



CTB

:

RESULTS REPORT 2012

**PROJECT
REINFORCEMENT OF TERTIARY
HEALTH CARE IN THE PALESTINIAN
TERRITORIES- PHASE III**

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1 Intervention at a glance (max. 2 pages)

1.1 Project form

Project name	Reinforcement of Tertiary Health Care in The Palestinian Territories- Phase III
Project Code	PZA 08 021 01
Location	West Bank and Gaza Strip
Budget	5,000,000 €
Key persons	Dr. Willy Demyer, BTC Dr. Qasem Maani, MOH
Partner Institution	Ministry of Health
Date of implementation Agreement	January, 2009
Duration (months)	60 months
Target groups	Cardiac patients from both genders and different age groups Health staff working in the cardiac sector (physicians, nurses)
Global Objective	To improve the global care in the Palestinian Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults
Specific Objective	- To upgrade the diagnostic and therapeutic Cardiac Care facilities in three tertiary care hospitals (one in the Gaza strip , one in Jerusalem and one in West Bank) - To upgrade the treatment capacity in one tertiary health centre in Gaza City
Results	R1: A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and Interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre. R2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended. R3: A new Cardiac Surgery department in Ramallah is established at the MOH Hospital in order to complete the Cardiac Centre by including the existing cath-lab and cardiology department R4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.

1.2 Project performance

Logical table of the intervention: Fill out on the basis of the data entered in 2.2.4, 2.3.3, 2.4.3 ... (only provide A, B, C or D scores¹).

	Efficiency	Effectiveness	Sustainability
Outcome	B	B	A
Output 1	B	B	A
Output 2	B	B	A
Output 3	B	B	A
Output 4	B	B	A

1.3 Budget execution

Below is the budget execution as of December 2012

Status	Fin Mode	Amount	Start to 2011	2012				Total	Total Exp.	Balance	% Exec
				Q1	Q2	Q3	Q4				
A CREATE SERVICES IN THREE		4.054.242,40	694.889,14	481.162,38	1.426.030,15	474.809,16	123.320,63	2.605.321,34	3.200.210,47	854.031,93	76%
01 A new Cardiac Intensive		1.724.336,00	191.468,43	222.764,88	473.751,33	289.992,19	100.314,10	1.086.822,50	1.278.288,93	446.047,07	74%
01 The infrastructure of the	COGEST	460.636,00	175.481,84	99.676,08	166.649,03			258.327,11	431.808,95	28.827,05	94%
02 The necessary equipments	REGIE	0,00	0,00					0,00	0,00	0,00	?
03 A training program is	REGIE	292.500,00	3.111,19			3.558,59		3.558,59	8.869,78	285.830,22	2%
04 Consumables	COGEST	65.000,00	12.873,40	28.285,00				28.285,00	41.168,40	23.841,60	63%
05 The necessary equipment	COGEST	908.200,00	0,00	94.801,80	317.102,30	286.433,60	100.314,10	798.651,80	798.651,80	107.548,20	88%
02 Therapeutic capacity at the		326.440,00	280.616,62	0,00	13.976,32	4.159,02		18.135,34	278.751,96	-46.888,04	86%
01 The infrastructure of the	COGEST	2.440,00	336,47					336,47	2.103,53	2.103,53	14%
02 The necessary equipments	REGIE	45,00	44,55		0,00			0,00	44,55	0,45	99%
03 A training program is	REGIE	63.000,00	0,00		13.976,32	4.159,02		18.135,34	18.135,34	44.864,66	29%
04 The necessary equipments	COGEST	259.955,00	280.235,60	0,00	0,00			0,00	260.235,60	-280,60	100%
03 A new Cardiac Surgery		2.094.468,40	242.806,09	258.387,50	938.302,50	180.857,96	23.015,53	1.400.363,49	1.643.169,58	361.296,82	82%
01 The infrastructure of the	COGEST	164.600,00	128.336,10			41.598,65		41.598,65	169.934,75	-5.434,75	103%
02 The necessary equipments	REGIE	0,00	0,00					0,00	0,00	0,00	?
03 A training program is	REGIE	292.500,00	4.322,85		8.800,00	12.671,81	5.205,53	28.677,34	31.060,19	261.499,81	11%
04 The necessary equipments	COGEST	1.647.468,40	110.147,14	258.387,50	929.502,50	126.387,50	17.810,00	1.332.087,50	1.442.234,64	105.231,76	93%
B UPGRADE THE TREATMENT		559.000,00	303,67	177.000,00	15.500,00	48.811,00		241.311,00	241.614,67	317.385,33	43%
01 Therapeutic procedures at		559.000,00	303,67	177.000,00	15.500,00	48.811,00		241.311,00	241.614,67	317.385,33	43%
01 The infrastructure of the	COGEST	0,00	0,00					0,00	0,00	0,00	?
	REGIE	0,00	0,00					0,00	0,00	0,00	?
	REGIE	1.097.362,00	17.055,47	74.979,96	26.350,00	24.020,19	20.174,94	145.626,09	162.590,55	934.781,45	15,00
	COGEST	3.932.638,00	736.286,67	685.254,08	1.426.100,92	511.463,32	120.806,46	2.723.324,78	3.458.611,45	473.026,55	88,00
	TOTAL	5.030.000,00	753.342,14	740.234,03	1.452.450,92	535.483,51	140.681,40	2.868.648,86	3.622.192,00	1.407.808,00	72,00

