

# ANNUAL REPORT 2011

## PRPE II - HEALTH (MOZ 0400512)





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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

**ACRONYMS.....5**

**1 PROJECT FORM.....6**

**2 SUMMARY.....7**

2.1 ANALYSIS OF THE INTERVENTION 8

2.2 KEY ELEMENTS 9

2.3 KEY RISKS 10

2.4 KEY LESSONS LEARNED AND RECOMMENDATIONS 11

**3 ANALYSIS OF THE INTERVENTION.....12**

3.1 CONTEXT 12

3.1.1 *Evolution of the Context..... 12*

3.1.2 *Institutional Anchoring ..... 13*

3.1.3 *Execution Modalities..... 13*

3.1.4 *Harmo-dynamics..... 13*

3.2 SPECIFIC OBJECTIVE 14

3.2.1 *Indicators ..... 14*

3.2.2 *Analysis of progress made ..... 15*

3.2.3 *Risks and Assumptions ..... 15*

3.2.4 *Quality criteria..... 16*

3.2.5 *Potential Impact..... 17*

3.2.6 *Recommendations ..... 17*

3.3 RESULT 1 18

3.3.1 *Indicators ..... 18*

3.3.2 *Evaluation of activities..... 19*

3.3.3 *Analysis of Progress Made..... 19*

3.3.4 *Risks and Assumptions ..... 19*

3.3.5 *Quality Criteria..... 20*

3.3.6 *Budget execution..... 20*

3.3.7 *Recommendations ..... 20*

3.4 RESULT 2 21

3.4.1 *Indicators ..... 21*

3.4.2 *Evaluation of activities..... 21*

3.4.3 *Analysis of progress made ..... 21*

3.4.4 *Risks and Assumptions ..... 22*

3.4.5 *Quality criteria..... 22*

3.4.6 *Budget execution..... 22*

3.4.7 *Recommendations ..... 22*

3.5 RESULT 3 23

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

|            |  |           |
|------------|--|-----------|
| 3.5.1      | <i>Indicators</i> .....                                | 23        |
| 3.5.2      | <i>Evaluation of activities</i> .....                  | 23        |
| 3.5.3      | <i>Analysis of progress made</i> .....                 | 23        |
| 3.5.4      | <i>Risks and Assumptions</i> .....                     | 23        |
| 3.5.5      | <i>Quality criteria</i> .....                          | 24        |
| 3.5.6      | <i>Budget execution</i> .....                          | 24        |
| 3.5.7      | <i>Recommendations</i> .....                           | 24        |
| <b>3.6</b> | <b>RESULT 4</b>  | <b>25</b> |
| 3.6.1      | <i>Indicators</i> .....                                | 25        |
| 3.6.1      | <i>Evaluation of activities</i> .....                  | 25        |
| 3.6.2      | <i>Analysis of progress made</i> .....                 | 25        |
| 3.6.3      | <i>Risks and Assumptions</i> .....                     | 25        |
| 3.6.4      | <i>Quality criteria</i> .....                          | 26        |
| 3.6.5      | <i>Budget execution</i> .....                          | 26        |
| 3.6.6      | <i>Recommendations</i> .....                           | 26        |
| <b>3.7</b> | <b>RESULT 5</b>  | <b>26</b> |
| 3.6.1      | <i>Indicators</i> .....                                | 26        |
| 3.7.1      | <i>Evaluation of activities</i> .....                  | 27        |
| 3.7.2      | <i>Analysis of progress made</i> .....                 | 27        |
| 3.7.3      | <i>Risks and Assumptions</i> .....                     | 27        |
| 3.7.4      | <i>Quality criteria</i> .....                          | 27        |
| 3.7.5      | <i>Budget execution</i> .....                          | 27        |
| 3.7.6      | <i>Recommendations</i> .....                           | 28        |
| <b>4</b>   | <b>TRANSVERSAL THEMES</b> .....                        | <b>29</b> |
| 4.1        | ENVIRONMENT  | 29        |
| 4.2        | GENDER   | 29        |
| 4.3        | SOCIAL ECONOMY   | 29        |
| 4.4        | CHILDREN'S RIGHTS                                      | 29        |
| 4.5        | HIV /AIDS  | 30        |
| <b>5</b>   | <b>DECISIONS TAKEN BY THE JLCB AND FOLLOW-UP</b> ..... | <b>31</b> |
| <b>6</b>   | <b>LESSONS LEARNED</b> .....                           | <b>32</b> |
| <b>7</b>   | <b>ANNEXES</b> .....                                   | <b>33</b> |
| 7.1        | LOGICAL FRAMEWORK                                      | 33        |
| 7.2        | M&E ACTIVITIES   | 33        |
| 7.3        | "BUDGET VERSUS CURRENT (Y – M)" REPORT                 | 33        |
| 7.4        | BENEFICIARIES  | 33        |
| 7.5        | OPERATIONAL PLANNING Q1-2011                           | 33        |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## Acronyms

|         |   |
|---------|---|
| BTC     | Belgian Technical Cooperation   |
| DI      | Departamento de Infraestructuras  |
| DPC     | Departamento de Planificacao e Cooperacao   |
| GACOPI  | Gabinete de Coordenacao de Projectos de Investimento  |
| JLCB    | Joint Local Committee Board   |
| M&E     | Monitoring and Evaluation   |
| MF      | Ministry of Finance   |
| MFI     | Micro Finance Institute   |
| PRPE II | Programa Pos eemergencia de Reabilitacao e reconstrucao de Infra-estruturas do sector de Saude<br>Fase II |
| SC      | Steering Committee  |
| TA      | Technical Assistance  |
| YTD     | Year To Date  |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 1 Project Form

