orientation meeting:** USAID/Ethiopia held a post-award meeting on November 6, 2018 to clarify award administration duties, achieve a clear and mutual understanding of all award requirements, identify and resolve potential problems, and clarify roles and responsibilities. Participants from USAID/Ethiopia included the Agreement Officer (AO), AOR, Alternate AOR, Development Outreach and Communications Specialist, among others. Program team participants included the home office start-up team members, key personnel on the Program (Chief of Party (COP), Health Financing and Insurance Advisor, and Health Systems and Governance Advisor), as well as the Finance and Operations Director. Additional meetings were also held with the AOR for guidance around implementation planning and to further clarify elements of the cooperative agreement.



Photo: Jhana McGaugh, Abt Associates

*Participants at the consortium partners kick-off meeting held at the Program's central office, Addis Ababa*

- **Consortium partners' kick-off meeting:** Abt hosted an initial consortium partners meeting on November 9, 2018 to discuss partner roles and foster teambuilding, ensure all parties had a common understanding of cooperative agreement requirements and forthcoming deliverable

due dates, and coordinate next steps in collaborative implementation planning. All consortium partners participated in the meeting.

- **Initial planning meeting with stakeholders and USAID:** The Program team held an initial planning meeting on November 15, 2018 that was attended by a total of 29 participants from the FMOH, EHIA, European Union, the World Bank, CHAI, and the DFID Sustaining and Accelerating Primary Health in Ethiopia (SAPHE) program, along with the Program team. The purpose of the meeting was to introduce the Program description and team, discuss GOE major priorities in key program areas, and discuss and identify additional stakeholders. The meeting was also used as an opportunity to gain some inputs from participants that could feed into implementation planning.

Important issues raised during the meeting, include: 1) Challenges with implementation of the private wing HCF reform, and questions around consolidation of the reform versus looking into its feasibility going forward; 2) Issues related to communicating technical aspects with Ministry of Finance; 3) The need for strengthening capacity of the sector across the decentralized levels; 4) The need for advocating for increasing the health share from government treasury through building capacity on budgeting; and the 5) Importance of having regional DRM teams. It was also confirmed that many development partners are undertaking assessments and research, so it is important for the Program to coordinate when determining its operations research agenda and that the FMOH should be the drivers for coordinating research.



Technical Advisor [REDACTED] gives a presentation at the Program's initial meeting with government stakeholders and USAID, Addis Ababa

These meetings, along with other meetings and discussions over the quarter, served as the early, foundational work to both orient government counterparts to the Program and understand priority technical support areas for implementation planning.

Simultaneously, the team was firming up scopes of work, negotiating, and working towards full execution of subawards with consortium partners, and banking services were established with the Bank of Abyssinia.

## 5.2 Recruitment and onboarding staff

The Program has a total of 95 technical, operational, and support positions per the Year I implementation plan. Abt Associates advertised, recruited, and hired numerous Program staff and progressed well over the quarter. By the end of Q1, a total of 36 personnel (6 female) were hired and on-boarded, others were at various stages of the hiring process, and candidate shortlisting and recruitment for remaining positions was in process.

- **Central Office:** All key personnel – Chief of Party, Health Financing and Insurance Advisor, and Health Systems and Governance Advisor – plus the Director of Finance were in place within six days of the Program start date. Other senior management team members, including the MEL Director and Communications and Knowledge Management Advisor, plus the Senior Monitoring and Evaluation Officer, Monitoring and Evaluation Officer, Finance Manager, Health Insurance Specialist, IT Manager, Receptionist, four Administrative and Office Assistants, and three Drivers, were on board by the end of Q1. Recruitment of a Grants Manager is intentionally staggered to start in Q3.
- **Oromia Regional Office:** The Senior HCF Advisor, Finance Officer, and two drivers for the satellite offices were onboarded.
- **Amhara and Benishangul-Gumuz Regional Office:** The Regional Team Director, Senior Health Insurance Advisor, two drivers, HCF Specialist for Assosa Satellite Office and Driver for Dessie satellite offices were onboarded.
- **SNNP and Gambella Regional Office:** The Health Insurance Specialist, two drivers and Office Assistant, HCF Specialist for Gambella Satellite Office and driver for Wolkite Satellite Office were onboarded.
- **Tigray Regional Office:** The Regional Team Director was onboarded.
- **Afar, Dire Dawa, Harari, and Somali Regional Office:** The HCF Specialist for the Samara Satellite Office was onboarded.

As part of the onboarding process, all personnel received an orientation to ensure they understand their roles and responsibilities as a team member on the Program, as well as USAID and Abt Associates policies and practices.

In Q1, EHIA requested a seconded legal advisor to work closely with staff in the Director General and Deputy Director General Offices and core directorates in formulating/drafting legal frameworks, among other tasks related to legal considerations and health insurance. The position is under consideration by the Program and may be included in the revised implementation plan that will be submitted to USAID after incorporating mission feedback.