¹ A = Very good performance, B = Good performance, C = Weak performance, D = problematic

Status	Fin Mode	Amount	Start to 2011	2012				Total	Total Exp.	Balance	% Exec
				Q1	Q2	Q3	Q4				
03 A training program is	REGIE	236.000,00	0,00					0,00	236.000,00	0%	
04 The necessary equipments	COGEST	323.000,00	303,67	177.000,00	15.500,00	48.811,00		241.311,00	241.614,67	81.385,33	75%
X BUDGET RESERVE (MAX 5%)		78.879,60	22.021,89	33.000,00			12.150,00	45.150,00	67.171,89	11.607,71	86%
01 Budget reserve		78.879,60	22.021,89	33.000,00			12.150,00	45.150,00	67.171,89	11.607,71	86%
01 Budget Reserve	COGEST	27.362,60	22.021,89						22.021,89	5.340,71	80%
02 Budget Reserve REGIE	REGIE	51.317,00	0,00	33.000,00			12.150,00	45.150,00	45.150,00	6.167,00	88%
Z GENERAL MEANS		338.078,00	36.127,44	49.081,65	19.920,77	11.863,33	5.201,77	77.057,52	113.194,97	224.863,03	33%
01 Frais de personnel		170.458,00	27.119,22	8.496,75	8.529,51	8.862,15	4.745,85	30.634,26	57.753,46	112.704,52	34%
01 National Director	COGEST	24.000,00	0,00			1.125,00		1.125,00	1.125,00	22.875,00	5%
02 Co-Director	REGIE	24.000,00	3.998,00	4.311,57	3.375,00	3.500,00	2.706,88	13.893,45	17.891,46	6.108,55	75%
03 Administrative and financial	COGEST	19.200,00	11.171,22	2.035,16	1.879,51	5.362,15	2.038,97	11.315,81	22.487,03	-3.287,03	117%
04 Local architects bureau	COGEST	103.258,00	11.950,00	2.150,00	2.150,00			4.300,00	16.250,00	87.008,00	16%
02 Investments		9.620,00	1.322,78						1.322,78	8.297,22	14%
01 Equipment IT	COGEST	9.620,00	1.322,78						1.322,78	8.297,22	14%
03 Operational expenses		20.000,00	2.106,56	2.916,52	2.192,58	2.870,42	343,39	8.322,91	10.429,47	9.570,53	92%
01 Maintenance and office	COGEST	10.000,00	2.106,56	2.173,17	1.934,83	2.870,42	343,39	7.321,81	9.426,37	571,83	94%
02 Vehicle operational costs	COGEST	10.000,00	0,00	743,34	257,75			1.001,10	1.001,10	8.998,90	10%
04 Audit - Follow up -		138.000,00	5.579,85	37.888,39	198,68	130,76	112,53	38.110,36	43.890,21	94.309,79	32%
01 Monitoring and follow up	REGIE	40.000,00	2.540,65	37.888,39	198,68	130,76	112,53	38.110,36	40.651,01	-651,01	102%
02 Audit	REGIE	20.000,00	0,00						0,00	20.000,00	0%
	REGIE	78.000,00	3.039,20						3.039,20	74.960,80	4%
	REGIE	1.097.362,00	17.055,47	74.979,96	26.350,00	24.020,19	20.174,94	145.525,09	162.580,55	934.781,45	15,00%
	COGEST	3.932.638,00	736.286,67	665.254,08	1.428.100,92	511.463,32	120.506,46	2.723.324,78	3.459.611,45	473.026,55	88,00%
	TOTAL	5.030.000,00	753.342,14	740.234,03	1.452.450,92	535.483,51	140.681,40	2.868.849,86	3.622.192,00	1.407.808,00	72,00%

1.4 Summary

Formulate 5 key points (briefly, in one or two sentences) that a reader of this report should remember.

<ul style="list-style-type: none"> • A new Cardiac Intensive Care and Surgery Department in is established Khan Younis at the EGH and is fully functional after the delivery of equipment and needs.
<ul style="list-style-type: none"> • Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended and staff has been trained.
<ul style="list-style-type: none"> • A new Cardiac Surgery department is established with an new cathlab and ICCU at Kuwaiti wing/PMC. Training of staff is going on.
<ul style="list-style-type: none"> • Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced after delivery of equipment.
<ul style="list-style-type: none"> • Training component of the project needs to be reinforced and savings execution needs to start promptly to be finished before end of 2013.