|                                  |  |
|----------------------------------|--|
| <b>Project name</b>              | <b>PRPE II – Programa de Pos Emergencia de Reabilitacao e reconstrucao de Infra-estruturas do Sector de Saude – Part II</b>  |
| Project Code                     | MOZ 0400502  |
| Location                         | Mozambique   |
| Budget                           | € 3,75m  |
| Key persons                      | Mrs. Gertrudes Machatine (Director DPC - MISAU)<br>Mr. Zaqueu (Chefe Departamento de Infraestruturas – Ex GACOPI)  |
| Partner Institution              | MISAU – Ministerio da Saude – Direccao Nacional de Planificacao e Coopercao– Departamento de Infraestruturas   |
| Date of implementation Agreement | 1 December 2006 – Effective 1 Mai 2007   |
| Duration (months)                | 36 months (Specific agreement 60 months)<br>Extended in Mai 011 for additional 18 months   |
| Target groups                    | Rural areas with demolished health Infrastructures due to the 2000 floods in Maputo, Gaza, Inhambane and Sofala Provinces  |
| Global Objective                 | Restoring and improving the access to basic health services of the population of Mozambique  |
| Specific Objective               | Demolished health infrastructure is reconstructed and improved for providing and securing basic health services in the affected areas;<br>A new Hospital in Gaza Province (Mapai Hospital) provides access to referral health services in the northern region of the Province  |
| Results                          | <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> |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 2 Summary

Focus of this intervention is of course the construction of 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.

Through a joint monitoring visit, BTC found out that construction works at the other project sites (in Macovane, Nova Mambone – Govuro, Peia-Peia and Bandua) were well in advance of schedule, but no independent supervision was in place, this resulting in some quality problems in the construction of those infrastructures.

At the JLCB, held in April and again in October 2009, BTC urged the partner to speed up the process of recruiting a consultancy company to undertake the foreseen Audits “Value for Money” and to ensure the supervision of the construction works, particularly in Mapai. BTC also urged the partner to timely present progress and financial reports.

Due to the lack of “Value for Money Audits” and of the supervision of construction works BTC decided to stop any further disbursements of funds as from 2009 up to December 2010 when 1.500.000 EUR were disbursed, this only after the JLCB had discussed and approved the report of the “Value for Money Audits” and the partner had presented a copy of the contract for the supervision of construction works in Mapai

Following several complaints from BTC regarding the quality of works in Mapai and a visit of the President Guebuza to the site, works were stopped as from July 2009 and a multi-sectoral mission from the government 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 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

Due to above-mentioned factors contractors did not get paid on time and therefore they decided to also stop the works particularly in Macovane, where about 50% of the works are still incomplete pending the payment of outstanding bills

After several requests from BTC/DGDC the Minister of Health met with the attaché and the BTC RR in March 2011 and informed that the government of Mozambique was not happy with the design/plan of the hospital, its location and poor quality of the construction works. He was therefore considering to either cancelling the works or to change the initial plans of using the infrastructure as a Hospital and convert the premises into something else. The Ministry would construct a new Hospital in a different location using different design, which could suit the local population and its expectations. As the representatives of the Belgium Government

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

did not agree with proposed solution and believed that the reported quality problems could be corrected, the Ministry instructed its technical staff to come up with a final proposal.

Surprisingly the Representative of the Ministry of Health in the Partner Committee meeting held towards the end of March 2011 announced the decision of the Ministry to knock down the facilities and informed that an independent consultant had been hired and his findings were that the building could not be used due to serious structural problems, which could not be corrected.

The partner Committee decided that because the Specific Agreement was due to terminate in May 2011, MISAU would have to request its extension for additional 18 months, being 3 months the time needed by MISAU to finalize the assessment of the quality of the works in Mapai and to prepare/propose a new work plan (schedule) for the correction of the problems and conclusion of the construction works.

However, despite the several requests/reminders from BTC MOZ and DGDC to MISAU regarding the need to come up with a final proposal for the conclusion of the works and the expressed availability/flexibility expressed by BTC MOZ to consider the change of the initial Plans in order to adapt the building under construction to local culture and expectations, MISAU has never presented any alternative proposal and continued to insist in its decision not to resume the works

Towards the end of the year and only after several letters sent by DGDC to the Mozambican authorities, including the Ministry of Foreign Affairs and Cooperation, a meeting was called and chaired by the Deputy-Minister for Foreign Affairs to inform the Belgian partner that the Mozambican Government acknowledge its responsibility and accountability for the problems concerning the construction works in Mapai and was therefore willing to reimburse all already spent funds on that building and start a new construction on a different location. In that meeting the deputy Minister agreed to send to DGDC and BTC a copy of the report from the independent consultant, which was used as a basis for the decision for not resuming the works. The report was eventually sent in December 2011 but unfortunately was delivered to the Dutch Embassy by MISAU's mistake and it only reached the attaché in January 2012

## 2.1 Analysis of the intervention

|                           |            |               |                |
|---------------------------|------------|---------------|----------------|
| <b>Intervention logic</b> | Efficiency | Effectiveness | Sustainability |
|---------------------------|------------|---------------|----------------|



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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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| <b>Specific Objective</b>   |   |   |   |
| 1. demolished health infrastructure is reconstructed and improved for providing and securing basic health services in the affected areas;<br>2. a new Hospital in Gaza Province (Mapai Hospital) provides access to referral health services in the northern region of the Province | - | - | - |
| <b>Result 1:</b> The Mapai District Hospital and a selected number of primary health centers and their supportive infrastructure are (re) constructed, equipped, staffed and operational  | B | B | C |
| <b>Result 2:</b> The Jose Macamo Hospital is rehabilitated  | C | C | C |
| <b>Result 3:</b> The implementation capacity of the executing agency is consolidated  | C | C | C |
| <b>Result 4:</b> Continuation of PRPE 1   | A | A | B |
| <b>Result 5:</b> General Means (Coordination and Monitoring)  | B | B | B |

| Budget         | Expenditure per year | Total expenditure year N (31/12/2011) | Balance of the budget | Execution rate |
|----------------|----------------------|---------------------------------------|-----------------------|----------------|
| € 5.563.379,68 | € 3.720.322,07       | €1,15                                 | € 1.843.056,46        | 67%            |

## 2.2 Key elements

- 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.

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

- 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 none payment in Macovane, where about 50% of the works are still incomplete.
- The government of Mozambique’s 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. The Representative of the Ministry of Health at a Partner Committee meeting held towards the end of March 2011 announced the decision of the Ministry to knock down the facilities.
- 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 all already spent funds on that building and start a new construction on a different location.

