

# RESULTS REPORT 2013

PRPE II – PROGRAMA DE POS EMERGENCIA DE REABILITACAO E RECONSTRUCAO DE INFRA-ESTRUTURAS DO SECTOR DE SAUDE – PART II (MOZ 0400512)



<b>ACRONYMS .....</b>	<b>3</b>
<b>1 INTERVENTION AT A GLANCE .....</b>	<b>4</b>
1.1 INTERVENTION FORM .....	4
1.2 BUDGET EXECUTION .....	5
1.3 SELF-ASSESSMENT PERFORMANCE .....	5
1.4 CONCLUSIONS .....	6
<b>2 RESULTS MONITORING.....</b>	<b>7</b>
2.1 EVOLUTION OF THE CONTEXT.....	7
2.2 PERFORMANCE OUTCOME.....	10
2.3 RISK MANAGEMENT .....	13
<b>3 STEERING AND LEARNING .....</b>	<b>14</b>
3.1 STRATEGIC RE-ORIENTATIONS.....	14
3.2 RECOMMENDATIONS.....	14
3.3 LESSONS LEARNED .....	14
<b>4 ANNEXES.....</b>	<b>15</b>
4.1 QUALITY CRITERIA .....	15
4.2 DECISIONS TAKEN BY THE STEERING COMMITTEE AND FOLLOW-UP .....	18
4.3 UPDATED LOGICAL FRAMEWORK.....	19
4.4 MORE RESULTS AT A GLANCE .....	20
4.5 “BUDGET VERSUS CURRENT (Y – M)” REPORT.....	21
4.6 COMMUNICATION RESOURCES .....	22



## 1 Intervention at a glance

### 1.1 Intervention form

<b>Intervention title</b>	<b>PRPE II – Programa de Pos Emergencia de Reabilitacao e reconstrucao de Infra-estruturas do Sector de Saude – Part II</b>
<b>Intervention code</b>	MOZ 0400512
<b>Location</b>	Mozambique
<b>Total budget</b>	€3,75m + Balance from phase 1 = 1.804.020,68
<b>Partner Institution</b>	MISAU – Ministerio da Saude – Direccao Nacional de Planificacao e Coopercao– Departamento de Infrastruturas
<b>Start date Specific Agreement</b>	1 December 2006 – Effective 1 Mai 2007
<b>Date intervention start /Opening steering committee</b>	Mai 2007
<b>Planned end date of execution period</b>	31 Dec 2014
<b>End date Specific Agreement</b>	December 2013
<b>Target groups</b>	Rural areas with demolished health Infrastructures due to the 2000 floods in Maputo, Gaza , Inhambane and Sofala Provinces
<b>Impact</b>	Restoring and improving the access to basic health services of the population of Mozambique
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Demolished health infrastructure is reconstructed and improved for providing and securing basic health services in the affected areas;</li> <li>2. A new Hospital in Gaza Province (Mapai Hospital provides access to referral health services in the northern region of the Province</li> </ol>
<b>Outputs</b>	<ol style="list-style-type: none"> <li>1. Mapai District Hospital and a number of selected primary health Centres in Gaza, Inhambane and Sofala provinces constructed/rehabilitated</li> <li>2. Co-Funding the Rehabilitation of Jose Macamo Hospital in Maputo City</li> <li>3. Upgrade Implementation Capacity of executing agencies</li> <li>4. Continuation PRPE 1- conclusion of works started in phase 1 of the project</li> <li>5. General Means – Formulation, Value for Money Audits, Evaluation</li> </ol>
<b>Year covered by the report</b>	<b>2013</b>

## 1.2 Budget execution

	Budget	Expenditure		Balance	Disbursement rate at the end of year n
		Previous years	Year covered by report (n)		
<b>Total</b>	5.563.379,68 €	3.721.355,64	1.807.729,18€	34.294,86€	99%
<b>Output 1</b>	5.539.020,68	3.727.500 €	1.807.729,18€	3.795,74 €	99,93%

\* Including the balance from Phase 1

## 1.3 Self-assessment performance

### 1.3.1 Relevance

	Performance
<b>Relevance</b>	B

*The project is relevant in that still many people in the rural areas of Maputo, Gaza, Inhambane and Sofala provinces do not have access to basic health services. The Mapai hospital is to offer referral services to all communities living in the 5 districts located in the north region of Gaza, who presently have to travel for more than 500 Kms (to Chokwe) to get substantive health care.*

