



BTC



RESULTS REPORT 2013

EXTENSION AND USE OF ESISTAFE – MISAU/DAF (MOZ 0901911)

February 2014

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1 Intervention at a glance

1.1 Intervention form

Intervention title	Strengthening of the Budgetary and Financial Management Processes at the Administration and Finance Department of the Ministry of Health of Mozambique– DAF MISAU
Intervention code	MOZ 0901911
Location	Mozambique
Total budget	€1m
Partner Institution	Ministry of Health -Department for Administration and Finance (DAF)
Start date Specific Agreement	15 October 2010
Date intervention start /Opening steering committee	
Planned end date of execution period	31 December 2014
End date Specific Agreement	14 April 2014 (1 year extension as from April 2013)
Target groups	Staff from DAF and other department involved in the Budgetary and Financial Management both at Central and Provincial/District level
Impact	To strengthen the budgeting and financial management processes of the Finance department of the Health Ministry
Outcome	Strengthening of the financial management capacities of the health sector at central and provincial level via the extension and the deepening of e-SISTAFE
Outputs	<ol style="list-style-type: none"> 1. Extension of the use of Direct Budget modality 2. Improve the level and quality of the sector financial management 3. Improve the implementation of the “consolidated Action Plan
Year covered by the report	2013

1.2 Budget execution

	Budget	Expenditure		Balance	Disbursement rate at the end of year n
		Previous years	Year covered by report (n)		
Total	1.000.000 €	2012: 23.864,67 € 2011: 400.889,54 €	20.023,70 €	555.028,56 €	44%
Output 1	295.000 €	197.000 €	0.00 €	98.000 €	67%
Output 2	335.000 €	200.000 €	0.00 €	135.000 €	60%
Output 3	440.326 €	160.000 €	0.00 €	0.00 €	0%

*Under Regie (Project Coordinator Salaries +Office Equipment & supplies)

**Mainly Travel Costs and Fuel paid by the partner

1.3 Self-assessment performance

1.3.1 Relevance

	Performance
Relevance	A

The project is relevant because most of the health units and departments at central and provincial levels are still not yet decentralized and therefore their budgeting and financial execution is still managed at central level where by the technical capacity is also limited and lacking training on how to use the the newly introduced PFM systems. The objectives and activities included in this project still fit within the Government of Belgium and other donors development priorities, such as the improvement of PFM in general but particularly within the Ministry of Health (MISAU)

1.3.2 Effectiveness

	Performance
Effectiveness	C

Due to delays in starting the project some of the initially planned activities have already been undertaken by other development actors and by the government itself, this meaning that agreed workplans and budgets had to be reviewed and updated according to the new reality and needs. This of course will affect considerably the effectiveness of the intervention. Its is however difficult to asses it, particularly because by the end of the year in review the project had not yet started except for some training activities which began by the end of previous year and continued in 2013.

1.3.3 Efficiency

	Performance
Efficiency	D

As the project has not yet started it is not yet possible to asses its efficiency. However and based on the results of a public tender launched by MISAU for the acquisition of the IT equipment it is to believe that the achievement of Result area 1 will be through higher costs than initially foreseen due to high prices resulting from the requirement by local authorities to use particular brand names (CISCO) for connecting the health units to eSISTAFE.

1.3.4 Potential sustainability

	Performance
Potential sustainability	D

The sustainability of the intervention is mainly ensured by the use of already existing PFM systems and tools, which in fact are used by all government Departments. Nevertheless, it is crucial to ensure resources for the maintenance of the IT equipment and network installations as well as for the acquisition of supplies and consumables, which will be needed to ensure proper functioning of the systems through out the years .

1.4 Conclusions

- The project is not progressing despite all the support given by the Representation and by the AT of the FICA project. Therefore even if the project starts by beginning of 2014, it is to believe that by the end of the Specific Agreement (14 April 2014) still many activities will continue outstanding. This meaning that project activities and financial transactions will continue throughout 2014
- Even though the partner institution continues to reiterate that it believes that the implementation of this intervention is of utmost importance for the decentralization process and for the improvement of the financial management in the sector, the management of the project seems to be facing some internal problems or even internal blockage, which has not yet been able to overcome.