National execution official²	BTC execution official³
Dr. Qasem Maani	Dr. Willy Demeyer

² Name and Signature

³ Name and Signature

2 Analysis of the intervention⁴

2.1 Context

2.1.1 General context

Describe the contextual elements that have had an important influence (positive or negative) on the the intervention. These events should have occurred during the reporting period and can relate to changes in sector policies, decentralisation and deconcentration policy, major political events, environmental events, etc. Limit yourself to the description of key evolutions during the reporting period.

Maximum length: 250 words

The newly established intensive cardiac unit and surgery unit at EGH started operation since February and all requested equipment items were delivered to the unit including service and operational training. Other needs arose and will be considered to be covered in the last year of the project (e.g..

Delay in the hand over of the cathlab and ICU infrastructure by the contractor and the unfinished works.

Humidity in the cathlab room at PMC due to leakage and also leakage over one ICU bed had a negative influence till the problem was solved.

Events and political situation in Egypt affected sending trainees from Gaza.

The fact that the training site in Jordan is a military hospital imposed restrictions on number of accepted trainees.

The cooperation of the MOH different departments and the beneficiaries at hospitals had a positive impact to accelerate processes but the change in the MOH staff members delayed some parts at certain point of time.

The ongoing activities using echo machines in Makassed has positive impact on the output of the project.

The use of savings from different project components to cover priority needs will help increase the effectiveness of the intended intervention.

2.1.2 Institutional context

Very appropriate for the four locations where the project is implemented as the project targets priority areas of MOH public institutions (EGH and Ramallah: cardiac care and Shifa: neonatology) and private sector (Maqased: pediatric cardiology) that complement each other.

2.1.3 Management context: execution modalities

Positive. Regardless of the minor delays in infrastructure component and some delay in the delivery of procured equipment and training, the execution modalities are in path to ensure the advancement of the interventions.

Additional plus is the regular communications between BTC and MOH and the implementation of co-management principle in directing the project activities.

⁴ In this document: Impact is a synonym for global objective, Outcome is a synonym for specific objective, output is a synonym for result

2.1.4 Harmo-context

MOH which is the partner of the BTC in this project puts major influence on ensuring that the results correspond to the specific objectives set to be reached.

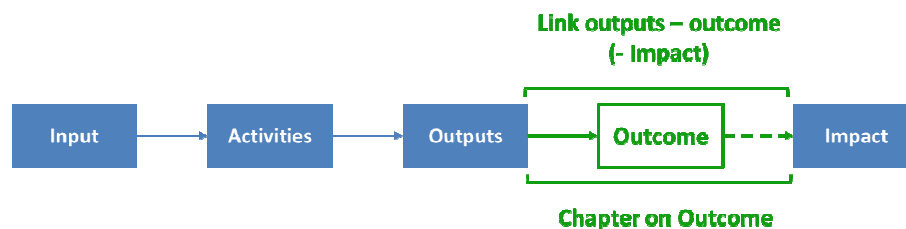
Additionally, the project falls in major strategic priorities of the MOH:

- this project with its support in the components of equipment and training will positively affect the physicians' residency program in cardiology and cardiac surgery.
- this project fits positively in the MOH strategy to reduce expenses and costs within the referral abroad services; having the cardiac services available at MOH premises will reduce the number of referred cases due to cardiac diseases which in turn will reduce costs and burden carried by MOH.

There might be cross cutting points on cardiovascular issues with the project implemented by the Non-Communicable Disease Center at PMC sponsored by the Austrian Development Cooperation, especially on tertiary prevention level.

2.2 Outcome

Give an overview of the likely achievement of the Outcome (i.e. outcome) and the dynamics surrounding the Outcome (see figure below).



2.2.1 Analysis of progress made

Limit yourself to filling out the table⁵

Result 1: A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and Interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre.						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
The Cardiac Surgery at EGH is operational						Started in Q1 of 2012
The ICU at EGH is operational						Started in Q1 of 2012
Reduced Referrals abroad						Planned through the implementation of

⁵ Depending on the number of indicators, and depending on the number of main activities, rows should obviously be added/deleted.

Depending on the age of the project, columns should be added for the values of the preceding years (if applicable), in order for progress to be assessed against the value of the preceding year. By reporting cumulatively, the progress made in the reporting period can be determined in a precise way.

