

Final narrative report

MOZ170571T “Focused contribution to health system strengthening in Mozambique through the reinforcement of the DPS Tete with a health system manager”

Mozambique



Table of contents

0	ABBREVIATIONS.....	4
1	INTERVENTION FORM.....	5
2	SELF-EVALUATION OF PERFORMANCE	7
2.1	RELEVANCE	7
2.2	EFFECTIVENESS.....	8
2.3	EFFICIENCY	9
2.4	POTENTIAL SUSTAINABILITY.....	9
2.5	CONCLUSIONS	10
3	ASSESSMENT OF THE INTERVENTION STRATEGY	12
3.1	EVOLUTION OF THE CONTEXT	12
3.1.1	<i>General and institutional background</i>	12
3.1.2	<i>Management context</i>	13
3.2	SIGNIFICANT CHANGES TO THE INTERVENTION STRATEGY	14
4	ACHIEVED RESULTS.....	15
4.1	PERFORMANCE OF OUTCOME	15
4.2	PERFORMANCE OF OUTPUT 1.....	17
4.3	PERFORMANCE OF OUTPUT 2	17
4.4	PERFORMANCE OF OUTPUT 3	18
4.5	PERFORMANCE OF OUTPUT 4	18
4.6	PERFORMANCE OF OUTPUT 5	19
4.7	PERFORMANCE OF OUTPUT 6	19
4.8	PERFORMANCE OF OUTPUT 7	20
4.9	PERFORMANCE OF OUTPUT 8	21
4.10	PERFORMANCE OF OUTPUT 9	21
5	SYNERGIES AND COMPLEMENTARITIES.....	23

5.1	WITH OTHER INTERVENTIONS OF THE PORTFOLIO	23
5.2	WITH THIRD-PARTY ASSIGNMENTS	24
6	PRIORITY THEMES	24
6.1	GENDER	24
6.2	DECENT WORK	24
7	SUSTAINABILITY	25
8	LESSONS LEARNED.....	26
8.1	SUCCESSES.....	26
8.2	FAILURES	27
8.3	STRATEGIC LEARNING QUESTIONS	27
8.4	SUMMARY OF LESSONS LEARNED	28
9	RECOMMENDATIONS	29
10	ANNEXES	30
10.1	QUALITY CRITERIA.....	30
10.2	UPDATED LOGICAL FRAMEWORK AND/OR THEORY OF CHANGE	34
10.3	DECISIONS TAKEN BY THE STEERING AND MONITORING COMMITTEE.....	35
10.4	RESOURCES IN TERMS OF COMMUNICATION	36
10.5	PERSONNEL OF THE INTERVENTION	36
10.6	PUBLIC PROCUREMENT	37
10.7	GRANTS.....	37
10.8	EQUIPMENT	38
10.9	FINANCIAL REPORT	39

0 Abbreviations

AIDS	Acquired immunodeficiency syndrome
CHW	Community Health Worker
CICOV	Covid-19 Isolation Centre
CUAMM	Doctors with Africa CUAMM
DCU	Donor Coordination Unit
DPS	Provincial Health Directorate
Enabel	Belgian development agency
EU	European Union
FRELIMO	Front for the Liberation of Mozambique
GoF	Government of Flanders
GTAF	Working Group for Audit and Finance
HIV	Human immunodeficiency virus
HR	Human Resources
HSS	Health systems strengthening
INS	National Health Institute
IOM	International Organization for Migration
ITA	International Technical Assistant
ITG	Institute for Tropical Medicine Antwerp
JLCB	Joint Local Consultative Body
M&E	Monitoring & Evaluation
NGO	Non-governmental organisation
PROSAUDE	Health common fund
RENAMO	Mozambican National Resistance
SDG	Sustainable Development Goal
SD	District Services
SPS	Provincial Services of Social Affairs
TA	Technical Assistance
TB	Tuberculosis
TFF	Technical and Financial File
ToR	Terms of Reference

1 Intervention form

Title of the intervention	Focused contribution to health system strengthening in Mozambique through the reinforcement of the DPS Tete with a health system manager
Code of the intervention	MOZ 170571T
Location:	Mozambique: Tete province
Total budget	545,248.00 €
Partner institution	Provincial Directorate of Health of Tete Province
Start date of the Specific Agreement	01/08/2017
Start date of the intervention/ Opening steering committee	09/08/2017
Expected end date of execution	30/08/2021
End date of the Specific Agreement	30/08/2021
Target groups	Ministry of Health - DPS Tete, specifically the Health Directorate and Tete districts
Impact	To contribute to the strengthening of the health system in Tete province, with sustained added value
Outcome	Strengthening all DPS activities up to become a learning centre
Outputs (initial)	O1: Support the change process in the health sector at provincial level. This entails proper monitoring of innovations and other initiatives and supporting DPS to become a learning organisation (*) ¹
	O2: Directly linked to the previous task: Reinforce the M&E functions of the provincial health authorities and initiate and develop the capacity for action research in the region
	O3: Support the information flow between the different organisational levels, contributing as well to the DPS as a learning organisation
	O4: Support the team work at the provincial health team level with improved exchanges between the different units(*)

¹ (*) outputs still valid when renegotiation of the project to use the remaining funds in a covid environment

	O5: Promote and accompany innovations at the operational level (health districts) and support the process of learning from experiences (*)
	O6: Promote specifically themes like gender, environmental issues, sexual and reproductive health and rights and rights of children and adolescents in the frame of the SDG movement (*)
	O7: Promote the fight against maternal and under-fives' mortality in the districts and promote the fight against AIDS in the region (*)
	O8: Support the DPS to coordinate donor agencies in health in the province and stimulate the exchanges between DPS and other Agencies
Output (additional)	O9: Support Tete province in mitigating the spread of Covid 19
Total budget of the intervention	545,248.00 € (remaining amount: 224.019 € used for the new covid-19 component)

2 Self-evaluation of performance

2.1 Relevance

	Performance
Relevance	C (first phase)
	A (second phase)