## 2.3 Key Risks

- There is a high risk that the Mozambican Government has no funds to reimburse the project.
- The Mapai district will remain without a referral Hospital for quite a while.
- Lack of BTC’s full control of the financial management and supervision of the construction works. The BTC therefore had limited capacity to speed up processes despite that it had been following-up the project both from Mozambique and Brussels offices. The project was implemented entirely by the Government of Mozambique through the National Treasury (on the Budget), involving the National Treasury ( MF) and directorates from MISAU and following the local Procedures, meaning that the grant, for a value of 5.548 Million Euro, is treated as budget support funds.

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 2.4 Key lessons learned and recommendations

- That responsibilities of each stakeholder should be clearly stated/defined in the TFF and in the Specific Agreement
- That if the partner is in full control of the decision making process then it makes it difficult for BTC to speed up the implementation of processes and activities
- That it is difficult for BTC to do realistic financial planning when the partner is not providing accurate and timely plans
- That funds should only be disbursed after signature of agreements and compliance with all agreed monitoring and supervising mechanisms

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 3 Analysis of the intervention

### 3.1 Context

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 about one year.

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.

#### 3.1.1 Evolution of the Context

As BTC did not have room to speed up the implementation of construction works based upon the agreed monitoring and supervision mechanisms, it “unilaterally” decided to stop the disbursements of funds to the project and this resulted in further delays in the payment of contractors, who of course could not proceed with construction works due to financial constraints. The BTC decision, however, finally forced/compelled the partner to comply with established agreements, that is, an independent reporting (Value for Money Audit) which in fact have confirmed BTC concerns regarding the quality of works particularly in Mapai and at Jose Macamo Hospitals.

In light of the Mozambican decision not to resume the works in Mapai, its expectation is that Belgium will request to continue its support for the construction of the new Hospital in a different location and according to new Plans and designs. However, this process will for sure take a long time and will of course not be possible to continue the project within the duration of current Specific Agreement and therefore a new project

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

will have to be formulated.

### 3.1.2 Institutional Anchoring

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.

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 will 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;

### 3.1.3 Execution Modalities

- The Project is currently anchored at MISAU - DPC.
- The government of Mozambique has designated National Treasury as the custodian of the grant and therefore its National Director is the Chairman of the JLCB
- 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. It comprises of 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.

### 3.1.4 Harmo-dynamics

- 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

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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 work as JLCB secretariat and to deliver proper reporting.
- There is no other donor involved in the funding of this project.

## 3.2 Specific Objective

### 3.2.1 Indicators

| <b>Specific Objective</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>Indicators</b>  | <b>Baseline value</b> | <b>Progress year N-1</b> | <b>Progress year N</b> | <b>Target year N</b>                 | <b>End Target</b> | <b>Comments</b> |
| <p><b>Mapai District Hospital:</b></p> <ul style="list-style-type: none"> <li>• Number of Health facilities according the MISAU standards in the involved districts</li> <li>• Number of referred patients &amp; number of trained staff in Mapai Hospital</li> <li>• Number of Patients and number of trained staff in the rehabilitated health centres</li> <li>• Proportion of home versus health centres deliveries in the involved districts</li> </ul> | 0                     |                          | 0                      | Completion of all construction works | -                 |                 |
| <p><b>Jose Macamo General Hospital:</b></p> <ul style="list-style-type: none"> <li>• Hospital responds to general hospital standards and capacity</li> <li>• Proportion of timely and successfully completed</li> </ul>  |                       |                          |                        |                                      | -                 |                 |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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| contracts  |   |  |   |  |   |  |
| <ul style="list-style-type: none"> <li>• Proper Health Facilities in Chibuto, Marien Ngouabi, Machubo and Inhassoro according to MISAU Standards</li> <li>• Health facilities equipped timely and successfully completed contracts</li> <li>• Number of JLCB Meetings</li> <li>• Number of Value for Money Audits</li> </ul> | 0 |  | 0 |  | - |  |

### 3.2.2 Analysis of progress made

No Progress has been made during the year under review, except that the Mozambican Government has sent the report from an independent consultant following which it has decided not to resume the works in Mapai District Hospital and instead is intending to construct a new building in a different location. The Government has also informed that it will take the responsibility of the failures in Mapai Hospital and has expressed its willingness to reimburse Belgium for all spent funds in the construction of the main building of the Hospital. However no clear indication on how it is going to ensure such reimbursement has been yet given.

### 3.2.3 Risks and Assumptions

| Risk              | Probability (score) | Potential implications   |       | Risk Level (score) |
|-------------------|---------------------|--|-------|--------------------|
|                   |                     | Describe   | Score |                    |
| Operational risks | High                | <ul style="list-style-type: none"> <li>• Preparation delays due to internal departmental procurement procedures.</li> <li>• Delays in the review of plans /approval of tender processes; contract awarding / and start of construction works.</li> <li>• Delays due to lack of capacity of the partner and/or contractors to mobilize and start of works.</li> <li>• Delays in appointment of Construction Supervisors resulting in poor quality of works</li> </ul> | High  | A                  |
| Reputation risks  | High                | <ul style="list-style-type: none"> <li>• At final inspection for hand over the facilities refused by local authorities</li> <li>• At official hand over there is non-acceptance of facilities by local beneficiaries</li> </ul>  | High  | A                  |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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|                |      | <ul style="list-style-type: none"> <li>Final Evaluation/ Report reveals non-satisfactory performance / impact</li> </ul>   |      |   |
| Financial risk | High | <ul style="list-style-type: none"> <li>None use of the funds for training and capacity building</li> <li>Value for Money Audits reveal sub-standard works</li> </ul> | High | A |