Do not write anything below the table. Comments are only allowed in the table.

						project activities
Positive clinical outcomes						Planned through the implementation of project activities

Result 2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended.						
	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Al-Makkased PICU is extended						Yes
Mortality in PICU is decreased by 10 %	Baseline value unavailable					Planned through the implementation of project activities
Paediatric Cardiac Morbidity	Baseline value unavailable					Planned through the implementation of project activities

Result 3: A new Cardiac Surgery department in Ramallah is established at the MOH Hospital in order to complete the Cardiac Centre by including the existing cath- lab and cardiology department						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Kuwaiti Cardiac Surgery Unit is established and functional						Unit is established and its function has not started yet. Expected in Q1 2013
The ICCU is operational						Not yet; planned to start in Q1 2013
Reduced Referrals abroad	Baseline value unavailable					Planned through the implementation of project activities
Reduced Cardiac Morbidity	Baseline value unavailable					Planned through the implementation of project activities
Positive clinical outcomes	Baseline value unavailable					Planned through the implementation of project activities

Result 4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Shifa Hospital NICU is refurbished and performs according to international standards						Planned through the implementation of project activities
- Mortality in ICU is decreased by 50%	Baseline value unavailable					Planned through the implementation of project activities

Premature admission rate	Baseline value unavailable					
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2.2.2 Risk management

Provide the evolution of risks⁶ and how they have been managed. Identified risks consist of risks emanating from the TFF and/or from the baseline study, and significant risks that have been identified during the implementation of the intervention. Risks can also be identified during the Results Monitoring.

- Describe the risk
- Score the probability that the risk might occur: High, Medium, Low
- Score the impact if the risk would occur: High Medium, Low

If a risk is attributed with a C or D score, detail the measures that have been taken/will be taken and indicate the person/actor responsible. For details on scoring: see Guide

Risk Identification			Risk analysis			Risk Treatment			Follow-up of risks	
Description of Risk	Period of identification	Risk category	Probability	Potential Impact	Total	Action(s)	Resp.	Deadline	Progress	Status
Development Risks Training Arising issues such as leakage	Jan 2012	B	Medium	Medium		Visit by project coordinator and financial officer was conducted to Egypt to organize training for GS candidates	MOH and BTC		Slow progress due to long security clearance processes in Egypt	Training issues still present Leakage was solved
						Conduct urgent SC meeting in March and work promptly to solve leakage to protect the machine	MOH and BTC		It took few months to solve the problem	
Reputational Risks Delay in training	July 2012	B	Medium	Medium		Visit by project coordinator and financial officer was conducted to Egypt to organize training for GS candidates Start looking for alternative training locations	MOH and BTC		Nominee lists sent to Egypt for security clearance Fluctuating conditions in Egypt affects sending trainees	
						Start sending first group of	MOH		Security clearance was not	

⁶ Limit yourself to Development Risks, Reputational Risks

						trainees from PMC to Jordan Start looking for alternative training locations in the private sector			given to a number of trainees	

2.2.3 Potential Impact

Describe how probable it is that the Outcome will contribute to sectoral objectives and whether the impact aimed for is still guaranteed as (pre)supposed (during formulation or as expected from baseline data). It should thus be assessed whether this part of the intervention logic is still valid. If data is available for the indicators of the general objective, please add these values as an illustration of the potential impact, if relevant.

Through the implementation of the project activities, it is expected that there will be:

- Prepared facilities (both physical and human resources) to receive cardiac patients (adults and pediatric)
- Reduction in mortality rate due to cardiac diseases
- Reduction in mortality rate in neonatal unit at Shifa Hospital in Gaza
- Reduction in the referral abroad MOH facilities as a result of cardiovascular cases
- Increase in the number of diagnosed and treated cardiac cases at hospital level
- Increase in the number of trained personnel (physicians, nurses) in cardiac and neonatal care
- Increase in skills of biomedical engineers dealing with procured equipment (both at central MOH and hospital levels)

2.2.4 Quality criteria

For each of the criteria (Efficiency, Effectiveness, Sustainability and Relevance) a number of sub-criteria have been formulated. By choosing the statement that fits your intervention best, you can calculate the total score for that specific criteria (see below for calculation instructions).

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 Q-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>		
1.1 What is the present level of relevance of the project?		
<input checked="" type="checkbox"/>	A	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.
<input type="checkbox"/>	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.
<input type="checkbox"/>	C	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.
<input type="checkbox"/>	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?		
<input checked="" type="checkbox"/>	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).
<input type="checkbox"/>	B	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.

<input type="checkbox"/>	C	Problems with intervention logic may affect performance of project and capacity to monitor and evaluate progress; improvements necessary.
<input type="checkbox"/>	D	Intervention logic is faulty and requires major revision for the project to have a chance of success.

2. 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 (assessment for the whole of the intervention)

In order to calculate the total score for this Q-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

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

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

2.2 How well are outputs managed?

<input type="checkbox"/>	A	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.
<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	C	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.
<input type="checkbox"/>	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.

3. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N

In order to calculate the total score for this Q-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

3.1 As presently implemented what is the likelihood of the outcome to be achieved?

<input type="checkbox"/>	A	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.
<input checked="" type="checkbox"/>	B	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.
<input type="checkbox"/>	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.
<input type="checkbox"/>	D	Project will not achieve its outcome unless major, fundamental measures are taken.

3.2 Are activities and outputs adapted based on the achieved results in order to the outcome (Specific Objective)?

<input type="checkbox"/>	A	The project 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.
<input checked="" type="checkbox"/>	B	The project is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.

<input type="checkbox"/>	C	The project 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 project can achieve its outcome.
<input type="checkbox"/>	D	The project has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.