- Although the intervention is in line with the emphasis of the Flemish Government on the health sector in Mozambique, there are different factors that render the first phase of this project less relevant during its start up and the current mind set of stakeholders involved.
- Due to the ongoing political environment (elections in 2018 and 2019) the partners do not give the intervention priority, which makes it difficult for the International Technical Assistant (ITA) to work, schedule meetings, etc. With the elections and the health sector being of highly political importance for votes, any “soft” intervention (i.e. no direct results) is not given any attention. There is no relevance to needs: there seemed to be a lack of interest from the partner to change current data gathering and analysis method. However, very recently, the partner has understood the importance of a better data gathering system, and has agreed on that for the malaria programme. More attention should be given to aid efficiency in the Tete province, as many donors are working separately from each other or have no idea of what other donors are doing: no division of labour, many overlaps, etc.
- The intervention logic depends highly on the willingness and the commitment of the partner to improve coordination, information gathering methods, Monitoring and Evaluation (M&E) capacity, etc. For now, the objectives do not seem feasible. Nevertheless, some improvements have been made: after months of lobby work, the ITA has been able to convince DPS partner of the need to have an easy M&E tool. However, for now the DPS team has only showed interest for the Malaria program. This opportunity will give us the tools to develop a standardized LogFrame and M&E system (with indicators risk assumptions, etc) that can be applied later on to other programs’ needs and after getting expected results from the Malaria program.
- Nonetheless, the 2nd component of the intervention, namely covid-19 prevention and mitigation, was aligned with the provincial response plan to covid-19, and the intervention actions were deemed very relevant for DPS Tete, as they did not have the resources to effectively respond to the pandemic. During this phase, the willingness and commitment, which was lacking in the 1st phase, were more evident as they were involved in the entire process.
- In many countries the covid-19 plans and the resulting actions target the whole country, which is why many donors have supported national plans. This component was a unique opportunity for Flanders to intervene at the provincial level with a targeted response to a provincial covid action plan developed by the relevant departments in Tete province. This placed the DPS as a learning organisation and in control of its own decision-making.
- This also highlights the fact that some of the initial outputs of the project were still relevant. An “*” identifies these outputs in the intervention form.

2.2 Effectiveness

	Performance
Effectiveness	C (first phase)
	B (second phase)

- This aspect goes hand in hand with efficiency: proposed actions failed due to external conditions (like finding key staff in certain health posts, elections, availability of information, etc.) or due to “urgent” actions in other districts (during political events or central level visits/meetings).
- The willingness of the partner to cooperate with the ITA to implement activities was non-existent. It remained very hard to book appointments with DPS staff members, to get information and moreover, the data is often not reliable. In order for DPS to become a learning centre there has to be a commitment from the partner to change attitudes, to improve tools and to be open to suggestions. This is for the moment fundamentally not the case. However, DPS has opened the door for a M&E team for the malaria program. The ITA had an important lobbying role with DPS Tete for changes in and strengthening of DPS activities. Change process and capacity building has to come from within the organisation and requires internal commitment. Due to many factors already mentioned this is not (yet) the case.
- The ITA is aware of the difficult changed conditions of the intervention (unreliable data, elections, absence DPS staff, long waiting processes for request, etc.) Therefore, the ITA worked on adapting certain aspects of the interventions and look for other strategies that will allow to achieve the outcome of the intervention. The ITA will foremost focus on setting up a strong M&E system (M&E team, M&E manual, M&E trainings for staff, etc.) for which he already got approval for the Malaria Program. Nevertheless, the ITA needs support for the suggested adaptations, if not, the intervention will fail to achieve its outcome and to bring about a sustainable change in the health sector in Tete.
- The 2nd phase of the intervention was rapidly adapted to the changing context (covid-19) and emergent needs and priorities of the health sector, specifically Tete Province. The strategy adopted for the 2nd phase was on the basis of provincial response plan designed by the DPS and validated at central level. It allowed DPS to take the lead in planning for the activities within a restricted budget and timeframe, which was is a continuous learning exercise for the institution. Due to a combined effort of Enabel, Flanders and DPS Tete, it was possible to fill a resource gap in terms of personnel during a crucial time, funded the partial rehabilitation of one of the main health centres of Tete Province (allowing continuity of normal health services during the pandemic), as well as provided tools to promote the mitigation and reduced transmission of covid-19 (maintenance of surveillance vehicles, operational support to conduct epidemiological surveillance, hygiene kits, etc). The support provided by NGO CUAMM within a period of 3 months allowed community health workers to be trained in essential preventive actions, which would in turn train other community members. Moreover, the planning and coordination required from DPS contributed to the enhancement of their institutional capacity.

2.3 Efficiency

	Performance
Efficiency	C (first phase)
	A (second phase)

- The ITA has arrived April 2018 and was already knowledgeable about the health sector in Mozambique. In the beginning there were problems with the budget, as calculations were not adapted to current living standards in Tete. Coordination with the Maputo office goes quite smoothly, whether it is for budget planning, project assistance or HR matters. Additional funding is necessary for the adaptation of the intervention logic (focus on a strong M&E team and software application and set-up of a Donor Coordination Unit)
- Many activities have known delays. Requesting data and information from partner takes months and when submitted the information that reached the ITA is not the one requested, so the process starts over again. Gathering information is clearly a process that requires patience and persistent requests from ITA side. This is also due to the fact that they will only provide the data when it is being released by the central level and not politically sensitive. Activities also are delayed, because the staff members of DPS were not available for meetings (due to election period) or do not give priority to TA's requests.
- The delays will automatically have an impact on the (non-) timely delivery of the outputs. The ITA works hard on finding other ways to get the deliverables and focuses on other ways to achieve the specific objective of the intervention, mainly through outputs that do not meet resistance from DPS staff (i.e. M&E manual, team and application for malaria program)
- The remaining balance of the intervention was reallocated for the purpose of mitigating and preventing the spread of covid-19 in Tete Province. Overall, reallocated resources were efficiently utilised in the face of the changing context and the needs of the community. The most appropriate modalities were used to maximise resources (framework contract for the purchase of ambulances, public procurement for the rehabilitation of the centre for covid, HR broker for the provision of additional staff,...) The recovery of taxes has also been implemented.
- Flexibility has been the guideline for the staff so that as soon as they could be integrated into the provincial framework they would be. This was to ensure continuity of other care during the covid period.

2.4 Potential sustainability

	Performance
Potential sustainability	D (first phase)
	B (second phase)

- Tete province remains an area in Mozambique that heavily relies on donor support. It is therefore unlikely that any of the activities will continue without any kind of other donor support.
- The ITA depends on (more high-level) individuals and their willingness to bring a change in the sector. There is not general support on policy level. Requests for meetings, information and data take a long time to be processed and depends on the willingness of central level to provide information.
- Capacity building relies on the institution involved, as it is foremost an internal process that can only benefit from external support when the willingness to initiate change is present. This is not the case:

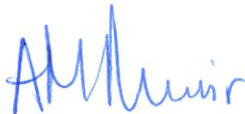
the intervention is not imbedded in the institution, nor has the ITA been actively involved in general meetings. Most of the ITA's work depend on meetings with individual staff members and their commitment to initiate change

- Most of the actions of the 2nd component of the intervention were responding to an emergent need, and it is unlikely that without continued funding, the partner will take on these costs themselves. Actions such as maintenance of vehicles, recruitment of additional staff if needed, purchase of consumables, frequent epidemiological surveillance, etc. The sustainability of the rehabilitated health centre will largely depend on the partner's ability to secure additional funds to complete the rehabilitation and consistent maintenance. Considering that it was converted to the Centre for Infectious Diseases, including covid-19, it is likely that the partner will continue their investment.