### 3.2.4 Quality criteria

| Criteria              | Score | Comments   |
|-----------------------|-------|--|
| <b>Effectiveness</b>  | D     | <p>The specific objective has not been achieved because the project has been abandoned.</p> <p>The project failed to respond to changing external conditions, risks were insufficiently managed. The SO will not be achieved.</p>  |
| <b>Efficiency</b>     | D     | <p>The management of inputs by MISAU Infrastructure had serious deficiencies, which led to the non-achievement of results.</p> <p>The Quality and delivery of outputs had serious deficiencies that were revealed by the Value for Money Audit and also by Government auditors.</p> <p>There were serious deficiencies regarding the involvement of the JLCB and other relevant local partnership structures that saw the project as a whole go into total oblivion.</p> |
| <b>Sustainability</b> | C     | <p>The Government of Mozambique has decided to reimburse BTC all financial resources utilised and also to construct a new site.</p> <p>The project used mainly ad-hoc arrangements and the JLCB to ensure sustainability. Attainment of set results is impossible as the project has finally been abandoned.</p> <p>Project sustainability is limited due to change of policy by the Government of Mozambique.</p>   |
| <b>Relevance</b>      | A     | <p>The relevancy of the Health services/facilities is of course high in Mozambique. However the need for such a big Hospital in Mapai is quite debatable as the area is one of the lowest populated and also very remote with very poor road/transport infrastructure making it very difficult to move patients from secondary health centres to the referral</p>  |



|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

|  |  |  |
|--|--|--|
|  |  | Hospital. Failures in the construction of Mapai hospital which was the Focus of this project have affected severely its effectiveness as well as its efficiency. |
|--|--|--|

### 3.2.5 Potential Impact

The specific objective of the fund has contributed to the reconstruction and improvement of the health facilities in the affected areas, thus contributing to the improvement of the living conditions of the population and therefore contributing to the poverty alleviation which is the main goal of government programs and plans. The specific objective remains therefore valid and its impact is guaranteed as foreseen during the formulation. No other health facilities are being constructed nor have been planned by the government or any other donors in those locations.

However the problems arising from the poor quality of the construction works in Mapai and from the decision of the Mozambican Government to stop completely the works and start a new construction on a different location will affect considerably the impact of this project.

### 3.2.6 Recommendations

| Recommendations  | Source   | Actor   | Deadline   |
|--|----------|---------|------------|
| Stop any further disbursement of funds until the Mapai case is fully resolved                            | Internal | BTC MOZ | 1 MAR 2012 |
| Ensure that the Mozambican Government reimburses the project all funds invested in the Hospital of Mapai | Internal | DGD/BTC | 1 APR 2012 |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 3.3 Result 1

### 3.3.1 Indicators

| <b>Result 1: Mapai District Hospital + number (4) of selected primary health Centres</b> |                       |                          |                        |                      |                   |  |
|--|-----------------------|--------------------------|------------------------|----------------------|-------------------|--|
| <b>Indicators</b>  | <b>Baseline value</b> | <b>Progress year N-1</b> | <b>Progress year N</b> | <b>Target year N</b> | <b>End Target</b> | <b>Comments</b>  |
| • Number of Health facilities according the MISAU standards in the involved districts    | N                     | 40%                      | 0                      | 100%                 | Y                 | Construction works stopped and Mozambican Government decided not to resume them allegedly because of poor quality of the works, unacceptable design and inappropriate location |
| • Number of referred patients & number of trained staff in Mapai Hospital                | -                     | -                        | -                      | -                    | -                 | Hospital not concluded   |
| • Number of Patients and number of trained staff in the rehabilitated health centres     |                       |                          |                        |                      |                   | Hospital not concluded   |
| • Proportion of home versus health centres deliveries in the involved districts          | -                     | -                        | -                      | -                    |                   | Partially achieved in Peia-Peia,, Bandua, Nova Mamnbone  |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.3.2 Evaluation of activities

| Activities                                | Progress: |   |   |   | Comments (only if the value is C or D)   |
|---|-----------|---|---|---|--|
|   | A         | B | C | D |  |
| 1. Contract awarding / Construction Works |           |   |   | X | Delays due to internal procedures  |
| 2. Mobilization/ Start of works           | X         |   |   |   | Contractor mobilised and started the works quickly but with no independent supervision resulting in poor quality particularly in Mapai |
| 3. Construction and Supervision           |           |   |   | x | No independent Supervision<br>poor quality particularly in Mapai   |

### 3.3.3 Analysis of Progress Made

No progress is to be reported during the period under review (in 2011).

### 3.3.4 Risks and Assumptions

| Risk  | Probability (score) | Potential implications                    |        | Risk Level (score) |
|---|---------------------|---|--------|--------------------|
|   |                     | Describe                                  | Score  |                    |
| Poor quality of construction works  | High                | No acceptance of the constructed premises | High   | D                  |
| Need for price revision or cancellation of the works by the contractor due to lack of payment | High                | Systems not operational                   | Medium | C                  |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.3.5 Quality Criteria

| Criteria       | Score | Comments   |
|----------------|-------|--|
| Effectiveness  | D     | Poor Planning, lack of independent supervision resulting in poor quality of the works  |
| Efficiency     | D     | Disbursement of funds stopped due non- compliance of agreed terms by the partner resulted in Cash Flow problems and costs affected by inflation rates  |
| Sustainability | C     | Hospital of Mapai located in a remote and low populated area, this resulting in lack of motivation in the health staff to live there and also under- utilization of the hospital due to lack of patients |

### 3.3.6 Budget execution

Refer to Annexure 7.3 below

### 3.3.7 Recommendations

| Recommendations  | Source | Actor              | Deadline   |
|--|--------|--------------------|------------|
| <p>To take final decision on how and when the Mozambican Government will reimburse to BTC already spent funds</p> <p>To assess the possibility of supporting the Mozambican Government in constructing a new Hospital in a different location and according to new developed Plans and Designs</p> |        | DGD, BTC and MISAU | 31 MAR '12 |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 3.4 Result 2

### 3.4.1 Indicators

| <b>Result 1: Co-Funding Jose Macamo Hospital</b>    |                       |                          |                        |                      |                   |  |
|---|-----------------------|--------------------------|------------------------|----------------------|-------------------|--|
| <b>Indicators</b>                                   | <b>Baseline value</b> | <b>Progress year N-1</b> | <b>Progress year N</b> | <b>Target year N</b> | <b>End Target</b> | <b>Comments</b>                            |
| Hospital responds to general standards and capacity | 0                     | 90%                      | 0                      | 100%                 | 100%              | Some repairs/ corrections still to be done |
| Number of Patients and number of trained staff      | 0                     | X                        | X                      | X                    | X                 |  |