3. 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).

In order to calculate the total score for this Q-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

3.1 Financial/economic viability?

<input checked="" type="checkbox"/>	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.
<input type="checkbox"/>	B	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.
<input type="checkbox"/>	C	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.
<input type="checkbox"/>	D	Financial/economic sustainability is very questionable unless major changes are made.

4.2 What is the level of ownership of the project by target groups and will it continue after the end of external support?

<input type="checkbox"/>	A	The JLCB and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.
<input checked="" type="checkbox"/>	B	Implementation is based in a good part on the JLCB and other relevant local structures, which are also somewhat involved in decision-making. Likelihood of sustainability is good, but there is room for improvement.
<input type="checkbox"/>	C	Project uses mainly ad-hoc arrangements and the JLCB and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.
<input type="checkbox"/>	D	Project 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 project and policy level?

<input type="checkbox"/>	A	Policy and institutions have been highly supportive of project and will continue to be so.
<input checked="" type="checkbox"/>	B	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the project, and are likely to continue to be so.
<input type="checkbox"/>	C	Project sustainability is limited due to lack of policy support. Corrective measures are needed.
<input type="checkbox"/>	D	Policies have been and likely will be in contradiction with the project. Fundamental changes needed to make project sustainable.

4.4 How well is the project contributing to institutional and management capacity?

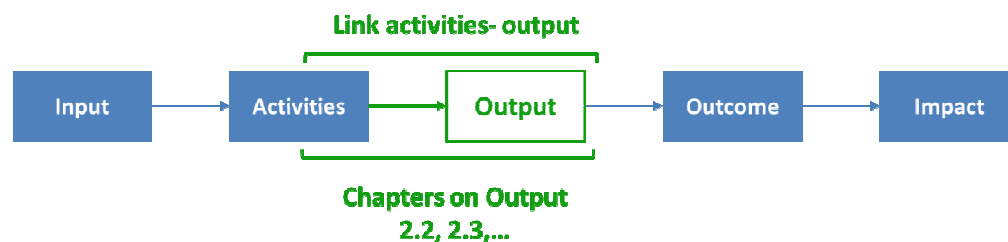
<input type="checkbox"/>	A	Project is embedded in institutional structures and contributed to improve the institutional and management capacity (even if this is not a explicit goal).
<input checked="" type="checkbox"/>	B	Project management is well embedded in institutional structures and has somewhat contributed to capacity building. Additional expertise might be required. Improvements in order to guarantee sustainability are possible.
<input type="checkbox"/>	C	Project relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.
<input type="checkbox"/>	D	Project is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.

Assign a final score to each criterion. If a monitoring criterion has been marked a 'C' or a 'D', measures have to be proposed, as part of the Action Plan (4.1)

Criteria	Score
Relevance	A
Effectiveness	B
Sustainability	A
Efficiency	B

2.3 Output 1⁷

Assess the likelihood of achieving the Output concerned and the dynamics surrounding the evolution of this Output.



2.3.1 Analysis of progress made

Output 1: : A new Cardiac Intensive Care and Surgery Department in Khan Yunis is established at the European Gaza Hospital and Interventional procedures in the cath-lab are started in order to create fully functional Cardiac Centre.							
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments	
The Cardiac Surgery at EGH is operational						Not yet; will start in Q1 2012.	
The ICU at EGH is operational						Not yet; will start in Q1 2012.	
Reduced Referrals abroad						Planned through the implementation of project activities	
Positive clinical outcomes						Planned through the implementation of project activities	
Progress of <u>main</u> activities ⁸			Progress:				Comments (only if the value is C or D)
			A	B	C	D	
The infrastructure of the European Gaza Hospital is completed				X			
The necessary equipments for interventional procedures in the European Gaza Hospital are installed and functional				X			
Necessary consumables for the European Gaza Hospital are delivered				X			
A training program is executed for the EGH staff					X		Much reinforcement is needed to overcome delay

⁷ The template accommodates up to 3 Outputs (chapters 2.2, 2.3, 2.4). If the intervention has more outputs, simply copy and paste additional output chapters. If the intervention has less than 3 outputs, simply delete the obsolete chapters)

⁸ A: The activities are ahead of schedule

B: The activities are on schedule

C: The activities are delayed, corrective measures are required.

D: The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>	
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):</i>	All activities contribute greatly to reaching the output of having a complete cardiac center in EGH
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	There factors that delayed the handing over of the infrastructure and the political situation in Egypt and in Gaza affected and delayed the training component
<i>Issues that arose, influencing factors (positive or negative):</i>	Political factors (negative) Cooperation of staff and commitment (positive)
<i>Unexpected results (positive or negative):</i>	None

2.3.2 Budget execution

Added in annex. A high priority in the coming year will be to disburse on the training component of the project and to execute the project savings.