2.5 Conclusions

- The health sector in Mozambique benefits from the support from several development partners. Tete province specifically has several active players in the health sector including but not limited to Medici com L'Africa-CUAM, IFH, MSF. It is therefore important to have the willingness and buy in of the partner to implement an intervention, especially in traditional sectors such as health. It is also necessary to strike the right balance between the requests of the partner and donor proposals, as the ownership of an intervention is less likely to occur if the partner requests are not integrated into the logical framework.
- The intervention commenced during a sensitive political climate, between the municipal elections in 2018 and presidential elections in 2019. The extent of involvement of public institutions in political work should not be underestimated, which thereby impacts their priorities and consequently their availability to take part in meetings with other (non-political) agenda, such as the meetings with ITA.
- Data availability and reliability of the partner institution was very limited. All in all, there is an absence of a coherent data management system of health data at the provincial level. While the willingness to change and innovate exists amongst the staff, the lack of necessary skills and knowledge, personnel, equipment, infrastructure and time inhibit improvements in this domain. Lack of reliable data impedes the DPS to transform into a learning centre, as that a fundamental building block which is required. That demonstrated that there is basic work that still needs to be completed (setting up of M&E framework and simplified data management tools) before embarking on more complex change processes related to health systems strengthening.
- The challenges encountered with the 1st component were transformed into lessons learned for the intervention, i.e., alignment of priorities. Due to the flexibility of the donor (GoF) and Enabel, it was possible to adapt an intervention that was not delivering on the expected results in function of the changing context. In this case, covid-19 pandemic created a gap in the health sector in terms of resources and specifically the provision of basic health services to the population in Mozambique. The reallocation proposal flowed from the provincial response plan for covid-19 and adopted preventive actions and to support DPS Tete to create capacity for the provision of adequate health care (equipment, human resources, training, etc) to the affected communities. Therefore, this support is envisaged as part of the strengthening of the provincial health system and is fully in line with supporting DPS to become a learning centre.

- While providing resources to the direct actions related to covid-19 prevention on the provincial level and mitigation is important considering the existing constraints of the national health system, it is equally important to maintain functional health services to ensure that basic provision of healthcare is still available for the population. Most of the attention during the start of the pandemic was on availing resources of all types (infrastructure, personnel, equipment, consumables, etc) for covid-19, such as appointing the new hospital as the Covid Isolation Centre. However, this causes gaps in the provision of the originally planned health services. In order to contribute to reducing that gap, the intervention supported the partial rehabilitation of a health centre (Centro de Saúde No. 2), which is one of the main health posts in the province of Tete. The rapid rehabilitation compensated for this situation and contributed to the continuity of health services.

Intervention Manager Enabel


3 Assessment of the intervention strategy

3.1 Evolution of the context

3.1.1 General and institutional background

The country's main political parties are the Front for the Liberation of Mozambique (Frelimo) and the Mozambican National Resistance (Renamo), and since the end of the civil war in 1994 whereby Frelimo was declared successful, there have been constant armed confrontations between the parties in order to remain in power. After years of resistance, a new peace agreement was reached in August 2019. During the general elections in October 2019, the Frelimo party won the presidency as well as secured a majority in all 10 provinces, thus electing governors for each province, the latter occurring for the first time as a result of the approval of the so-called decentralization package, which calls for the election of provincial governors (Laws Nos. 3/2019, 4/2019, 5/2019, 6/2019 and 7/2019, all of 31 May, and Decree No. 2/2020, of 8 January). In parallel to the governor, a secretary of state is also appointed, who is mandated to oversee social services, such as health, education, etc. In practice, the division of labour between these 2 functions is yet to be observed, but tensions have arisen between them especially if they belong to different political parties and thereby promoting different agendas. This affected the division of labour in the Province of Tete, specifically the health sector in the form structural changes. The Provincial Directorate of Health in Tete Province (*Direcção Provincial de Saúde de Tete* – also known as DPS Tete) which was responsible for health, became the Provincial Services of Social Affairs of Tete Province (*Serviços Provinciais de Assuntos Sociais da Província de Tete* – also known as SPS Tete).

The intervention took off in the wake of a sensitive political situation, namely provincial and the presidential elections (2019), which made the work of the technical assistant more difficult, if not impossible at times. The health sector is pre-eminently a sector where votes can be won and therefore very vulnerable to political power struggles. During the reporting period, it was difficult to set up appointments or even to find DPS staff present in the office, as they were traveling around for (political) meetings. Moreover, the technical assistant did not receive invitations for many –politically orientated- meetings and did not get the chance to participate in internal technical discussions concerning the 2019 Tete Health Program. It seems that during these political sensitive times the involvement of an international consultant is ignored and, moreover, not appreciated.

The country continues to struggle with the insurgency attacks in the North of the country, which have been assumed by the so-called Islamic State. Since 2017, the frequency and intensity of attacks have increased, with the peak in March 2021, where there was a siege of the Palma district and atrocious killings and attacks of nationals and internationals. In order to take concrete actions, the government has joined forces with neighbouring countries, including Rwanda and SADC members for military support, which has resulted in the successful recuperation of previously occupied districts. While the insecurity is still prevalent, there has been reports that slowly, some internally displaced persons are returning to areas that have been secured. According to the September 2021 report by the IOM, the insurgency has so far resulted in approximately 745,000 internally displaced persons, with over 85% originating from Cabo Delgado. The figures still exclude Palma, Mocimboa de Praia and Muidumbe – some of the most affected districts in the North, due to difficulty in accessing information. The risk that violence can spread to other areas of the country should not be underestimated, especially to central Mozambique.

Worldwide, the covid-19 pandemic caused chaos and instability in economies and health infrastructures. The situation was exacerbated in Mozambique as it was already dealing with conflict, climate change vulnerabilities and an existing dilapidated health infrastructure. Mozambique experienced similar trends as some of the African nations – lower rate of registered cases and lower death rates. Nonetheless, the socioeconomic impact was still significant. Several international cooperation partners have and are currently supporting the

government with covid-19 prevention and mitigation actions. While direct budget support was suspended in 2016 due to the hidden debt crisis, in 2021, due to covid-19, some EU Member states agreed to support specific social sector budgets related such as health, education, etc. In light of the pandemic and Enabel's support to the health sector through the Government of Flanders (GoF), the intervention was redesigned to attend to covid-19 mitigation actions aligned with the Provincial Pandemic Preparedness & Response Plan for Tete.