### 3.4.2 Evaluation of activities

| <b>Activities</b>  | <b>Progress:</b> |   |   |   | <b>Comments (only if the value is C or D)</b>                         |
|--|------------------|---|---|---|---|
|  | A                | B | C | D |   |
| 1. Review of Plans /approval of tender Process                     |                  |   | X |   | Delays due to limited capacity of the partner and internal procedures |
| 2. Contract awarding / Construction Works                          |                  |   |   | X | Delays and poor quality of the works                                  |
| 3. Mobilization/ Start of works<br>4. Construction and Supervision |                  |   |   | X | No independent Supervision Poor Quality                               |

### 3.4.3 Analysis of progress made

No Progress is to be reported during 2011.

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.4.4 Risks and Assumptions

| Risk (describe)   | Probability (score) | Potential implications   |       | Risk Level (score) |
|---|---------------------|--|-------|--------------------|
|   |                     | Describe   | Score |                    |
| Poor quality of the works<br>Degradation of rehabilitated infrastructure<br>Poor services | High                | No acceptance of the works by beneficiaries<br>Need for price revision due to delays in correcting reported problems | High  | D                  |

### 3.4.5 Quality criteria

| Criteria       | Score | Comments  |
|----------------|-------|---|
| Effectiveness  | D     | <i>Delays in completing the works</i>                                 |
| Efficiency     | D     | <i>Affected by delays and quality problems<br/>( Value for Money)</i> |
| Sustainability | D     | <i>Poor quality affecting the sustainability of the Building</i>      |

### 3.4.6 Budget execution

Refer to Annexure 7.3 below

### 3.4.7 Recommendations

| Recommendations   | Source | Actor | Deadline    |
|---|--------|-------|-------------|
| Urge the Contractor to make needed corrections                      |        | MISAU | 30 APR 2012 |
| Ensure proper and independent supervision to follow up future works |        | MISAU | 30 APR 2012 |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 3.5 Result 3

### 3.5.1 Indicators

| Result : Upgrade Implementation Capacity of executing agencies |                |                   |                 |               |            |  |
|--|----------------|-------------------|-----------------|---------------|------------|--|
| Indicators   | Baseline value | Progress year N-1 | Progress year N | Target year N | End Target | Comments   |
| Number of trained people                                       | 0              | 0                 | 0               | 0             | 100%       | Result never been implemented because the partner did not present any training needs/Plan despite several reminders from BTC |
| Number of trainings given                                      | 0              | 0                 | 0               | 0             | 100%       |  |
| Number of Standard Plans and Design for Health facilities      | 0              | 0                 | 0               | 0             | 100%       |  |
| Proportion of timely and successfully completed contracts      | 0              | 0                 | 0               | 0             | 100%       |  |

### 3.5.2 Evaluation of activities

No Activities have been implemented as this Result was cancelled by the Partner

### 3.5.3 Analysis of progress made

No Progress to be reported as the Result was lately cancelled and merged into the newly approved project in the area of HR Development Plan

### 3.5.4 Risks and Assumptions

| Risk | Potential implications |
|------|------------------------|
|------|------------------------|

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

|  | <b>Probability (score)</b> | <b>Describe</b>   | <b>Score</b> | <b>Risk Level (score)</b> |
|--|----------------------------|---|--------------|---------------------------|
| No training activities   | High                       | Capacity of the partner remain as low as it was at the beginning of the project of resources from training fund | High         | A                         |
| Allocated Funds used for other training activities in the health rather than of the Infrastructures Department | High                       |   | High         | A                         |

### 3.5.5 Quality criteria

| <b>Criteria</b>       | <b>Score</b> | <b>Comments</b>                      |
|-----------------------|--------------|--------------------------------------|
| <b>Effectiveness</b>  | n/a          | Result area cancelled by the partner |
| <b>Efficiency</b>     | n/a          |                                      |
| <b>Sustainability</b> | n/a          |                                      |

### 3.5.6 Budget execution

Refer to Annexure 7.3 below

### 3.5.7 Recommendations

No Recommendations as the Result area has been cancelled



|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 3.6 Result 4

### 3.6.1 Indicators

| Result : <i>Continuation PRPE 1</i>  |                |                   |                 |               |            |                                   |
|--|----------------|-------------------|-----------------|---------------|------------|-----------------------------------|
| Indicators   | Baseline value | Progress year N-1 | Progress year N | Target year N | End Target | Comments                          |
| Health Facilities in Chibuto, Marien Ngouabi, Machubo and Inhassoro according to MISAU Standards | 0              | 90%               | 0               | 10%           | 100%       | Correction works still to be done |

### 3.6.1 Evaluation of activities

No Activities have been implemented during the reporting period

### 3.6.2 Analysis of progress made

No Progress to be reported during the period under review

### 3.6.3 Risks and Assumptions

| Risk                                       | Probability (score) | Potential implications                                     |       | Risk Level (score) |
|--|---------------------|--|-------|--------------------|
|  |                     | Describe   | Score |                    |
| Corrections will never been done           | High                | Poor quality of the facilities                             | High  | A                  |
| Contractors will claim for price revisions | High                | Disputes and lack of financial means to complete the works | High  | A                  |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.6.4 Quality criteria

| Criteria       | Score | Comments  |
|----------------|-------|---|
| Effectiveness  | 0     | Delays and non-accomplishment of works  |
| Efficiency     | 0     | High Costs due to delays  |
| Sustainability | 0     | Poor quality making it difficult to maintain the facilities and quick degradation of them |

### 3.6.5 Budget execution

Refer to Annexure 7.3 below

### 3.6.6 Recommendations

To urge Contractors to make the needed corrections and ensure adequate independent supervision