MISAU/DAF Project Manager	BTC
Antonio Mulhovo	Paul Van Impe

2 Results Monitoring

2.1 Evolution of the context

2.1.1 General context

This project was supposed to start by the end of 2010 but due to changes of staff/management within the Ministry of health and lack of technical capacity even to prepare a simple work plan and to convene a JLCB meeting it only started by the end of 2012, this after a JLCB meeting held in October 2011 had eventually approved an Action Plan for the first year of implementation, including a budget revision in order to adapt it to new reality, as some of the targeted beneficiaries have already received support from other sources

Delays in starting the project have been aggravated due to difficulties in ensuring proper coordination between the MoH and the Ministry of Finance/ CEDSIF

The partner Institution could not even lead the recruitment process of a local TA. Therefore BTC took the lead but due to the short duration of the project it has been difficult to find a suitable candidate. Nevertheless BTC recruited the 3rd choice candidate who also could not fulfil his role and had not been to overcome coordination problems between the MoH and the Ministry of Finance/CEDSIF and has resigned after 5 months

The Tender process for the purchase of needed IT equipment has also been delayed due to the fact that the partner was requiring very high and expensive technology (SISCO) to be installed even the in very small health units/departments.

After long discussions and direct involvement of the BTC Rep it has been possible to ensure that “Value for Money” principle is observed by preparing tender documents/purchase of IT equipment

2.1.2 Institutional context

The intervention is anchored at the Ministry of health as the actual beneficiary but its implementation is strongly dependent from the technical support to be given by the Ministry of Finances particularly from the specialized Unit, which is in charge of the introduction and implementation of electronically managed systems of PFM, therefore, the coordination between the two government departments must be seen as a very crucial element.

Lack of capacity at all governmental levels added to staff changes in the management of MoH and of CEDSIF and also to the lack of co-ordination culture/mechanisms between governmental departments has strongly affected the start of the project

2.1.3 Management context: execution modalities

This intervention has been designed under the NEX modality, which has made it very difficult for BTC to influence its start/implementation. Nevertheless and due to strong and decisive involvement of BTC in the problem solving process and BTC Rep ability to dialogue and networking with all involved parties it has been eventually possible to slowly start the implementation by the end of 2012 and continued through 2013, but just in training activities

2.1.4 Harmo context

Due to delays in starting the project some of the initially planned activities have already been undertaken by other development actors and by the government itself, this meaning that agreed workplans and budget had to be reviewed and updated according to the new reality. However and once again due to delays in implementing selected activities it is luckily to expect that the plans have to be changed again in 2014. This making it difficult to do realistic and consistent planning

2.2 Performance outcome



2.2.1 Progress of indicators

As the project has not yet began it is difficult to assess any progress

Impact:					
Indicators	Baseline value	Value year 2012	Value 2013	Target year N	End Target (2015)
	0	0	No data		
	0	0	No data		
	0	0	No data		

Outcome:					
Indicators	Baseline value	Value year 2012	Value year 2013	Target year 2013	End Target
	0	0	No data		
	n/a	0	No data		
	0	0			

2.2.2 Analysis of progress made

As the project has not yet started except for some training activities which began by the end of year of 2012 and continued in 2013 it is not possible to make any consistent comments on the progress

2.2.3 Potential Impact

Difficult to describe as the project has just been started at the end of the 2012 and this only in the area of training

2.3 Performance output 1



2.3.1 Progress of indicators

No Progress to be reported

Output 1:					
Indicators	Baseline value	Value 2012	Value 2013	Target year 2013	End Target 2015
	0				

2.3.2 Progress of main activities

Progress of <u>main</u> activities	Progress:			
	A	B	C	D

2.3.3 Analysis of progress made

No Progress made

2.4 Transversal Themes

2.4.1 Gender

Not possible to assess as the project has just initiated some training activities

2.4.2 Environment

Not possible to assess as the project is still in its initial stage due to delays caused by lack of capacity from the partner institution

2.4.3 Other

As Above

2.5 Risk management

Risk Identification			Risk analysis			Risk Treatment			Follow-up of risk	
Description of Risk	Period of identification	Risk category	Probability	Potential Impact	Total	Action(s)	Resp.	Deadline	Progress	Status
There is a risk of a request for additional extension of the SA in view of the delayed start.	2014	OPS	High	High	High	Awareness raising	BTC	before expiration of SA		OK
Funds will not be enough to undertake initially planned activities due to prices increase resulting from the inflation rates		FIN	High	High	High Risk	Reduce no of beneficiary Institutions	MISAU/DAF	ongoing		OK