The financial situation in Mozambique's Health System also remains critical, which has a high impact on the quality of services and the provision of health care and education. Health staff's most common complaints are low salaries and bad working conditions, which translates in lack of motivation, a poor performance and insufficient provision of quality services, especially in rural areas. This situation had also badly affected the delivery of proper field interventions.

From an institutional point of view, the anchorage of the technical assistant in Tete's DPS has been very weak and took time, due to the political situation in Mozambique, especially as the intervention began during the electoral campaigns. Various attempts to meet DPS staff, to get the program up and running, as well as to attend meetings have been blocked. This means that the intervention did not have the opportunity to participate in any discussions leading to the 2019 Tete Health Plan.

Unfortunately, the focal point to start the activities of the project, Dr. Jorge Mario Real, resigned to his position in the planning department and left DPS. Dr. Jorge was supposed to be the TA's focal point and was the one who could provide us with all documents produced by Dr. Dieterich. On several occasions, he promised to download all background project information in order to facilitate our work and have a good start-up baseline. This contributed to the weak anchorage of the ITA in the provincial directorate.

The disinterest of the institution in the international technical assistance can also be clarified by the fact that the initiative came from the donor (GoF) and not from the partner. Therefore, it is important to have further discussions and meetings in order to base the technical assistance on real and sensitive DPS needs. When restarting the intervention with the covid-19 component, this was discussed with DPS to assess their needs and draw up a proposal on the basis of their provincial response plan. As a result, the collaboration and execution occurred more smoothly.

The flexibility of Flanders' funding was highly appreciated at the provincial level during a period when at the national level they were not able to cope or support the provinces efficiently in an emergency situation.

3.1.2 Management context

3.1.2.1 Partnership modalities

The nature of the 1st component of this intervention (technical assistance) did not require formal agreements (tenders, grants, public-public cooperation agreements) to be concluded.

The 2nd component of the intervention (covid-19 assistance) made use of public contracting instruments available. Framework agreements were used to purchase ambulances thereby guaranteeing a reliable and efficient purchase, a public works tender for partial rehabilitation of a health centre and also a grant with an NGO (CUAMM) for provision of services to 3 districts in Tete province was concluded. The ambulances arrived in 2020, despite the delay - in shipping due to covid 19. The public works tender required an extension to satisfactorily conclude the works, as it was a partial rehabilitation, DPS Tete required time to transfer all their goods from one Block to the other. Lastly, the grant with CUAMM while it was implemented in a timely manner, the process prior to Award was lengthy. The use of these agreements allowed the successful procurement of key goods, services and works that were aligned with the outcome of the intervention and provincial plan for covid-19 response. Considering the limited human resources available for the intervention, the possibility to contract providers allowed the intervention to run efficiently.

In addition to these main agreements, small purchases of communication vouchers, emergency hygiene kits and service of vehicles was also carried out. Considering the nature of these goods and services, these were procured locally.

3.1.2.2 Operational modalities

The operationalization of the implementation modalities was appropriate considering the nature of the intervention, namely technical assistance and covid-19 assistance. For the technical assistance, budget changes and adjustments were necessary to reflect the real cost of living and activities in Tete Province.

For the covid-19 assistance, the intervention was on a *regie* modality and therefore followed Belgian contracting procedures, where necessary. While unfamiliar to the partner, involving them in the process mitigated this risk. For the component of technical assistance, building trust and initiating dialogue with the partner was crucial and of significant importance, but due to the weak anchorage of the ITA in the directorate, this took longer than expected.

The donor was extremely flexible regarding no cost extension and budget modification requests, as this reflected the needs of the partner at that moment in time. This flexibility especially for the 2nd component (covid-19 mitigation and prevention) contributed to the agility to which we could respond to their requests.

3.2 Significant changes to the intervention strategy

In the first months of the intervention, it became clear that the partner DPS is very reluctant to the intervention's proposed activities and does not cooperate with the ITA in many aspects. The ITA persisted and continued to try to integrate into the provincial directorate to push for the actions to contribute to DPS as a learning centre, when after more than 6 months, the ITA convinced the partner that a sound M&E system is the first and most important step in establishing a learning centre. Considering DPS identified the malaria program as their priority at that moment in time, designing an M&E system for the malaria program became a major focus of the TA's intervention during his time in DPS Tete, alongside data collection.

However, the delay in the embeddedness of the ITA in the provincial directorate due to the reasons aforementioned, including electoral period, disinterest from the partner, other priorities, etc, meant that the take-off of the pilot M&E system for the malaria program was delayed. The TA's contract was for 16 months. At the end of his contract in October 2019, due to the difficulties encountered at DPS Tete, it was decided against renewing the technical assistance provided to DPS Tete. This resulted in the suspension of the intervention, as it was foreseen to end in June 2020.

In March 2020 as covid-19 spread aggressively throughout the globe, it was agreed with the GoF that Enabel will submit a proposal for the reallocation of remaining funds (€224,019) for the prevention and fight of covid-19 in the Tete Province. Enabel elaborated a proposal after discussions with DPS Tete and aligned with the National Strategy for Community Response to Covid-19 as well as the Covid-19 Provincial Pandemic Preparedness & Response Plan of Tete. The proposal for funds reallocation was accepted in May 2020 and as such, the intervention was granted an extension up to end of January 2021. The approval resulted in the restart of the intervention with a 2nd component. Considering that the prevention and fight of covid-19 is at the moment the highest priority not only of the province but also of the country, the proposal aimed to support DPS Tete in its efforts to ensure not only good quality preventive actions against covid-19 but also to create capacity for the provision of adequate health care to affected communities. Therefore, this support is envisaged as part of the strengthening of the provincial health system and is fully in line with the initial project. It also focuses on capacity building, for which some purchases/ inputs are necessary, but the learning process requires also a specific attention.

Considering that this component was aligned with the Covid-19 Provincial Pandemic Preparedness & Response Plan for Tete, it was directly linked with the interests of DPS Tete and therefore meant that implementation of the intervention was smoother. The 2nd component was implemented at a distance since there was no longer an ITA anchored in DPS Tete. However, the use of partnership modalities described in section 3.1.2.1 allowed for a distant mode implementation of the actions. The 2nd component also contributed to the mitigation of the covid-19 pandemic, which was the focus of the global (and national) health sector mandate, i.e., the protection of public health at the time. While indirectly, the results of this component contributed to the enhancement of DPS's capacity as a learning centre as well as the reinforcement of the health system.