## 3.7 Result 5

### 3.6.1 Indicators

| Result : <i>General Means</i>                    |                |  |                 |               |                    |          |
|--|----------------|--|-----------------|---------------|--------------------|----------|
| Indicators                                       | Baseline value | Progress year N-1                      | Progress year N | Target year N | End Target         | Comments |
| Number of JLCB Meetings                          | 0              | 1 JLCB meeting                         |                 |               |                    |          |
| Number of Value for Money Audits MISAU Standards |                | Only 1 Value for Money Audit presented |                 | 2 reports     | 2 reports per year |          |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.7.1 Evaluation of activities

No Activities have been implemented during the reporting period except for the Value for Money Audits undertaken towards the end of 2010

### 3.7.2 Analysis of progress made

No Progress to be reported during the period under review

### 3.7.3 Risks and Assumptions

| Risk  | Probability (score) | Potential implications   |       | Risk Level (score) |
|---|---------------------|--|-------|--------------------|
|   |                     | Describe   | Score |                    |
| No accurate assessment of the works and compromise on effectiveness and efficiency    | High                | Poor quality of the facilities   | High  | A                  |
| Consulting Contract with Deloitte terminates before the completion of agreed services | High                | Disputes and lack of Value for Money Assessments<br>Request for price revision | High  | A                  |

### 3.7.4 Quality criteria

| Criteria       | Score | Comments                               |
|----------------|-------|--|
| Effectiveness  | 0     | Delays and non-accomplishment of works |
| Efficiency     | 0     | High Costs due to delays               |
| Sustainability | 0     |  |

### 3.7.5 Budget execution

Refer to Annexure 7.3 below

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

### 3.7.6 Recommendations

To urge the partner to renegotiate with the consulting company possibilities of further Audits and accomplishment of the agreed services

Finalise the negotiations with the partner on how to proceed in order to allow backstopping follow up and closure of the project as soon as possible

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 4 Transversal Themes

### 4.1 Environment

Plans of the Hospital were developed by the partner in compliance to local laws and regulations on Environmental issues.

Plans/construction works included development of sanitation, water supply facilities as well as installation of Renewable Energy sources in the facilities located in rural areas, thus reducing environmental pollution

### 4.2 Gender

The Hospital Plans include better facilities for gynecology/obstetric services and a maternity warden as well as a waiting house for pregnant women seeking better and improved delivery care.

Female health personnel encouraged to be included in the training programs and placed in the rehabilitated facilities in order to deliver mother and child health care.

### 4.3 Social economy

Rehabilitated/constructed health facilities creating new job opportunities for some locals during the construction process and also for the health personnel assigned to the locations.

Rebuild or newly build Hospitals/ Health Centres encouraging new settlements and delivery of other services (commerce, Transport etc.) and thus contributing to the development local market /economy.

### 4.4 Children's rights

All Units constructed in areas where no other services are available and according to partners needs and plans and therefore are contributing to the improvement of quality and accessibility to health services by local population, including children.

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 4.5 HIV /AIDS

There is no discrimination within the activities regarding people living with HIV/AIDS. Better conditions for awareness campaigns exist in the electrified health centres, however the activities depend on the initiatives of the Ministry of Health.

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 5 Decisions taken by the JLCB and follow-up

| Decisions   | Source          | Actor                                 | Time of decision | Status   |
|---|-----------------|---------------------------------------|------------------|--|
| MISAU should request an extension of the SA for an additional period of 18 months and present a revised schedule/work plan for the completion of the works in Mapai even if this would imply the change of initial Plans within the coming 3 months and complete the works within the remaining 15 months | Internal review | MISAU – department of Infrastructures | March 2011       | Partially executed<br>Only the Extension was requested and already granted by DGDC |
| MISAU should ensure the correction of all reported quality problems in all rehabilitated /constructed facilities  | Audit report    | MISAU                                 | March 2011       | Not executed   |
| MISAU should share the report from the independent consultant on the quality problems in Mapai  |                 | MISAU                                 | March 2011       | Executed in December 2011  |
| MISAU should present an updated Financial report, including a Cash Flow plan and an assessment of gain and losses due to exchange rates   |                 | MISAU                                 | March 2011       | Not executed   |
| MISAU should discuss with contractor the need for price revision resulting from the delays and inflation rates in order to evaluate Cash flow needs   |                 | MISAU                                 | March 2011       | Not executed   |
| Following bilateral discussions between DGD BTC and MISAU and Mozambican Ministry of Foreign Affairs, the partner should present a proposal on how and when would reimburse the funds spent on Mapai Hospital   |                 | MISAU                                 | December 2011    | Not executed   |
| Finalize agreement on the definitive cancellation of the works in Mapai and consider the continuation of the Belgian support for the new construction   |                 | MISAU, BTC, DGD                       | December 2011    | Not executed   |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 6 Lessons Learned

|   | Lessons learned   | Target audience  |
|---|---|------------------|
| 1 | That responsibilities of each stakeholder should be clearly stated/defined in the TFF and in the Specific Agreement                           | BTC , DGD, MISAU |
| 2 | That the partner is in full control of the decision making process making it therefore difficult for BTC to speed up processes and activities | BTC ,DGD         |
| 3 | That it is difficult for BTC to do realistic financial planning when the partner is not providing accurate and timely plans                   | BTC, DGD         |
| 4 | That funds should only be disbursed after signature of agreements and compliance with all agreed monitoring and supervising mechanisms        | BTC              |



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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## **7 Annexes**