2.3.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score⁹ to the following criteria

- **Efficiency:** Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.
- **Effectiveness:** Degree to which the output is achieved as planned at the end of year N.
- **Sustainability:** The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	A

⁹

A: Very good performance
 B: Good performance
 C: Performing with problems, measures should be taken
 D: Not performing/ having major difficulties: measures are necessary

If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

2.4 Output 2

2.4.1 Analysis of progress made

Output 2: Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased Hospital is extended.							
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments	
Al-Makkased PICU is extended							
Mortality in PICU is decreased by 10 %	Baseline value unavailable						
Paediatric Cardiac Morbidity	Baseline value unavailable						
Al-Makkased PICU is extended							
Progress of <u>main</u> activities			Progress:				Comments (only if the value is C or D)
			A	B	C	D	
The two procured pediatric echo machines are functioning			X				
A training program is executed				X			
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>							
<i>Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):</i>	Procurement of pediatric echo machines and training of staff greatly affected the increase in the therapeutic capacity at PICU						
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	There is the need to refer to the annual reports of the PICU units to check the indicator values though they were not defined at the beginning of the project						
<i>Issues that arose, influencing factors (positive or negative):</i>	Change in training location and then measures required to train in Israeli hospitals delayed the component						
<i>Unexpected results (positive or negative):</i>	None						

2.4.2 Budget execution

Added in Annex. Training of 16 nurses have finished and savings from training were added to other savings to invest in urgent arising needs for the project.

2.4.3 Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	A

2.5 Output 3¹⁰

2.5.1 Analysis of progress made

Output 3: A new Cardiac Surgery department in Ramallah is established at the MOH Hospital in order to complete the Cardiac Centre by including the existing cath- lab and cardiology department							
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments	
Kuwaiti Cardiac Cath Unit is established and functional						Unit is established and its functioning is expected in Q1 2013	
The ICCU is operational						Not yet; planned to start in Q1 2013.	
Reduced Referrals abroad	Baseline value unavailable					Planned through the implementation of project activities	
Reduced Cardiac Morbidity	Baseline value unavailable					Planned through the implementation of project activities	
Positive clinical outcomes	Baseline value unavailable					Planned through the implementation of project activities	
Progress of <u>main</u> activities			Progress:				Comments (only if the value is C or D)
			A	B	C	D	
The infrastructure of Ramallah Hospital is completed for Cardiac surgery department at Kuwaiti basement				X			
The necessary equipments for the cardiac department of Ramallah are installed and functional				X			
A training program is executed					X		Only 7 nurses were trained from a list of over 30. Security clearance in King Hussein Medical Center imposed delay
Analysis of progress made towards output: Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).							
<i>Relation between activities and the Output. (how) Are activities (still) contributing to the achievement of the output (do not discuss activities as such)?:</i>		Having a unit fully equipped with equipment and skilled staff contributes to have the unit operational.					
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>		Delay in handing over the unit to the hospital by contractor in addition in low quality of works in some areas in the unit that needed to be re-doing Leakage over the cathlab room and over one ICU bed that needed urgent action					

¹⁰ If the Logical Framework contains more than three Outputs, copy-paste the 2.4 chapter and create 2.6 for Output 4 , 2.7 for Output 5, etc.
BTC, Belgian development agency
16/08/2018

<i>Issues that arose, influencing factors (positive or negative):</i>	Leakage over cathlab and one ICU bed
<i>Unexpected results (positive or negative):</i>	None

2.5.2 Budget execution

Added in Annex. Savings from equipment and expected savings from training will be used to cover urgent needs for the unit.

2.5.3 Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	A

2.6 Output 4

2.6.1. Analysis of progress made

Output 4: Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Shifa Hospital NICU is refurbished and performs according to international standards						Planned through the implementation of project activities
-Mortality in ICU is decreased by 50%	Baseline value unavailable					Planned through the implementation of project activities
Premature admission rate	Baseline value unavailable					
Progress of <u>main</u> activities	Progress:				Comments (only if the value is C or D)	
	A	B	C	D		
The necessary equipment for Al Shifa hospital are installed and functional			X			
Training program is executed				X		No trainees have been sent to Egypt till now due to political situation

						in Egypt and Gaza and the strict security clearance measures
Analysis of progress made towards output: <i>Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).</i>						
<i>Relation between activities and the Output. (how) Are activities (still) contributing to the achievement of the output (do not discuss activities as such)?:</i>	The provision of equipment and upgrading the skills of staff contribute to reaching the output					
<i>Progress made towards the achievement of the output (on the basis of indicators):</i>	Equipment delivered and functioning There is the need to refer to hospital annual reports to check certain indicators though baseline was not set at the beginning of the project					
<i>Issues that arose, influencing factors (positive or negative):</i>	Political situation in Egypt then in Gaza and the strict security clearance measures delayed the training component					
<i>Unexpected results (positive or negative):</i>	None					

2.6.2. Budget execution

Added in Annex. Savings from Equipment and training will be used to respond to urgent needs for the unit.

2.6.3. Quality criteria

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	A

3 Transversal Themes

Explain how the intervention has taken into account Transversal Themes.