4 Achieved results

This chapter provides a summary of the analysis of the achievement of the results by the intervention. The analysis is generally organised in a participatory way by the intervention team and allows preparing a report which covers the essential elements.

It is important to note that before the start of the project there was no fully elaborated logical framework, only Terms of Reference (ToR). The focus of the GoF is to transform DPS into a learning centre, through a large variety of activities. It became quickly clear these Terms of Reference were too ambitious, as there was no interest from DPS side to all the proposed activities, nor was there a good M&E system in place to provide reliable data. As such, the initial logframe was not further refined and no indicators were determined for the proposed outputs. The 2nd component of the intervention was a response to an urgent situation and did not include a distinct logframe and indicators. In their absence, the monitoring of the achieved results will be provided in a descriptive narrative.

4.1 Performance of outcome

Due to the delayed start-up of the intervention and unavailability of the partner, it was not possible to design indicators for the specific outputs, as proposed in the TFF. Therefore, the performance will be described in a narrative in the following section.

Outcome: Strengthening all DPS activities up to become a learning centre



Analysis of the achievement of the outcome

First Phase

In the first months of the intervention, it became clear that the partner DPS is very reluctant to the intervention's proposed activities and does not cooperate with the ITA in many aspects. However, after having invested much time (more than 6 months) and effort the project has convinced the partner that a sound M&E system is the first and most important step in creating a learning centre. Without an organised, sound MIS the vital condition to become a learning centre is missing. DPS has given its commitment to the activities, but for now only in the malaria program. This opportunity will give us the tools to develop a standardized Logframe and M&E system that can be applied later on, after getting expected results from the Malaria program, to the more general ToR as proposed by the GoF.

Due to the timing when the ITA was introduced to DPS (electoral period), there was no general commitment, interest, nor resources from DPS to invest into the intervention, so it was problematic to further refine the logframe with revised outputs and dedicated activities. In order to proceed with activities, the ITA investigated what are the real needs of DPS at the moment. The ITA therefore used the first months to visit the centres, identify the main issues (lack of reliable data) and the needs as formulated by DPS staff members. The DPS staff let the ITA know it needs to concentrate on the Malaria project, which was considered a priority. Aligned with data collection and the need to improve monitoring and evaluation techniques with the objective of supporting the DPS to be a learning centre, the ITA embarked on an M&E activity but only for Malaria due to the urgent need to rebuild data collection in this program where all aspects of data collection clearly show figures that are not showing the real scenario facing then top management wrong decisions. This involved elaborating a logframe for the malaria programme together with the DPS staff. The logframe can be found in the Annex. The intention was to later replicate logframes for the other programmes (HIV, TB, etc) to ensure consistent data collection.

Second Phase

With the rise in covid-19 cases and the pressure that it placed on national public resources, specifically in the national health system, the remaining balance of the intervention was reallocated to the fight and prevention of covid-19 in the Tete Province. The actions proposed by the intervention were aligned with the National Strategy for Community Response to Covid-19 as well as the Covid-19 Provincial Pandemic Preparedness & Response Plan.

The 2nd component provided an opportunity for the DPS to have the necessary resources to strengthen the health system and improve their skills, to learn from this exceptional situation, and to demonstrate their capacity to respond by anticipating and managing the actual crisis.

Anticipate and manage the health crisis means that the health system has to be reinforced at all levels. The provincial level of health will need to take measures to delay and reduce the peak of the pandemic—including not only intensive social distancing through mobility restrictions but as well surveillance to test and isolate identified cases. They must immediately prepare for a potentially rapid search of cases, of which the benefits will be useful in the medium term. But they also need urgently specific medical equipment, as well as additional health professionals. The pandemic underscored the urgent need to strengthen the global health workforce and to prepare for the future.

It will be crucial that routine services and primary health care remain functional, because the complete collapse of the system will cause an enormous surplus of victims and deaths, covid-19 and non-covid-19 patients alike. Therefore the 2nd phase focused on the following elements:

- Mitigation of transmission
- Epidemiological monitoring/community vigilance
- Reinforcement of public infrastructure
- Additional human resources
- Support to communication/awareness

Due to the emergency surrounding covid-19 support, no specific logframe or indicators were elaborated for the 2nd component. The outputs proposed by the initial logframe were not always applicable. Where applicable, the elements of the 2nd phase were included and a descriptive narrative is provided. To the extent possible, national health statistics will be used to illustrate the contribution of the intervention to the outputs.

4.2 Performance of output 1



Output 1: Support the change process in the health sector at provincial level. This entails proper monitoring of innovations and other initiatives and supporting DPS to become a learning organisation

First Phase

With regards to this output, the ITA has visited all Tete health posts as well as some in the districts of Moatize, Angonia and Cahora Bassa to check their overall state including their daily work, protocols and their data management strategies. After interviewing several health staff in different health post including nurses and doctors in the provincial hospital, it was found staff are willing to implement changes for DPS to become a learning centre, but require actionable, clear and easy to apply operational advice for their work and to contribute to the organisational development of DPS.

Second Phase

The training to DPS staff on epidemiological surveillance and case discovery (via 18 visits) allowed for on the job training and development of new techniques and skills during the pandemic. Additionally, the support provided to community health workers (CHWs) in enacting a community-based epidemiological surveillance system and case finding techniques contributed to the reinforcement of monitoring the covid-19 case in the province. The skills and techniques that the 86 CHWs were equipped with could have a spill over effect if they go on to train other community workers. This in turn, reinforces the concept of 'learning' in the provincial health directorate.

4.3 Performance of output 2



Output 2: Reinforce the M&E functions of the provincial health authorities and initiate and develop the capacity for action research in the region

After having visited several health posts in Tete, the ITA noticed significant inconsistencies in data collection methods. There are also critical issues regarding information management which has obvious consequences in terms of planning in both local and central areas. At DPS there is an important need to design a new reliable information system. DPS staff dealing with data provided by district health posts is aware that the current data management process is not showing the reality: on a daily basis they find inconsistencies that affect the entire MIS they are using. The problem is based in the issue that at district level data is paper-based and could be manipulated without control or internal audit. DPS staff is aware of it and shared following comments about the matter: "we have to live with it, there is no alternative". A reliable baseline to start building a consistent and sustainable work plan is, therefore, non-existent. This is the main reason to think about building a strong/solid baseline that will provide data for better planning and investments which will eventually have a positive impact on all people seeking better health.