### **7.1 Logical framework**

### **7.2 M&E activities**

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

### **7.4 Beneficiaries**

### **7.5 Operational planning Q1-2011**

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 7.1 LOGICAL FRAMEWORK

| Specific Objective   | Indicators  | Means of verification  | Assumptions and risks   |
|--|---|--|---|
| <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 an area where the population has no access to referral services</b> | <ul style="list-style-type: none"> <li>- Ratio of health centres to population has increased</li> <li>- Total number of consultations in the involved districts</li> <li>- Number of patients successfully referred to hospitals in northern Gaza Province</li> </ul> | District, provincial and national database<br><br>Consultation registers | <b>Political stability</b><br><br>Sectoral strategies are respected |

| Result  | Indicators   | Means of verification   | Assumption and risks  |
|---|--|---|---|
| <b>R1: The Mapai District Hospital and a selected number of primary health centres and their supportive infrastructure are (re)constructed, equipped, staffed and operational</b> | <ul style="list-style-type: none"> <li>- Number of health facilities according the MISAU standards in the involved districts</li> <li>- Number of referred patients &amp; number of trained staff in Mapai Hospital</li> <li>- Number of patients and number of trained staff in the rehabilitated health centres</li> <li>- Proportion of home versus health centre deliveries in the involved districts</li> </ul> | Value for Money audits<br><br>Supervision reports<br><br>Consultation registers<br><br>District and provincial database<br><br>Consultation registers<br><br>District and provincial database | <ul style="list-style-type: none"> <li>- Staff and maintenance is provided by MISAU</li> <li>- Implementation capacity of executing agency is not undermined</li> </ul> |
| <b>Activities for Result 1:</b>   |  | <b>Means</b>  | <b>Costs</b>  |
| A.1.1. Preparation of the construction and make the health facilities operational   |  | MISAU / GACOPI  | /   |
| A.1.2. Supervise construction of health facilities  |  | MISAU/GACOPI<br>Contracted supervisors  | 200.000 € + 12% contingencies   |
| A.1.3. Construct health facilities  |  | MISAU/GACOPI<br>Contractors   | 2.000.000 € + 12% contingencies   |
| A.1.4. Equip and furnish the health facilities  |  | MISAU/GACOPI<br>Contractors   | 320.000 € + 12% contingencies   |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 7.2 MONITORING & EVALUATION ACTIVITIES

1. Several site visits undertaken by BTC, bilateral meetings with partner and only 1 JLCB meeting
2. Only 1 Value for Money Audit was presented towards the end of 2010

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 7.3 BUDGET VERSUS CURRENT (Y – M)

| 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   |                     |                     |                  |                   |                     |             |                     |                     |            |
| YtM :   |        | Year to month : 31/12/2011  |                     |                     |                  |                   |                     |             |                     |                     |            |
|   |        | Report includes all closed transactions until the end date of the chosen closing  |                     |                     |                  |                   |                     |             |                     |                     |            |
|   | Status | Fin Mode  | Amount              | Start to<br>2007    | 2008             | 2009              | 2010                | Expenses    | Total               | Balance             | % Exec     |
| <b>A GRANT</b>  |        |   | 5.539.020,68        | 1.999.500,00        |                  | 700.000,00        | 1.028.000,00        | 0,00        | 3.727.500,00        | 1.811.520,68        | 67%        |
| 01 Grant  |        |   | 5.539.020,68        | 1.999.500,00        |                  | 700.000,00        | 1.028.000,00        | 0,00        | 3.727.500,00        | 1.811.520,68        | 67%        |
| 01 Grant  |        | COGES   | 5.539.020,68        | 1.999.500,00        |                  | 700.000,00        | 1.028.000,00        | 0,00        | 3.727.500,00        | 1.811.520,68        | 67%        |
| <b>Z GENERAL MEANS</b>  |        |   | 24.359,00           | 119,31              | -3.933,05        | -3.717,10         | 352,91              | 1,15        | -7.176,78           | 31.535,78           | -29%       |
| 01 Backstopping   |        |   | 15.000,00           |                     |                  |                   |                     | 0,00        | 0,00                | 15.000,00           | 0%         |
| 01 Backstopping BTC-HQ  |        | REGIE   | 15.000,00           |                     |                  |                   |                     | 0,00        | 0,00                | 15.000,00           | 0%         |
| 02 Formulation  |        |   | 9.359,00            |                     |                  |                   | 304,57              | 0,00        | 304,57              | 9.054,43            | 3%         |
| 01 Solde formulation  |        | REGIE   | 9.359,00            |                     |                  |                   | 304,57              | 0,00        | 304,57              | 9.054,43            | 3%         |
| 03 Bank and Administrative Charges                            |        |   | 0,00                | 119,31              | -3.933,05        | -3.717,10         | 48,34               | 1,15        | -7.481,35           | 7.481,35            | 2%         |
| 01 Bank Charges & Interest                                    |        | REGIE   | 0,00                |                     |                  | -3.786,72         |                     | 0,00        | -3.786,72           | 3.786,72            | 2%         |
| 02 Bank Charges & Interest                                    |        | COGES   | 0,00                | 119,31              | -3.933,05        | 69,62             | 48,34               | 1,15        | -3.694,63           | 3.694,63            | 2%         |
|   |        | REGIE   | 24.359,00           |                     |                  | -3.786,72         | 304,57              | 0,00        | -3.482,15           | 27.841,15           | -14%       |
|   |        | COGEST  | 5.539.020,68        | 1.999.619,31        | -3.933,05        | 700.069,62        | 1.028.048,34        | 1,15        | 3.723.805,37        | 1.815.215,31        | 67%        |
|   |        | <b>TOTAL</b>  | <b>5.563.379,68</b> | <b>1.999.619,31</b> | <b>-3.933,05</b> | <b>696.282,90</b> | <b>1.028.352,91</b> | <b>1,15</b> | <b>3.720.323,22</b> | <b>1.843.056,46</b> | <b>67%</b> |



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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## BUDGET TFF

| Description                                   | Belgium (EUR)    |
|---|------------------|
| Supervise construction works                  | 200,000          |
| Construction works                            | 2,000,000        |
| Equipping the health facilities               | 320,000          |
| Sub-total Result 1                            | <b>2,520,000</b> |
| Rehabilitate Jose Macamo Hospital             | 506,000          |
| Sub-total Result 2                            | <b>506,000</b>   |
| Capacity assessment                           | 30,000           |
| Capacity building                             | 115,500          |
| Sub-total Result 3                            | <b>145,500</b>   |
| Operating expenses                            | 33,500           |
| Value for Money audits                        | 80,000           |
| Backstopping: follow-up and closure by BTC HQ | 15,000           |
| Sub-total Coordination                        | <b>128,500</b>   |
| Contingencies (12% of grand total)            | <b>450,000</b>   |
| <b>GRAND-TOTAL</b>                            | <b>3,750,000</b> |

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|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 7.4 BENEFICIARIES

The beneficiaries of this project are all communities living in the affected areas (areas where construction /rehabilitation of health facilities took place or is still taking place). It is therefore to assume that the facilities will contribute in the improvement of the quality and access of those populations to the basic health care and even referral services as it is the case of Jose Macamo Hospital and of Mapai hospital once is completed

Private enterprises like the contractors building the facilities as well as consultancy providing supervising and auditing services are also benefiting from projects. This project is also contributing to the general economy through job opportunities that it creates as well as through taxes paid to the government

Local governments, particularly the health provincial and district authorities of affected areas are also benefitting from the project and being released from the pressure resulting from the lack of health services in their areas and can therefore direct their efforts and resources to other investment plans.