### 1.3.2 Effectiveness

	Performance
<b>Effectiveness</b>	B

*The intervention is expected to achieve the majority of the objectives, particularly after the completion of the construction of the new Hospital in Mapai, which was put on hold for about 2 years due to quality problems of the works and disagreement of local authorities in regard to the initial location and plans. The effectiveness of the intervention has been however severely affected by the delays in the decision process regarding the changing of the location, approval of new construction plans and partners financial contribution to cover the gap between the initial budget and the current cost.*

### 1.3.3 Efficiency

	Performance
<b>Efficiency</b>	B

*The change of the location and initial plans of the Hospital in Mapai, which was requested by the partner, has implied the re-launching of the public tender, this almost 2 years after BTC had taken the decision to suspend the works due to quality problems and the incompliance by the partner of some of the conditions specified in the SA, namely lack of "Value for Money Audits" and independent supervision of the construction works, this resulting in a budget increase.*

*The above-mentioned budget increase in addition to the partial demolishing of the already built foundations and walls of the hospital, will of course affect the intervention efficiency (even though the difference between the initial budget and actual costs will be beard by the partner, who has committed to contribute with up to a maximum of 2 Mio*

USD).

Also to note is the fact that the northern districts of Gaza are the less populated ones, this making the cost per beneficiary of the Mapai hospital very high

### 1.3.4 Potential sustainability

	<b>Performance</b>
<b>Potential sustainability</b>	B

*The sustainability of the intervention is mainly determined by the fact that all rehabilitated or constructed health units are part of the National Health service, this meaning that they are included in the National Plans and budgets. Nevertheless and considering that Mapai is located in a very remote area it is to believe that staffing of the hospital will be facing some resistance from the health personnel.*

*The construction of a new asphalted road from Chokwe up to Chicualacuala (around 650 Kms) in addition to the newly rehabilitated railway is seen as being part of the government policy to improve local economy and all living conditions in the region, this being seen as one of the motivating factors for health personnel to accept being deployed to the area. It is also expected to facilitate the transport of goods, including medicines and other materials, which will contribute to adequate maintenance of the Hospital and all other constructed infrastructure*

## 1.4 Conclusions

- The project has put on hold for about 2 years, which implied increase of the total project budget
- After long negotiations between BTC/DGCD regarding the change of location and Plans of the Mapai Hospital, the construction works were resumed in June 2013 and progressing very well.
- The intervention is under NEX modality, meaning that it has to follow local procurement laws and regulations, which leads to long procurement time and leaves very little room for BTC to influence the process .
- The political decisions (es. Presidents decision to demand the change of location and plans of the hospital) lead to long delays and budget overshooting.
- The newly appointed project manager provided a flexible and proactive way to address the main challenges of the intervention

PRPE II – Health Project Manager	BTC
<b>Dr. Mazivila</b>	<b>Paul Van Impe</b>

## 2 Results Monitoring

### 2.1 Evolution of the context

#### 2.1.1 General context

- Delays in commencement of works at the Rural Hospital in Mapai District in Gaza Province - construction works were expected to start around March 2009 but in fact the mobilization only started in September 2009.
- BTC found out that there was lack of independent supervision at construction works resulting in some quality problems in the construction of those infrastructures.
- The partner delays in executing audits “Value for Money”, appointment construction works supervisors, timely presentation of progress and financial reports resulted in the BTC’s decision to stop any further disbursements of funds as from 2009 up to December 2010.
- A multi-sectoral mission from the government including the President visited the project site and made several recommendations and urged the Ministry of Health to only resume the works after the correction of all reported quality problems.
- The Value for Money Audit Report also pointed out significant quality problems at Jose Macamo Hospital in Maputo and the lack of capacity from MISAU to undertake satisfactory supervision of the construction works.
- Contractors stopped working due to lack of payment in Macovane, where about 50% of the works are still incomplete.
- The government of Mozambique announced its decision to demolish Mapai hospital because they were not happy with the design/plan of the hospital, its location and poor quality of the construction works at a Partner Committee meeting held towards the end of March 2011.
- Towards the end of the year and only after several letters sent by DGDC to the Mozambican authorities, the Mozambican Government acknowledged its responsibility and accountability for the problems concerning the construction works in Mapai and was therefore willing to reimburse already spent funds and start a new construction on a different location.