3.1 Gender

The beneficiaries of this project will be men and women, children both boys and girls among the Palestinian population affected by non communicable diseases especially cardiac problems and in the case of children congenital cardiac anomalies.

In case of neonatal treatment:

- Concomitant health issues of pregnant mothers or women giving birth will be addressed.
- Particularly all potential infectious sources are to be eradicated.
- A mother-child family training in essential aseptic procedures is to be taught.

At the level of capacity building of human resources the project is paying specific attention to a gender balance in the recruitment and further training of health professionals at the various levels.

For example the cardiac surgeon candidate for pediatric surgery is a female doctor, the nurses for the ICU; CCU will be both females and males. The cardiologists that need further training from Gaza are also one female and two males. Some specialties, such as cardiac perfusionist or anesthetist, do not seem to attract females in the country and through this project females will be encouraged to apply for these specialties.

3.2 Environment

No environmental issues related to the clinical outcomes are expected other than those resulting from standard hospital procedures. The project takes into consideration the effect of all interventions on the surrounding environment in the structural phase minimizing environmental waste as well as paying special attention not to increase the environmental pollution. There is a national project supported by the UNDP involving Ramallah hospital for waste management and hence the project will capitalize on the new system and standards in the inputs and services put in place. Maqased hospital being in Jerusalem is restricted by the Israeli local authority on waste management and environmental pollution standards. Gaza on the other hand remains a challenge but looking into environment and increasing environmental hazards is an imperative part of the intervention.

3.3 Other

4 Steering and Learning

4.1 Action Plan

On the basis of the data and analysis above, formulate actions to be taken (/decisions to be taken) These can be strategic and/or operational.

Action plan	Source	Actor	Deadline
<i>Description of the action/decision to be taken</i>	<i>The sub-chapter to which the action refers (e.g. 2.4)</i>	<i>The person responsible for taking the decision/taking action</i>	<i>e.g. Q1, Q2, Q3 or Q4 of year N+1</i>
To start with sending trainees from Gaza and PMC to Egypt or alternative locations	2.3, 2.5, 2.6	MOH and BTC	Q1
To start tendering and implement procedures for disbursing on the savings proposals	2.3, 2.4, 2.5, 2.6	MOH	Q1
Delivery of equipment, instruments, infrastructure from savings	2.3, 2.4, 2.5, 2.6	MOH and BTC	Q2
Start the operation of the new cathlab in PMC/Kuwaiti wing	2.5	MOH	Q1

4.2 Lessons Learned

Capture important Lessons Learned from the intervention's experience. Lessons Learned are new insights that must remain in the institutional memory of BTC and partners. The lessons learned can be drawn from activities, outputs, outcome (or a combination of levels or any other aspect of the intervention and its environment).

Lessons learned	Target audience
1. Greater care needs to be taken in the selection of project indicators, ensuring that they are SMART (i.e. being Specific, Measurable, Achievable, Realistic and Timely). Indicators from future implemented management information system at MOH hospitals will be used later.	Representation, BTC HQ department, partner department...).
2. Prevention activities should be an element of each health care project from the time of its formulation.	

<p>3. Due to the fact that there is delay in starting up the training component due to different factors, the following is <u>recommended</u>:</p> <ul style="list-style-type: none"> ○ Future projects should start to address any HR training components, particular for long term international training early in project implementation. ○ Change of training needs should be taken in consideration. ○ As there might be an unspent balance related to this component, MOH prepared an action plan on how to spend the savings. 	
<p>4. Starting the service at the Cath-lab and ICU/CCU at Kuwaiti wing at PMC after the delivery of a list of further equipment such as ICU beds, infusion pumps...etc.</p>	
<p>5. Follow up the action plan developed by MOH for the utilization of the savings on proposals.</p>	