3 Steering and Learning

3.1 Strategic re-orientations

3.2 Recommendations

Recommendations	Actor	Deadline
Finalize procurement process of IT equipment	MoH/CEDSIF	Beginning 2014
Speed up installation of It equipment and training of staff	MoH/CEDSIF	Beginning 2014

3.3 Lessons Learned

As the project has not yet effectively started there are no lessons learned to be reported except that the delay in starting of the project has a negative impact on the completion date. This has been because the main activities of the project do not fully depend on the implementing partner, which is MISAU /DAF

Lessons learned	Target audience
It is crucial to deeply analyse the coordination possibilities and eventual problems when designing a project which implementation involves more than just one government department	<i>BTC/ DGCD</i>
<i>NEX execution lives limited room for BTC to influence processes</i>	<i>BTC/DGCD</i>

4 Annexes

4.1 Quality criteria

1. RELEVANCE: The degree to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries					
<i>In order to calculate the total score for this quality criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D' = C; at least one 'D' = D</i>					
Assessment RELEVANCE: total score		A	B	C	D
		X			
1.1 What is the present level of relevance of the intervention?					
X	A	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.			
	B	Still fits well in national policies and Belgian strategy (without always being explicit), reasonably compatible with aid effectiveness commitments, relevant to target group's needs.			
	C	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.			
	D	Contradictions with national policies and Belgian strategy, aid efficiency commitments; relevance to needs is questionable. Major adaptations needed.			
1.2 As presently designed, is the intervention logic still holding true?					
X	A	Clear and well-structured intervention logic; feasible and consistent vertical logic of objectives; adequate indicators; Risks and Assumptions clearly identified and managed; exit strategy in place (if applicable).			
	B	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.			
	C	Problems with intervention logic may affect performance of intervention and capacity to monitor and evaluate progress; improvements necessary.			
	D	Intervention logic is faulty and requires major revision for the intervention to have a chance of success.			
2. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N					
<i>In order to calculate the total score for this quality criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D' = C; at least one 'D' = D</i>					
Assessment EFFECTIVENESS : total score		A	B	C	D
				X	
2.1 As presently implemented what is the likelihood of the outcome to be achieved?					
	A	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.			
X	B	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.			
	C	Outcome will be achieved only partially among others because of negative effects to which management was not able to fully adapt. Corrective measures have to be taken to improve ability to achieve outcome.			
	D	The intervention will not achieve its outcome unless major, fundamental measures are taken.			
2.2 Are activities and outputs adapted (when needed), in order to achieve the outcome?					

	A	The intervention is successful in adapting its strategies / activities and outputs to changing external conditions in order to achieve the outcome. Risks and assumptions are managed in a proactive manner.
	B	The intervention is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.
X	C	The intervention has not entirely succeeded in adapting its strategies to changing external conditions in a timely or adequate manner. Risk management has been rather static. An important change in strategies is necessary in order to ensure the intervention can achieve its outcome.
	D	The intervention has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.

3. EFFICIENCY OF IMPLEMENTATION TO DATE: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into results in an economical way

In order to calculate the total score for this quality criterion, proceed as follows: 'At least two 'A', no 'C' or 'D' = A; Two times 'B', no 'C' or 'D' = B; at least one 'C', no 'D' = C; at least one 'D' = D

Assessment EFFICIENCY : total score	A	B	C	D
				X

3.1 How well are inputs (financial, HR, goods & equipment) managed?

	A	All inputs are available on time and within budget.
X	B	Most inputs are available in reasonable time and do not require substantial budget adjustments. However there is room for improvement.
	C	Availability and usage of inputs face problems, which need to be addressed; otherwise results may be at risk.
	D	Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.

3.2 How well is the implementation of activities managed?

	A	Activities implemented on schedule
	B	Most activities are on schedule. Delays exist, but do not harm the delivery of outputs
	C	Activities are delayed. Corrections are necessary to deliver without too much delay.
X	D	Serious delay. Outputs will not be delivered unless major changes in planning.

3.3 How well are outputs achieved?

	A	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.
	B	Output delivery is and will most likely be according to plan, but there is room for improvement in terms of quality, coverage and timing.
	C	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.
X	D	Quality and delivery of outputs has and most likely will have serious deficiencies. Major adjustments are needed to ensure that at least the key outputs are delivered on time.