- In 2012 MISAU presented the new approved design, a new tender was launched and partner committed to start the construction works at the end of 2012. But due to bureaucratic procedures and also to climate factors (heavy rains) works only started at the beginning of June 2013

### 2.1.2 Institutional context

The project is anchored to the Ministry of Health (MISAU) through its National Directorate for Planning and Cooperation (DPC) and executed through its Department of Infrastructure. However, The Chairman of the JLCB is the National Director of the Treasury, through which the funds are channelled through Government Budget (On the Budget Project).

The responsibilities of DPC within MISAU include an oversight on the implementation and adherence to the policy framework and procedural guidelines for the management of the grant into Mozambique, while the Department for Infrastructure ( former GACOPI) is responsible for the day to day management of the project, which includes the tendering process, the supervision of all construction works, processing payments and keeping records and ledgers of all transactions the grant

The main results of this project include the “Consolidation of the implementation capacity of the executing agencies”; but due to “reservations” from the partner no activities have been planned and therefore its capacity remained very low and very centralized in Maputo. The Provincial directorates in charge of the areas of the intervention have played almost no role in the planning and supervision of works thus resulting in some late identification of quality problems as well as in delays or lack of consensus about the selection of project sites

- A joint bank account at the central Bank is managed on a dual signature (National director of the Treasury and BTC RR), which is in accordance with the Specific Agreement
- The JLCB is responsible for the Strategic decisions regarding the implementation of the project. The members of the JLCB are as follows: the National Director of the Treasury, who is the Chairperson and the BTC RR as the Co-Chairman (representing the interests of Belgium), the National Director of DPC at MISAU, a representative of the Ministry of Foreign Affairs (representing the interests of the Mozambican government) and the Department of Infrastructure as the secretariat of the JLCB but in fact the Department of Infrastructure is in charge of the implementation of the project, this leading to some “conflict of interest”.



### 2.1.3 Management context: execution modalities

Government policies of Belgium and BTC in particular are focused on the Indicators of Progress as detailed in the Paris Declaration on Aid Effectiveness, of Ownership, Alignment, Harmonisation, Managing for Results and Mutual Accountability.

It is in this respect that this grant is channelled to the Government of Mozambique through the National Treasury (on Budget Support) and its implementation is done through the Department of Infrastructure of MISAU, thus avoiding duplication, substitution and parallel project implementation units. Therefore it has been very difficult for BTC to control the decision making process and directly speed up the implementation of project activities, particularly with regard to the hiring of service providers to undertake the Value for Money Audits and the supervision of construction works, this having resulted in significant delays which have affected the project severely and have even caused the interruption of disbursements and of the works for more than one year

### 2.1.4 Harmo context

- The current staffing/technical levels of the partner do not allow proper planning monitoring and supervision of the activities
- The Chairman (National Director of the Treasury) not directly involved in the project implementation
- Unclear distribution of responsibilities amongst the partner departments. For instance, the JLCB Chairman is not directly involved in health services (very limited sensibility to MISAU problems and difficulties) and very busy with other priorities and therefore very rarely available to attend meetings.
- The JLCB has a very large membership which makes it difficult to schedule/plan meetings and coordinate activities.
- The Department of Infrastructure, which is the Secretariat of the project, has very limited capacity to provide appropriate support to the JLCB and to deliver proper reporting.

There are no other donors involved in the funding of this project as the WB pulled out from the rehabilitation of Jose Macamo Hospital, which has been co-funded using resources from the Sectoral common Fund - PROSAUDE.