Moreover, after consultations with DPS, they indicated that they are interested in pursuing the development of a comprehensive M&E framework and the composition and training of a M&E team together with the planning department in DPS Tete province, as preparation for the baseline. However, their priority is the

malaria program, so that will be the pilot. To this effect, the ITA invested a significant amount of time in an M&E system for the malaria program, by designing an M&E logframe that would be used to monitor the activities of DPS Tete. After the staff would have familiarised themselves with the logframe, the intention was to replicate the exercise with other programs (TB, HIV). Additionally, an M&E and Control Malaria Manual was developed by the intervention that would serve as the basis for training of health staff members in district posts as well as induction for new staff. While the manual was made available to the DPS staff, no further feedback was received. For the monitoring component, DPS staff together with the intervention opted to use an M&E APP that had already been designed and tested in a random way, namely the Mobenzi platform and console. A workshop to train key DPS staff in the M&E manual for the malaria was also organised.

As the agreement on the malaria program was reached after more than 6 months of lobbying by the TA, and then shortly after the contract had come to an end, no significant progress towards the achievement of the output was reported. The proposed logframe for the malaria control program and the malaria control M&E Manual can be accessed in the Annex.

4.4 Performance of output 3



Output 3: Support the information flow between the different organizational levels, contributing as well to the DPS as a learning organization

The ITA invested resources into designing the M&E logframe and manual for the malaria program, which was disseminated across different levels within DPS, in order to promote improved data collection, monitoring and evaluation attitudes. Despite the workshop, no further comments or feedback was received on the manual. After the leave of the TA, no feedback on the utilisation of the manual was received.

4.5 Performance of output 4



Output 4: Support the team work at the provincial health team level with improved exchanges between the different units

First Phase

The DPS Director, Dr. Gentivo, recommended the ITA to focus his efforts in building an easy, actionable and clear M&E system for the different programs of DPS Tete. This in turn would encourage coordination between the different units during the planning, monitoring and evaluation process. Following this recommendation and DPS's interest in the Malaria program, the ITA focused on the pilot M&E system for the malaria program and worked with the different units in designing the logframe and manual. The unavailability of staff was not conducive to the process and contributed to the delay in implementing this action.

Second Phase

Regarding phase 2 (covid-19 mitigation and prevention) which began in June 2020, the intervention worked with the HR department of DPS Tete by reinforcing the personnel with 18 temporary staff, namely 4 doctors, 6 nurses and 8 assistants. The staff were temporarily assigned to the Covid-19 Isolation Centre (CICOV), but due

to necessity of staff in other health posts, the temporary staff were assigned to work in the health posts that were receiving a higher number of patients. This resulted in a more efficient treatment of patients and reduced waiting times by patients. In January 2021, due to the evolution of covid-19 crisis in Mozambique, the PROSAUDE fund made available €1m to support medical staff's salaries across Mozambique. In light of this information, it was not deemed necessary to extend the contracts of the doctors, as there would be funds available through PROSAUDE. Nonetheless, the project filled a gap in terms of resource limitation at a crucial time, while the public authorities secured funding for contracting of essential personnel. This is a reinforcing of the whole health system, as it demonstrates efficient management of available funds. The flexibility demonstrated DPS's ability to effectively utilize resources while working as a team (HR, Planning, CICOV) for a common goal – reinforcement of the health system. At the end of the temporary contracts, approximately 50% of the staff were absorbed by the Ministry of Health, at different health posts, to continue exercising their functions.

4.6 Performance of output 5



Output 5: Promote and accompany innovations at the operational level (health districts) and support the process of learning from experiences

First Phase

The ITA did not register any progress on this output during the 1st phase of the intervention.

Second Phase

Through the covid-19 mitigation and prevention phase, Enabel used the support of CUAMM, through a grant, to assist with the epidemiological surveillance in Tete. They have an established presence in Tete, good working knowledge of the districts and are familiar with DPS Tete's working context. This component involved the training of 86 community health workers (CHWs) in covid-19 prevention, case tracking and case management remote and bordering areas, both formal and informal (city of Tete, Angónia District and Moatize District). The distribution per locality is as follows: 18 CHWs for city of Tete, 28 CHWs for District of Moatize, 40 CHWs in District of Angónia. Additionally, operational support (fuel, telephone credit) was also provided to DPS staff that allowed them to conduct epidemiological surveillance mission and the sero-epidemiological survey. This action contributed to improved surveillance techniques by the technical staff of DPS Tete as well as CWHs at district level.

4.7 Performance of output 6



Output 6: Promote specifically themes like gender, environmental issues, sexual and reproductive health and rights and rights of children and adolescents in the frame of the SDG movement.

First Phase

The ITA attended and evaluated some of the activities being promoted by other agencies like CUAMM and specially during school days were health promotion at youth level covered different health areas like:

Optometry, Psychology, HR, condom distribution. Findings were shared with CUAMM and proposed to implement a full M&E during those so called “Schools days”, which was implemented.

Second Phase

During the covid-19 prevention and mitigation phase, in collaboration with NGO CUAMM (via a grant), produced and disseminated informational and educational 3 videos on covid-19, of which one focused on the increased risk of gender-based violence, particularly domestic violence. The aim of the video was to raise awareness of the increased risk of domestic violence, warn communities against it as well as share tools for help, if needed. The video was translated into the main local language of the Tete Province and circulated via the main social media platforms utilized in the country, and particularly in the Tete Province.

4.8 Performance of output 7



Output 7: Promote the fight against maternal and under-fives’ mortality in the districts and promote the fight against AIDS in the region.

First Phase

The ITA did not register any progress on this output during the 1st phase of the intervention.

Second Phase

The intervention supported the partial rehabilitation of one of the main health centres in Tete City (Health Centre No. 2). Initially, the health centre no. 2 was supposed to take over as the CICOV facility to liberate the hospital infrastructure for other services. However, as the covid-19 took a turn for the worse in January 2021, it was decided to maintain the hospital as the CICOV and continue with the partial rehabilitation of the health unit as the infrastructure is severely dilapidated which impacts the extent to which the services can be effectively delivered. This allowed the continuity of essential health services to the population by ensuring sufficient resources remained available during the pandemic. The rehabilitation works initiated in February 2021 and were concluded in May 2021.

The availability of infrastructure in good working conditions resulted in an improved service delivery to the patients of the Health Centre No. 2. Data provided by DPS Tete demonstrates that the maternal mortality between 2020 and 2021 for the patients treated at the health centre no. 2 decreased by 23%. While the institution’s actual data management system does not register under 5 mortalities, they have indicated that stillbirths have decreased by 14.3% during the same period in the health centre no. 2.