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).				
<i>In order to calculate the total score for this quality criterion, proceed as follows: At least 3 '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</i>				
Assessment POTENTIAL SUSTAINABILITY : total score	A	B	C	D
				X
4.1 Financial/economic viability?				
	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.		
	B	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.		
	C	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.		
X	D	Financial/economic sustainability is very questionable unless major changes are made.		
4.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support?				
	A	The steering committee and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.		
	B	Implementation is based in a good part on the steering committee and other relevant local structures, which are also somewhat involved in decision-making. Likelihood of sustainability is good, but there is room for improvement.		
X	C	The intervention uses mainly ad-hoc arrangements and the steering committee and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.		
	D	The intervention depends completely on ad-hoc structures with no prospect of sustainability. Fundamental changes are needed to enable sustainability.		
4.3 What is the level of policy support provided and the degree of interaction between intervention and policy level?				
	A	Policy and institutions have been highly supportive of intervention and will continue to be so.		
X	B	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the intervention, and are likely to continue to be so.		
	C	Intervention sustainability is limited due to lack of policy support. Corrective measures are needed.		
	D	Policies have been and likely will be in contradiction with the intervention. Fundamental changes needed to make intervention sustainable.		
4.4 How well is the intervention contributing to institutional and management capacity?				
	A	Intervention is embedded in institutional structures and has contributed to improve the institutional and management capacity (even if this is not an explicit goal).		
	B	Intervention management is well embedded in institutional structures and has somewhat contributed to capacity building. Additional expertise might be required. Improvements in order to guarantee sustainability are possible.		
	C	Intervention relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.		
X	D	Intervention is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.		

4.2 Decisions taken by the steering committee and follow-up

Provide an overview of the important strategic decisions taken by the steering committee and the follow-up of those decisions.

Decision to take	Action			Follow-up	
Decision to take	Action(s)	Resp.	Deadline	Progress	Status
To purchase standard IT equipment instead of HITECH and Expensive ones for small health units/departments- Ensure "Value for Money" principle	To get cotes from other suppliers then CISCO ones and compare prices	MISAU/CE DSIF	End August 13	No Progress	
To review number of units to benefit from the installation of IT equipment	Reduce the number of selected/beneficiary health units due to high costs of equipment	MISAU/DAF	End of August 13	No progress	
Re-launch the Tender for the Communication equipment (Routers, Switches, Racks etc.)	Prepare new technical Specs without mentioning any brand name (CISCO)	MISAU/CE DSIF	End of August 13	No Progress	
Prepare a new Action Plan and call for a JLCB meeting for its approval	Adapt budget to the proposed costs per unit and	MISAU/DAF	Sept 13	No Progress	

4.3 Updated Logical framework

General Objective	Progress Indicators	Means of Verification	Assumptions
Strengthen the budgeting and financial management processes of the Finance Department of the Health Ministry.	<ul style="list-style-type: none"> → Strengthening of financial management capacities of the health sector at central and provincial level (including a selection of districts to be identified); → Increase the level of sector expenditure being executed using SISTAFE \ e-SISTAFE (direct execution of funds as opposed to advancement of funds). 	<ul style="list-style-type: none"> → Funds spent more efficiently (time and purpose); → Central: e-SISTAFE terminals made available to Central level subordinated institutions and respective users duly trained; → Provincial: e-SISTAFE terminals made available to Provincial and Central Hospitals and respective users duly trained; → Districts: Districts with conditions for receiving e-SISTAFE identified; e-SISTAFE terminals made available and respective users duly trained; 	Project approved in 2010 and implemented in 2011.
Specific Objective	Progress Indicators	Means of Verification	Assumptions
The financial management capacities of the health sector at central and provincial level are strengthened via the extension and the deepening of e-SISTAFE.	<ul style="list-style-type: none"> → Provide sector with a financial management system and capacity building to successfully manage their institutions; → Subordinated institutions (CDSR, ICS, CAM and CMAM) and provincial\central hospitals (Nampula, Zambézia, Sofala, Niassa, Pemba and Inhambane) with direct budget execution. 	Monitoring of the level of 2011 budget execution in these institutions.	To organise the procurement as quick as possible in the beginning of the project, to allow the implementation of the related activities.