Recruitment and hiring processes will continue into next quarter. The remaining Program staff are targeted to be on boarded by the end of Q2 (except for the Grants Manager who may be intentionally staggered into Q3). This includes consortium partner positions; namely, the DRM Specialist, Quality Improvement Specialist, and Quality Assurance Officer.

## 5.3 Dispositioning from predecessor project





## 5.4 Operationalizing central and regional offices

The Program is implemented from a central office in Addis Ababa, five regional offices, and seven satellite offices. In Q1, the Program team successfully set up operations in the central and three regional offices. The status of offices by the end of the quarter, is as follows:

- **Central and Oromia Regional Office:** For management and cost effectiveness, the Central Office and Oromia Regional Office are co-located in Addis Ababa. The lease agreement was signed and the space fully operational.
- **Amhara and Benishangul-Gumuz Regional Office:** Appropriate office space was identified and a lease agreement signed. Procurement of furniture, equipment, and internet networking is in process.
- **SNNP and Gambella Regional Office:** Appropriate office space was identified and a lease agreement signed, and the space is fully operational.
- **Tigray Regional Office:** Extended office lease and reconnecting telephone and internet lines. Will officially open in Q2 once staff are recruited.
- **Afar, Dire Dawa, Harari, and Somali Regional Office:** Not yet established. Office space and recruitment for this office is anticipated for Q2.

All remaining regional offices and all satellite offices are on-track to be in place by Q2. The satellite offices will be co-located with RHBs where feasible.

## 5.5 Major procurements

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]





## 6. Challenges

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### 6.1 Challenges or constraints encountered, including administrative or coordination

It has taken a bit longer than anticipated to recruit and staff up the Program. There is a large number of staff to hire and onboard for several regional and satellite offices, and identifying and hiring personnel has been a significant undertaking this quarter. With respect to gender balance, establishing gender-balanced teams in the health financing technical area in Ethiopia continues to be a challenge. Identifying qualified female candidates with the requisite experience and qualifications, particularly for senior and mid-level technical positions, has proven difficult.

### 6.2 Steps taken and/or USAID/Ethiopia support needed to address challenges

In an effort to identify more qualified female candidates for positions on the Program, job advertisements were shared with the Ethiopian Economic Association, Ethiopian Public Health Association, and the FMOH, in addition to the usual online and newspaper advertisements. This was done in an effort to cast a wider net, as these organizations are able to disseminate advertisements among both male and female economists and public health professionals in their networks. Where qualified female applicants were identified, they were shortlisted and given priority to interview and for positions.





# 7. Quarterly expenditure and accrual report

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Line Item	Total Budget	Total Previous Expenditures	Total Expensed	Accruals and	Total Expenditures to Date	Remaining Funds
			October to December 2018 (YIQ1)	Estimates for January 2019		
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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## 8. List of main planned activities and intended output targets for next quarter

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- Activity 1.1.3: Organize consultative workshop with selected universities and in-service training (IST) sites to facilitate signing of memorandum of understanding with FMOH and RHB to incorporate retained revenue and utilization (RRU) in the training package
- Activity 1.1.4: Develop RRU training module and customize to the regions' context (to be included in the comprehensive HCF TOT training modules for universities and IST sites)
- Activity 1.1.7: Develop self-assessment tool for universities/IST sites to review the institutionalization of RRU
- Activity 1.2.7: Support revision of outsourcing guidelines/procedures/manuals, including how to conduct feasibility studies
- Activity 2.1.1: Advocate for regions to put in place an appropriate organizational structure for institutionalization of CBHI, including revising staff size and career structure/job grading
- Activity 2.1.1.1: Finalize CBHI legal framework and revise directive and manuals
- Activity 4.4.22: Produce and disseminate newsletters on results, lessons learned, and programmatic and policy implications
- Update supportive supervision checklists for HCF and CBHI (Included in different activities in the activity matrix)



## Annex A: Indicator reporting

In future reports, a table similar to the below will be included to show progress towards the achievement of indicators identified for quarterly compilation and reporting on a routine basis, as well as annual and LOP targets. There is no data to report for this quarter.

**Table 4. Program performance against targets**

MEL Plan Ref #	Indicator	Disaggregation	Baseline (Value and Date)	Year 1 Target	Year 1 Q1 Actual	LOP Target	Actual to Date
IR 1: Increased domestic resource mobilization for enhanced provision of quality PHC services							
SR 1.1: Availability of operational funds increased at all levels of PHC service provision, including transition/institutionalization arrangements completed for rollout and sustained continuation of revenue retention and use by health facilities							
Activity 1 - Improve RRU management for quality and sustainability							
I.1.1							
I.1.2							
Cont'd...							