The district health posts do not have the appropriate conditions to provide all types of medical services, especially obstetrician services. This level of the Mozambican health system delivers at least 40% of all health services and is typically the first (and often only) point of contact with the health system for a large portion of the population. The 2nd component of the project also provided, through a framework contract, 2 fully-equipped ambulances to the DPS Tete to assist the provincial health authorities in reaching the population in more remote areas and also ensuring continuity of service delivery during the pandemic. In several occasions, the ambulances are utilized to transport patients from district health posts to the health centres for specialized care. In terms of national indicators, the Ministry of Health reports that the maternal mortality rate for the province of Tete for 2021 decreased by 2.4%.

4.9 Performance of output 8



Output 8: Support the DPS to coordinate donor agencies in health in the province and stimulate the exchanges between DPS and other Agencies.

Regarding donor coordination, the ITA proposed the creation of the Donor Coordination Unit – DCU in Tete. The ToR were drafted and shared with the partner for comments for approval before commencing the DCU meetings (see ToR in Annex). No feedback was received during the period the ITA was in DPS Tete. Therefore, no progress was realised.

4.10 Performance of output 9



Output 9: Support Tete province in mitigating the spread of Covid 19.

Output 9 was added after the renegotiation of the allocation of the remaining funds of the intervention for covid-19 mitigation and prevention with a specific focus on 3 districts – Angonia, Tete City and Moatize. The proposal was elaborated on the basis of the following components:

- Mitigation of transmission
- Epidemiological monitoring/community vigilance
- Additional human resources
- Support to communication and awareness
- Reinforcement of public infrastructure²

(1) Mitigation of transmission

This component involved actions to prevent and mitigate the transmission of covid-19.

A grant of approximately €23.000 was awarded to CUAMM, due to their established presence in Tete, good working knowledge of the districts and are familiar with DPS Tete's working context. Through the grant, CUAMM distributed Personal Protective Equipment, namely: 100 protective glasses, 2000 N95/FFP2 masks, 100 examination gloves, 176 disinfectant gel a 500 ml, 100 disposable aprons, 100 nitrile S/M/L gloves and homemade masks. Additionally, 190 hygienic kits composed of buckets with tap, simple buckets, stools, masks and a bar of soap for all the CHWs present in the three Districts were provided to community health workers across 3 districts. the kits were divided as follows: 38 kits for the city of Tete, 74 for Moatize District and 78 for Angónia District.

During the 3rd wave of the pandemic, the health authorities issued an Emergency Provincial Response for Covid-19 for Tete Province, in which they requested support for purchase of hygiene supplies required to distribute throughout the different districts. Approximately 450 batteries, 3000 masks and 3000 bars of soaps were purchased and delivered. The flexibility of the donor contributed to the agility to which we could purchase these items, as a result of budget modifications.

Through a framework contract, 2 fully-equipped ambulances were purchased and delivered to the DPS Tete to assist the provincial health authorities in reaching the population in more remote areas and also ensuring

² This component was not initially foreseen in the project proposal for reallocation of funds, but was later integrated

continuity of service delivery during the pandemic. Despite the delays incurred worldwide due to covid-19, the framework contract streamlined the purchasing process and the ambulances still managed arrived in 2020. The collaboration with the Ministry of Health ensured that the clearance process occurred efficiently and without any further delays.

(2) Epidemiological monitoring/ community surveillance

For this component, Enabel used the support of CUAMM, to assist DPS Tete in conducting the initial epidemiological surveillances in Tete. This component involved the training of 86 community health workers (CHWs) in covid-19 prevention, case tracking and case management remote and bordering areas, both formal and informal (city of Tete, Angonia District and Moatize District). The distribution per locality is as follows: 18 CHWs for city of Tete, 28 CHWs for District of Moatize, 40 CHWs in District of Angónia.

CUAMM supported DPS in carrying out 18 epidemiological visits on fuel, telephone credit and reproduction of COVID-19 screening sheets. This activity took place in the month of August and September 2020, where several districts were visited, mainly those with positive cases of COVID-19 and those with border posts with neighboring countries such as Malawi, Zimbabwe and Zambia.

Several work teams have been organized, consisting mainly of technicians from the public health department (Heads: from the department of epidemiological surveillance, community involvement, sanitation of the environment and international health, elementary multipurpose agents, traditional medicine practitioners, etc.) to participate in the surveillance missions. They also assisted the DPS Tete in conducting the sero-epidemiological survey on COVID-19 in Tete Province by providing fuel and credit.

As part of the Emergency Provincial Response for Covid-19 for Tete Province in response to the 3rd wave in 2021, the intervention assisted the DPS Tete with the repair and maintenance of 15 vehicles, which would be utilized as part of the epidemiological and community surveillance missions. The partner requested the purchase of new vehicles at first, but due to limited resources (budget and time), it was agreed that the most efficient and sustainable use of funds was to repair the existing vehicles. Considering most vehicles were not being used due to outdated services, oil changes, or faulty tyre, it was a win-win situation. The vehicles then passed the inspection checks and could be used on the field.

Logistic support was also provided for the subsequent epidemiological surveillance missions in the form of telephone credit.

(3) Human Resources

Together with the DPS Tete, we supported the recruitment of 18 additional staff to be stationed at the Covid Isolation Centre in Tete Province (CICOV), as from 1st of September 2020. The staff were comprised of 4 doctors, 6 nurses and 8 support staff. While the staff were allocated at the CICOV, they would rotate in different health posts, depending on the demand for services, while there were no patients in the CICOV. This demonstrated the efficient management of existing resources by DPS Tete and the fact that the objective – provision of health services – was considered in decision-making process. In January 2021, due to the evolution of covid-19 crisis in Mozambique, the PROSAUDE fund made available €1m to support medical staff's salaries across Mozambique. In light of this, it was not deemed necessary to extend the contracts of the doctors, as there would be funds available through PROSAUDE. Nonetheless, the project filled a gap in terms of resource limitation at a crucial time, while the public authorities secured funding for contracting of essential personnel. This is a reinforcing of the whole health system, as it demonstrates efficient management of available funds. At the end of the temporary contracts, approximately 50% of the staff were absorbed by the Ministry of Health, at different health posts, to continue exercising their functions.

CUAMM provided training to 95% of the community health workers assigned across the 3 districts. While only 95% of the workers attended the training, hygiene kits were provided for all workers, to promote safe hygiene and covid-19 mitigation practices.

(4) Support to communication and awareness raising

Through a grant procedure awarded to CUAMM, 3 educational videos on prevention, mitigation and myths about covid-19 were produced, translated into local languages and disseminated, on the following themes:

- Social distance and correct hand washing;
- Myths and rumors about coronaviruses; and
- Domestic violence in quarantine season.

Other actions were also undertaken, such as the development and dissemination of educational radio messages about COVID-19 with 60 radio spots.

CUAMM also reproduced 93 community surveillance registration manuals; posters of prevention of COVID-19 distributed to DPS, and reproduced stickers with the logos of the donor and CUAMM to put on the distributed material.