## 2.2 Performance outcome



### 2.2.1 Progress of indicators

During the period under review the only activity remaining was the construction of the new hospital in Mapai. Therefore this report will only focus on this

<b>Impact:</b> demolished health infrastructure is reconstructed and improved for providing and securing basic health services in the affected areas and a new Hospital in Gaza Province provides access to health services in area where the population has no access to referral services					
Indicators	Baseline value	Value year 2012	Value 2013	Target year N	End Target (2015)
• Ratio of health centres to Population has increased	0	No data	No data		
• Total number of Consultations in the involved districts	0	No data	No data		
• Number of of patients successfully referred to Hospitals in northern Gaza	0	No data	No data		

### 2.2.2 Analysis of progress made

*At the end of 2013, the construction works of the new Hospital in Mapai, in a newly selected location and according to new plans and design had been resumed and were progressing well. Considering that this project had been put on hold during almost 2 years the fact the works have been restarted by a new contractor, who seems to have better capacity this can be considered as a major progress*

### 2.2.3 Potential Impact

*The outcome of the programme is: a new Hospital in Gaza Province (Mapai Hospital) provides access to referral health services in the northern region of the Province and since the hospital is still under construction it is not possible to assess its impact*

Performance output 1



## 2.2.4 Progress of indicators

Output 1: Hospital of Mapai constructed and to offer referral services to the population living in the northern of Gaza					
Indicators	Baseline value	Value 2012	Value 2013	Target year 2013	End Target 2015
• Number of referred patients & number of trained staff in Mapai Hospital	0	0	0	0	
Proportion of home versus Hospital deliveries in the involved districts	0	0	0	0	

## 2.2.5 Progress of main activities

Progress of <u>main</u> activities	Progress:			
	A	B	C	D
1. Contract awarding / Construction Works		X		
2. Mobilization/ Start of works		X		
3. Construction and Supervision		X		

## 2.2.6 Analysis of progress made

*There has been good progress made in terms of construction works since June 13 and it is to expect that the hospital will be completed by end September 2014 as scheduled. However the tender process and contract awarding took very long time which in addition to the long process of designing new plans and selecting a new location resulted in seriously delays in the intervention of about 2 years.*

### Transversal Themes

## 2.2.7 Gender

All health units rehabilitated or constructed under this intervention are or will be offering health services to male and female patients. In addition all of them include maternity wardens and specialized RH (Reproductive Health) services for women and girls.

Female nurses are also deployed to the health units in order to offer specialized services to women and children

### 2.2.8 Environment

The rehabilitation or construction of public infrastructure must be approved by the Tribunal Administrativo, which assesses the fulfilment of all requirements, including the assessment of their environmental impact. Therefore it is to believe that all projects have taken into account the environmental issues ( the Intervention is executed under NEX modality, this meaning that is the partner in charge of all its implementation and management).

In addition to the above its to note that all facilities are equipped with waste treatment units, this ensuring that sanitary waste is properly handled and therefore reduce its impact on the environment.

### 2.2.9 Other

#### **HIV Aids**

As common practice in the country the health centers ware or will be also offering specialized services, including ARVs, to HIV/AIDS infected people.

All Units do also provide ( free of charge) condoms and counselling services, as part of their RH services

## 2.3 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
Risk that the Mozambican Government has no funds to continue the construction works through out the 1 <sup>st</sup> . Quarter of 2014, while awaiting the approval of the government budget which normally takes place in March of each year	2014	OPS	High	High	High	Transfer Belgian Funds	BTC/MISA U/ Treasury	before end of Dec 13	Transfer order signed by BTC by end of Dec 13	To be followed up
BTC is not in full control of the financial management neither of supervision of the construction works. Therefore it has limited capacity to speed up processes		FIN	High	High	High Risk	Continuation of the Value for Money Audits- Negotiations with Delloite	Treasury/ MISAU	End Dec 13	First contacts in August followed by a 2 <sup>nd</sup> . Meeting with delloitte in Nov 13	Treasury to decide on the proposed price revision
		Ops	Medium	Medium	Medium	Contract independent supervision	MISAU	Beginning of June 13	Contract signed	OK

### 3 Steering and Learning

#### 3.1 Strategic re-orientations

*Considering that the only remaining activity, the construction of Mapai Hospital, has been resumed and is going well there has been no need for any strategic re-orientation .*

#### 3.2 Recommendations

Recommendations	Actor	Deadline
Finalize contract awarding for construction	MISAU	Beginning of 2013
Finalize contract for independent supervision	MISAU	Beginning of 2013
Ensure "Value for Money " Audit		End of 2013