Results	Progress Indicators	Means of Verification	Assumptions
<p>Results I: Extension of the use of Direct Budget Execution modality;</p> <p>Results II: Improve the level and quality of the sector financial management;</p> <p>Results III: Improve the implementation of the Consolidated Action Plan.</p>	<ul style="list-style-type: none"> → E-SISTAFE terminals acquired and installed fulfilling UTRAFE requirements. → e-SISTAFE users (agents) trained in the use of the system by UTRAFE. → Staff duly trained and with the technical skills required to improve financial management acquired. → Specific actions under the responsibility of DAF in the Consolidated Action Plan duly implemented. 	<ul style="list-style-type: none"> → Monitoring of project Action Plan; → Procurement processes performed on schedule and on budget; → Number of Staff trained and training evaluations performed (pre and post training); → Number of Actions resolved in the Consolidated Action Plan. 	<p>To organise the procurement as quick as possible in the beginning of the project, to allow the implementation of the related activities.</p>
<p>For Result I</p> <ul style="list-style-type: none"> i. Extension of the use of e-SISTAFE to subordinated and provincial\central hospitals; ii. IT needs assessment; iii. Procurement of IT; iv. Installation of IT; 	<ul style="list-style-type: none"> → Technology (hardware and software); 	<ul style="list-style-type: none"> → Project Action Plan and budgets; → Procurement processes (ToRs and Tender); → Evaluations to see whether the activities were carried and to assess their quality. 	<p>To organise the procurement as quick as possible in the beginning of the project, to allow the implementation of the related activities.</p>

<p>For Result II</p> <p>i. Training in the current use of e-SISTAFE at central and provincial levels;</p> <p>ii. Development of training packages (ToRs): public financial management including planning, budgeting, procurement, supervision and monitoring, and other related topics;</p> <p>iii. Delivery of training (central and provincial level).</p>	<p>→ Deepening of current use of e-SISTAFE at central and provincial levels;</p> <p>→ Capacity building of staff in public financial management including planning, budgeting, procurement, supervision and monitoring, and other related topics.</p> <p>→ Move from advancement of funds to direct budget execution.</p>	<p>→ Project Action Plan and budgets;</p> <p>→ Procurement processes (ToRs and Tender);</p> <p>→ Evaluations to see whether the activities were carried and to assess their quality.</p>	<p>To organise the procurement as quick as possible in the beginning of the project, to allow the implementation of the related activities</p>
<p>For Result III</p> <p>iv. Implementation of the activities of the Consolidated Action Plan for Strengthening Management Systems.</p>	<p>→ Actions resolved and removed from Consolidated Action Plan.</p>		

4.4 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	No
Baseline Report registered on PIT?	N/A
Planning MTR (registration of report)	Done in Mai 13
Planning ETR (registration of report)	End of 2014
Backstopping missions	No

4.5 “Budget versus current (y – m)” Report

Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0901911

Project Title :	Strengthening the budgetary and financial management processes of the Administration and Finance Directorate of the Ministry of Health		
Budget Version :	C1	Year to month :	31/12/2013
Currency :	EUR		
YIM :	Report includes all closed transactions until the end date of the chosen closing		

	Status	Fin Mode	Amount	Start to			Expenses		Balance	% Exec	
				2009	2010	2011	2012	Total			
A THE FINANCIAL MANAGEMENT CAPACITIES OF			790.000,00			397.000,00		0,00	397.000,00	393.000,00	50%
01 Extension of use of Direct Budget Execution			295.000,00			197.000,00		0,00	197.000,00	98.000,00	67%
01 Needs assessment		COGES	19.000,00			19.000,00		0,00	19.000,00	0,00	100%
02 Installation of e-SISTAFE in Science Health		COGES	24.000,00					0,00	0,00	24.000,00	0%
03 Installation of e-SISTAFE in Regional		COGES	24.000,00					0,00	0,00	24.000,00	0%
04 Installation of e-SISTAFE in CMAM		COGES	24.000,00			14.000,00		0,00	14.000,00	10.000,00	58%
05 Installation of e-SISTAFE in CA (Provision		COGES	24.000,00			14.000,00		0,00	14.000,00	10.000,00	58%
06 Installation of e-SISTAFE in Central Hospital		COGES	24.000,00			18.000,00		0,00	18.000,00	6.000,00	75%
07 Installation of e-SISTAFE in Provincial		COGES	24.000,00			32.000,00		0,00	32.000,00	-8.000,00	133%
08 Installation of e-SISTAFE in Provincial		COGES	24.000,00			18.000,00		0,00	18.000,00	6.000,00	75%
09 Installation of e-SISTAFE in Provincial		COGES	24.000,00			14.000,00		0,00	14.000,00	10.000,00	58%
10 Installation of e-SISTAFE in Provincial		COGES	24.000,00			14.000,00		0,00	14.000,00	10.000,00	58%
11 Installation of e-SISTAFE in Provincial		COGES	24.000,00					0,00	0,00	24.000,00	0%
12 Installation of e-SISTAFE in Districts (of		COGES	36.000,00			54.000,00		0,00	54.000,00	-18.000,00	150%
02 Improve the level and quality of the sector			335.000,00			200.000,00		0,00	200.000,00	135.000,00	60%
01 Training of e-SISTAFE users \ agents at		COGES	25.000,00			20.000,00		0,00	20.000,00	5.000,00	80%
02 Training of e-SISTAFE users \ agents at		COGES	40.000,00			35.000,00		0,00	35.000,00	5.000,00	88%
03 Training Capacity Building in Financial		COGES	70.000,00			35.000,00		0,00	35.000,00	35.000,00	50%
04 Training Capacity Building in Financial		COGES	70.000,00			45.000,00		0,00	45.000,00	25.000,00	64%
05 Training Capacity Building in Supervision and		COGES	60.000,00			35.000,00		0,00	35.000,00	25.000,00	58%
		REGIE	190.000,00			889,54	23.864,67	20.023,70	44.971,44	145.028,56	24%
		COGEST	810.000,00			400.000,00		0,00	400.000,00	410.000,00	49%
		TOTAL	1.000.000,00			400.889,54	23.864,67	20.023,70	444.971,44	555.028,56	44%



Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0901911 Printed on vrijdag 28 februari 2014

page: 1

Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0901911

Project Title : **Strengthening the budgetary and financial management processes of the Administration and Finance Directorate of the Ministry of Health**

Budget Version : **C1** Year to month : 31/12/2013

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to				Expenses			% Exec
				2009	2010	2011	2012	Total	Balance		
06 Training Capacity Building in Supervision and		COGES	70.000,00			30.000,00		0,00	30.000,00	40.000,00	43%
03 Improve the implementation of the			160.000,00					0,00	0,00	160.000,00	0%
01 Support to Comprehensive, reliable and		COGES	40.000,00					0,00	0,00	40.000,00	0%
02 Strengthening procedures		COGES	40.000,00					0,00	0,00	40.000,00	0%
03 Support to Refunctionalization of DAF's		COGES	40.000,00					0,00	0,00	40.000,00	0%
04 Support:Implement Recommendations Audits		COGES	40.000,00					0,00	0,00	40.000,00	0%
X BUDGET RESERVE (5% MAX OF TOTAL)			35.000,00			3.000,00	-48,82	-0,98	2.950,20	32.049,80	8%
01 Budget Reserve			35.000,00			3.000,00	-48,82	-0,98	2.950,20	32.049,80	8%
01 Budget Reserve Co-management		COGES	20.000,00			3.000,00		0,00	3.000,00	17.000,00	15%
02 Budget Reserve Regie		REGIE	15.000,00				-48,82	-0,98	-49,80	15.049,80	0%
Z GENERAL MEANS			175.000,00			889,54	23.913,49	20.024,68	45.021,24	129.978,76	26%
01 General Means			175.000,00			889,54	23.913,49	20.024,68	44.827,71	130.172,29	26%
01 Audits		REGIE	20.000,00					0,00	0,00	20.000,00	0%
02 Evaluations		REGIE	30.000,00					18.045,04	18.045,04	11.954,96	60%
03 Follow-up		REGIE	14.000,00					0,00	0,00	14.000,00	0%
04 Studies, Consultancy and other related		REGIE	30.000,00					1.979,64	1.979,64	28.020,36	7%
05 TA-Consultancy + funcionamiento		REGIE	81.000,00			889,54	23.913,49	0,00	24.803,03	56.196,97	31%
99 Conversion rate adjustment			0,00					0,00	193,53	-193,53	7%
98 Conversion rate adjustment		REGIE	0,00					0,00	193,53	-193,53	7%
99 Conversion rate adjustment		COGES	0,00					0,00	0,00	0,00	7%
		REGIE	190.000,00			889,54	23.864,67	20.023,70	44.971,44	145.028,56	24%
		COGEST	810.000,00			400.000,00		0,00	400.000,00	410.000,00	49%
		TOTAL	1.000.000,00			400.889,54	23.864,67	20.023,70	444.971,44	555.028,56	44%



4.6 Communication resources

No communication materials on this intervention exactly because it has not yet been implemented