Published data on poverty e shows that the level of poverty amongst the urban population is growing considerably, particularly in Maputo City. It is therefore to believe that the improvement of the quality of health care offered by Jose Macamo Hospital, the second major Hospital in Maputo and in the country is definitely changing the living conditions of the people from the periphery areas of Maputo, which are mainly served by the above-mentioned Hospital.

It was also expected that the Hospital being constructed in Mapai, would as well work as a Development Centre in the area, this contributing to bringing to the area new and more people and services, which can be provided to the Hospital itself and to health staff working in that same hospital.

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

## 7.5. OPERATIONAL PLANNING Q1 – 2011

**R1: Mapai District Hospital and a selected number of primary health centres and their supportive infrastructure are (re) constructed, equipped, staffed and operational**

| Activities                                | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge        | Remarks - Difficulties – Points of attention   |
|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---|-------------------------|--|
| <b>A.1.1:</b> Review of Plans/Procurement |                |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/ DPI              | Completed  |
| <b>A.1.2:</b> Construction works          |                |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/ DPI              | Resume of the Works Pending presentation of the report of an independent study on corrections to be made |
| <b>A.1.3:</b> Equipment                   |                |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/ Procurement Unit | To be purchased under the National Procurement Plan  |
| <b>A.1.4:</b> Staff                       | N/A            |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/HR                | Not part of the project Left at the full responsibility of the partner                                   |
|   |                |   |   |   |   |   |   |   |   |   |   |   |   |                         |  |

**R2: Jose Macamo General Hospital is rehabilitated**

| Activities                | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention |
|---------------------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| <b>A.2.1:</b> Procurement |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Completed                                    |



|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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|-----------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--------------------------------------|
| <b>A.2.2 :</b> Construction works | Correct quality problems referred by the Auditors (Value for Money Audit) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MISAU/DPI | Pending negotiations with contractor |
| <b>A.2.3 :</b> Equipment          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           | Not part of the project              |
| <b>A.2.4 :</b> Staff              |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           | Not part of the project              |

**R3: The implementation capacity of the executing agencies is consolidated**

| Activities                | Sub activities                     | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention |
|---------------------------|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| <b>A.3.1 :</b> Assessment | Training needs                     |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/DPI        | Transferred to the HR Project                |
| <b>A.3.2 :</b> Equipment  | Training and purchase of equipment |   |   |   |   |   |   |   |   |   |   |   |   | MISAU/DPI        |  |

**R4: Continuation PRPE I (completion of Chibuto, Machubo, Marien Ngouabi and Inhassoro and purchase of equipment)**

| Activities                                | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention |
|---|----------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| <b>A.4.1 :</b> Completion Chibuto         |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Completed                                    |
| <b>A.4.2 :</b> Completion Machubo         |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Completed                                    |
| <b>A.4.3 :</b> Completion Marien N'gouabi |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Minor works to be completed by MISAU         |
| <b>A.4.4 :</b> Completion Inhassoro       |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Completed                                    |
| <b>A.4.5:</b> Purchase Equipment          |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | Purchased under National Procurement Plan    |

**R5: General Means**

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

| Activities                    | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge              | Remarks - Difficulties – Points of attention |
|-------------------------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|-------------------------------|--|
| A.5.1 : Formulation           |                |   |   |   |   |   |   |   |   |   |   |   |   |                               | Completed                                    |
| A.5.2 : Value for Money audit |                |   |   |   |   |   |   |   |   |   |   |   |   | National Treasury/ Consultant | Pending on the restart of the works          |

## Z. General management activities Personnel

| Activities   | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention |
|--|----------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| Recruitment (started up or in case of resignation) | N/A            |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| Training of project staff                          | N/A            |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| Prior notice (in closing phase)                    | N/A            |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |

## Investment

| Activities   | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention |
|--------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| Vehicles     | N/A            |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| Construction | N/A            |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| IT equipment |                |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |

|                                   |                            |                                  |           |
|-----------------------------------|----------------------------|----------------------------------|-----------|
| DOCUMENT TITLE :<br>Annual report | DOCUMENT OWNER :<br>M. Agy | DATE OF APPLICATION :<br>Q1-2012 | VERSION : |
|-----------------------------------|----------------------------|----------------------------------|-----------|

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|-------------------------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Office supplies and equipment | N/A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                               |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Quality (Monitoring & Evaluation)**

| Activities                 | Sub activities | J | F | M | A | M | J | J | A | S | O | N | D | Person in charge | Remarks - Difficulties – Points of attention   |
|----------------------------|----------------|---|---|---|---|---|---|---|---|---|---|---|---|------------------|--|
| Backstopping               |                |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| <i>Mid-term Evaluation</i> |                |   |   |   |   |   |   |   |   |   |   |   |   |                  |  |
| Final Evaluation           |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | To be planned towards the end of the year  |
| Audit                      |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | <ul style="list-style-type: none"> <li>▪ Internal audits from IGF</li> <li>▪ ( General Inspection of Finances) done regularly</li> <li>▪ Value for Money pending resume of the works</li> <li>▪ Final Audit to be planned towards the end of the year</li> </ul> |
|                            |                |   |   |   |   |   |   |   |   |   |   |   |   |                  | ▪  |