#### 3.3 Lessons Learned

Lessons learned	Target audience
<i>NEX execution leaves little room for BTC to influence processes ( procurement, financial execution/management)</i>	<i>BTC/DGCD</i>
<i>It implies close supervision from the Representation ( and regrettably the MOZ Rep is understaffed – only half time RR and 1 PO)</i> <i>And only through close supervision is possible to pick up problems and bottlenecks faced during implementation and it allows BTC to take wise decisions (esp. Suspension of disbursements in 2009)</i>	<i>BTC</i>
<i>Political changes and interference (esp. changes of Top Management at MISAU and presidential visit to Mapai) can hamper the implementation of the intervention- Need to extend the duration of SA to at least 5 years.</i>	<i>BTC/DGCD</i>
<i>Proactive Dialogue and flexibility with partner is crucial in problem solving process ( es. Mapai case)</i>	

## 4 Annexes

### 4.1 Quality criteria

<b>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</b>					
<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>					
<b>Assessment RELEVANCE: total score</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
			<b>X</b>		
<b>1.1 What is the present level of relevance of the intervention?</b>					
X	<b>A</b>	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.			
	<b>B</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.			
	<b>C</b>	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.			
	<b>D</b>	Contradictions with national policies and Belgian strategy, aid efficiency commitments; relevance to needs is questionable. Major adaptations needed.			
<b>1.2 As presently designed, is the intervention logic still holding true?</b>					
	<b>A</b>	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).			
X	<b>B</b>	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.			
	<b>C</b>	Problems with intervention logic may affect performance of intervention and capacity to monitor and evaluate progress; improvements necessary.			
	<b>D</b>	Intervention logic is faulty and requires major revision for the intervention to have a chance of success.			
<b>2. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N</b>					
<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>					
<b>Assessment EFFECTIVENESS : total score</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
				<b>X</b>	
<b>2.1 As presently implemented what is the likelihood of the outcome to be achieved?</b>					
	<b>A</b>	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.			
X	<b>B</b>	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.			
	<b>C</b>	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.			
	<b>D</b>	The intervention will not achieve its outcome unless major, fundamental measures are taken.			

<b>2.2 Are activities and outputs adapted (when needed), in order to achieve the outcome?</b>		
	<b>A</b>	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>B</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	<b>C</b>	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.
	<b>D</b>	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		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
				<b>X</b>	
<b>3.1 How well are inputs (financial, HR, goods &amp; equipment) managed?</b>					
	<b>A</b>	All inputs are available on time and within budget.			
	<b>B</b>	Most inputs are available in reasonable time and do not require substantial budget adjustments. However there is room for improvement.			
X	<b>C</b>	Availability and usage of inputs face problems, which need to be addressed; otherwise results may be at risk.			
	<b>D</b>	Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.			
<b>3.2 How well is the implementation of activities managed?</b>					
	<b>A</b>	Activities implemented on schedule			
	<b>B</b>	Most activities are on schedule. Delays exist, but do not harm the delivery of outputs			
X	<b>C</b>	Activities are delayed. Corrections are necessary to deliver without too much delay.			
	<b>D</b>	Serious delay. Outputs will not be delivered unless major changes in planning.			
<b>3.3 How well are outputs achieved?</b>					
	<b>A</b>	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.			
X	<b>B</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.			
	<b>C</b>	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.			
	<b>D</b>	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.			



<b>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).</b>				
<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		
<b>4.1 Financial/economic viability?</b>				
	A	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.		
X	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.		
	D	Financial/economic sustainability is very questionable unless major changes are made.		
<b>4.2 What is the level of ownership of the intervention by target groups and will it continue after the end of external support?</b>				
	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.		
X	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.		
	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.		
<b>4.3 What is the level of policy support provided and the degree of interaction between intervention and policy level?</b>				
	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.		
<b>4.4 How well is the intervention contributing to institutional and management capacity?</b>				
	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).		
X	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.		
	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
Ensure Independent supervision of the works	Minutes of SC	BTC/DGD/ MISAU	End of Mai 13	Minutes of SC sent to BTC	
	adjustment of existing contract with HTC	MISAU	End of Mai 2013	Extension of Contract signed	Done
Ensure "Value for Money Audits	Adjust existing contract with Delloitte	Min. Finance/ Treasury	End August 13	Decision to accept price revision requested by Delloite	Pending
Ensure proper Cash flow during 1 <sup>st</sup> .quarter of 2014	Disburse Belgian funds	MISAU/ BTC	End of Dec 13	BTC approved/ signed Transfer order	To be followed up
Initiate procurement process of the equipment for the Mapai Hospital	Develop Technical Specs and all other Tender Documents and launch the Tender	MISAU	End of 1 <sup>st</sup> . Quarter 2014	To be followed up	To be followed