5 Annexes

5.1 Original Logical framework

General Objective	"To improve the global care in the Palestinian Autonomous Territories by reducing mortality and morbidity due to cardiac and congenital ailments in children and adults"		
Specific Objective	Indicators	Means of Verification	Risks and hypothesis
<p>To upgrade the diagnostic and therapeutic cardiac care facilities in three tertiary care hospitals (one in the Gaza strip, one in Jerusalem and one in the West Bank)</p> <p>To upgrade the treatment capacity in one tertiary health centre in Gaza City</p>	<ul style="list-style-type: none"> - At the end of the intervention the 3 cardiac centres do completely offer the expected care. - Mortality of Shifa NICU is reduced by 50%. 	<ul style="list-style-type: none"> - National Database - Hospital records - MoH Annual reports - Project reports 	<ul style="list-style-type: none"> - Political changes and interference - Worsening of the siege and closures - Inadequate training and expertise of the staff - Inconsistent maintenance - Lack of disposables - Impaired patient mobility and transfers
Results	Indicators	Means of verification	Risks and hypothesis
R1. A new Cardiac Intensive Care and Surgery Department in Khann Yunnis is established at the European Gaza Hospital and interventional procedures in the cath-lab are started in order to create a fully functional Cardiac Centre.	<ul style="list-style-type: none"> - The cardiac Surgery at EGH is operational - The ICU at EGH is operational - Peri- and post-operative cardiac mortality and morbidity comply with international standards 	<ul style="list-style-type: none"> - National Cardiac Database - EGH Hospital records 	<ul style="list-style-type: none"> - Limited accessibility of the region - Change of hospital administration could reduce support for the creation of cardiac centre - Lack of maintenance - Shortage of building materials
R2. Therapeutic capacity at the Paediatric Intensive Care Unit in Jerusalem at Maqased hospital is extended.	<ul style="list-style-type: none"> - Al-Makkassed PICU is extended - Mortality in PICU is decreased by 10% - Paediatric Cardiac Morbidity 	<ul style="list-style-type: none"> - National Cardiac Database - Maqased hospital records 	<ul style="list-style-type: none"> - Further isolation of the Jerusalem region by the Apartheid wall. - The poorest are not able to access the highly specialized services
R3. A new Cardiac Surgery department	<ul style="list-style-type: none"> - Ramallah Cardiac Surgery unit is established 	<ul style="list-style-type: none"> - National Cardiac Database - Ramallah hospital 	<ul style="list-style-type: none"> - Stakeholders not interested in adapting master plan for the hospital complex

in Ramallah is established at the MoH hospital in order to complete the Cardiac Centre by including the existing cath-lab and Cardiology Department.	<ul style="list-style-type: none"> - Mortality - Cardiac Morbidity 	records	<ul style="list-style-type: none"> - Inability to contract the expert specialists - Create incentives for specialized care-takers to ensure continuity
R4. Therapeutic procedures at the Neonatology Department in Gaza city at Shifa hospital are reinforced.	<ul style="list-style-type: none"> - Shifa hospital NICU is refurbished and performs according to international standards - Mortality in NICU is decreased by 50% - Premature intake rate 	<ul style="list-style-type: none"> - National Database on neonatology - Shifa Hospital records - Bethlehem University surveys 	<ul style="list-style-type: none"> - Limited accessibility of the region - Lack of maintenance - Low level of the care-takers. Training of the personnel is the key factor

5.2 Updated Logical framework

Include the updated logical framework if it has changed in the last 12 months, or if this Results Report proposes a new and updated Logical Framework.

Same logical framework.

5.3 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	No modifications
Baseline Report registered on PIT?	
Planning MTR	dd/mm/yyyy
Planning ETR	dd/mm/yyyy
Backstopping missions since 01/01/2012	30.09 to 5.10.2012 Prof. Van Nooten and Prof. De Wulff

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

Please refer to section 1.3.

5.5 Resources

In this optional annex, interventions should mention any material on the effects of the intervention on the beneficiaries that is available. Material that uses methods that focuses on the beneficiaries is highly appreciated (“story telling”, ...). Also indicate whether audio-visual material, studies, capitalisation reports or (scientific) publications which highlight the effects of the intervention on the beneficiaries, has been produced and is available

5.6 Decisions taken by the JLCB and follow-up

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

Decision to take					Action			Follow-up	
Decision to take	Period of identification	Timing	Source	Actor	Action(s)	Resp.	Deadline	Progress	Status
Fixing the leakage over the cathlab room	March 2012	2 months	Urgent condition	MOH	Insulation process over cathlab	MOH		Several steps and tests were done	Done
To complete ICCU at Kuwaiti with a list of equipment adding Holter monitoring system	Jan. 2012	6 months	SC	MOH& BTC	Start tendering and procurement process	MOH& BTC	July 2012	Most equipment delivered and the last company is expected to deliver mid Dec.	Mostly done
Training on new cathlab machine for operators and an additional training upon the functioning of the machine	April 2012	1 week	SC	Supplier of machine	Training specialist came for a week from Germany	MOH and BTC	June 2012	Training done for 3 physicians and 4 nurses Remaining service training will be after operating machine	Done
Few minor works need to be done at ICCU/cathlab Kuwaiti. These include PVC of cathlab room, carpentry works...etc.	June 2012		SC	contractor	Getting three price offer and MOH contracted one	MOH and BTC	August 2012	There was delay in the start but works are expected to finish within days	Done
Available project savings will be used to cover the following: <ul style="list-style-type: none"> o Maintenance of cathlab machine at EGH for one year o Furniture for EGH 	July 2012		SC	MOH and BTC	To get no objection and then start with tendering and procurement procedures	MOH and BTC	July 2013	No objection has been received from BTC on 10 th Dec. Next steps to start by MOH end of this month or Jan 2013	In process

<ul style="list-style-type: none"> ○ Equipment for EGH and Shifa ○ Surgical cardiac instruments for EGH ○ Consumables for pediatric cardiac surgery at EGH ○ Later, through communications, the extension over cathlab room was added to protect machine from any possible water leakage in the future ○ Mobile clinic with UNDP and Italy through a request from the Prime Minister's office 									
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