### 4.3 Updated Logical framework

<u>Result</u>	<u>Description</u>	<u>Initial budget (in euros)</u>	<u>New budget (in euro)</u>
<b>R1</b>	Mapai District Hospital and a selected number of primary health centres and their supportive infrastructure are (re) constructed, equipped, staffed and operational	2,520,000	2,520,000
<b>R2</b>	Jose Macamo General Hospital is rehabilitated	506,000	506,000
<b>R3</b>	The implementation capacity of the executing agencies is consolidated	145,500	145,500
<b>R4*</b>	Continuation PRPE I ( completion of Chibuto, Machubo, Marien Ngouabi and Inhassoro and purchase of equipment)	0	1.804.020,68
	Contingencies	450.000	450.000
<b>Z</b>	General Means (including balance formulation)	128.500	137.859
<b>TOTAL</b>		<b>3.750.000</b>	<b>5.563.379,68</b>

This table includes all of the project results (including those that were not changed from the initial TFF), in the case where at least one result was changed from the initial TFF. \* indicates a result that has been changed or added. All results that have been removed must also be noted.

**\* This amount correspond with the balance of the first phase of the project (PRPE I)**

## 4.4 MoRe Results at a glance

Logical framework's results or indicators modified in last 12 months?	<i>NO</i>
Baseline Report registered on PIT?	N/A
Planning MTR (registration of report)	No
Planning ETR (registration of report)	1 <sup>st</sup> . Quarter 2015 (estimate)
Backstopping missions	No

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

### Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0400512

Project Title : **Rehabilitation and Reconstruction Programme of Health Sector Facilities - phase 2**

Budget Version : **D1**  
 Currency : **EUR** Year to month : 31/12/2013  
 YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2009	2010	2011	2012	Expenses	Total	Balance	% Exec
<b>A GRANT</b>			5.539.020,68	2.699.500,00	1.028.000,00			<b>1.807.724,94</b>	5.535.224,94	3.795,74	<b>100%</b>
<b>01 Grant</b>			5.539.020,68	2.699.500,00	1.028.000,00			<b>1.807.724,94</b>	5.535.224,94	3.795,74	<b>100%</b>
01 Grant		COGES	5.539.020,68	2.699.500,00	1.028.000,00			<b>1.807.724,94</b>	5.535.224,94	3.795,74	100%
<b>Z GENERAL MEANS</b>			24.359,00	-7.530,84	1.383,51	1,15	1,82	<b>4,24</b>	-6.140,12	30.499,12	<b>-25%</b>
<b>01 Backstopping</b>			15.000,00					<b>0,00</b>	0,00	15.000,00	<b>0%</b>
01 Backstopping BTC-HQ		REGIE	15.000,00					<b>0,00</b>	0,00	15.000,00	0%
<b>02 Formulation</b>			9.359,00		1.335,17			<b>0,00</b>	1.335,17	8.023,83	<b>14%</b>
01 Solde fomulation		REGIE	9.359,00		1.335,17			<b>0,00</b>	1.335,17	8.023,83	14%
<b>03 Bank and Administrative Charges</b>			0,00	-7.530,84	48,34	1,15	1,82	<b>4,24</b>	-7.475,29	7.475,29	<b>?%</b>
01 Bank Charges & Interest		REGIE	0,00	-3.786,72				<b>0,00</b>	-3.786,72	3.786,72	?%
02 Bank Charges & Interest		COGES	0,00	-3.744,12	48,34	1,15	1,82	<b>4,24</b>	-3.688,57	3.688,57	?%

## 4.6 Communication resources

*There have been a few publications of the project on the BTC website in 2013:*

*<http://www.btcctb.org/en/casestudy/solar-electricity-school-brings-new-opportunities>*

*As the concrete results during the last two years of implementation will be more diverse, it is expected also more communication resources will be created in 2014/15.*

There have been no papers published on this intervention and the proposed assessment of the impact of the intervention in the lives of the local population has been delayed until the completion of the construction of the hospital