(5) Reinforcement of public infrastructure

This component was not initially foreseen in the proposal for reallocation for funds, but was later integrated due to its relevance to the output and overall outcome of the intervention.

The intervention supported the partial rehabilitation of one of the main health centres in Tete City (Health Centre No. 2). Initially, the health centre no. 2 was supposed to take over as the CICOV facility to liberate the hospital infrastructure for other services. However, as the covid-19 took a turn for the worse in January 2021, it was decided to maintain the hospital as the CICOV and continue with the partial rehabilitation of the health unit as the infrastructure is severely dilapidated which impacts the extent to which the services can be effectively delivered. This would allow the continuity of essential health services to the population by ensuring sufficient resources remained available during the pandemic. The rehabilitation works initiated in February 2021 and were concluded in May 2021.

As the covid-19 cases were contained, the new hospital returned to its normal functioning and the health centre, as a result of the partial rehabilitation and that it met minimum health safety requirements, was appointed the Centre for Infectious Diseases and Epidemiology of the province, while also treating covid-19 patients. While the project could only support partial rehabilitation of the infrastructure (2 out of 4 blocks) at estimated €30,000, the partner foresees requesting additional funds from other donors to complete the rehabilitation. While this action was not foreseen in the initial proposal, it was deemed as a necessary vector to contribute to health systems strengthening of the province.

5 Synergies and complementarities

5.1 With other interventions of the Portfolio

The Study and Expertise Fund received a request from the provincial health directorate in Tete to support the operational costs for a research study on the factors affecting the severity of covid-19 in the province. The study aims to analyse the sociodemographic, cultural, medical, and economic situation of the severe and less severe covid cases and compare them to general indicators of Tete Province. A better knowledge of the factors that influence risk of severe symptoms of Covid 19 in Tete Province can influence vaccination and prevention campaigns at a provincial and consequently at a national level. The study will be fully conducted by DPS staff starting from September 2021 with the final report being transmitted in February 2022. The research study

involves field studies, data collection, statistical analysis and elaboration of a final report, and will be peer reviewed by the Institute for Tropical Medicine Antwerp (ITG) and the Instituto Nacional de Saúde (INS). Due to the nature of the request and the transversality of the Study and Expertise Fund to fund studies in priority sectors of the Belgo-Mozambican cooperation, a Letter of Agreement was signed with DPS Tete to operationalize this research study. This research study reinforces that DPS Tete to become a learning centre.

5.2 With third-party assignments

The transmission link with the other project of the GoF/Enabel, i.e. GTAF III (Public Financial Management for better service delivery) had potential, but due to time constraints, could not be materialised. DAF has established in the most important spending units of the health sector a “unidade de apoio control”, one of which has been established in DPS Tete. This means that through this unit there will be a strengthening of control of expenditure (preventive action), financial management and execution. In addition to this, thanks to the GTAF II project, training was provided to strengthen the financial management in Tete’s 2 District Services for Health (SD) and 1 hospital. GTAF II/III projects’ activities aim at a better control of financial planning, budgeting, execution. If combined with enhanced M&E, will close the loop for improving the quality of the budget cycle, and above all the quality of the organization. The feedback of results of M&E into planning and budgeting is a weak (missing) link.

Some specific missions were carried out in the framework of GTAF3 and requested by the Directorate of Administration and Finance (specifically the Unit of Support and Control) of the Ministry of Health. The missions had the objective of following up on 2019 audit recommendations proposed for each provincial health directorate, and one of the proposed locations was Tete. The follow up of the audit recommendations was reviewed in order to identify areas that need further strengthening. It is therefore still recommended that they focus on Tete province in order to consolidate the interaction between the projects, and create a link between the central and provincial level.

The synergy of the two projects could have been more explored, but the limited timeframe and maturity of each intervention (GTAF3 focused on input analysis, while DPS Tete focused on output analysis) did not always allow it.

6 Priority themes

6.1 Gender

NGO CUAMM (via a grant) produced and disseminated informational and educational 4 videos on covid-19, of which one focused on the increased risk of gender-based violence, particularly domestic violence. The aim of the video was to raise awareness of the increased risk of domestic violence, warn communities against it as well as share tools for help, if needed. The video was translated into the main local language of the Tete Province and circulated via the main social media platforms utilized in the country, and particularly in the Tete Province.

6.2 Decent work

The intervention filled a resource gap in DPS Tete by allocating temporary HR staff for the Covid-19 Isolation Centre in Tete Province. The staff were provided with equivalent working conditions as the Public Administration to allow faster absorption of staff when resources become available. At the end of their 6-month contracts, approximately 50% of the staff were absorbed by the Ministry of Health. Enabel’s flexibility and

solution-oriented approach allowed us to fill a resource gap during a crucial time until our partner mobilised sufficient funds to contract the necessary staff under appropriate working conditions.

7 Sustainability

The economic and financial viability of the intervention results are rather limited, as without the funding provided, majority of the activities would not be implemented. For the 2nd component specifically, the emergency nature of the intervention is not conducive for economic and financial viability. Nonetheless, the partial rehabilitation of the health centre may be exceptionally the outlier as it may provide a greater economic benefit to the community of the Tete Province. The improved infrastructure allows service delivery to an increased number of the population and considering the population pays for the consultations and treatments received, it may be financially viable. The extent of the economic and financial sustainability also depends on ability and willingness of patients to pay, maintenance of the infrastructure as well as funding the remaining rehabilitation of the health centre.

Tete province remains an area in Mozambique that heavily relies on donor support. It is therefore unlikely that any of the activities will continue without any kind of other donor support. It was clear from the beginning that there was limited support of the intervention, as it was not directly aligned with DPS priorities. After persistent lobbying, the ITA finally succeeded to initiate dialogue with the partner and identified priority areas that were aligned with the intervention logic, i.e., the malaria program. That being said, the ITA has developed a proposal for the set-up of a full M&E system, including staff 100% dedicated, equipment, space, reliable communication system, etc. However, after the conclusion of the TA's contract, it was clear that there was no ownership of the intervention, as no feedback was received from the partner. For the covid-19 component, while the emergency nature of the intervention may imply that the ownership is limited after external assistance ends, this request was directly aligned with DPS's interests. This component of the intervention requires constant funding, and it is more likely that after external assistance, the partner does not follow up on the actions (e.g. mobilising staff for epidemiological surveillances, maintenance of vehicles and ambulances, etc). The intervention attempted to involve the DPS staff at all levels of decision making and reoriented the intervention towards their priority – designing an M&E system for the malaria program. It availed space, equipment and resources (time and knowledge) to support DPS.

The ITA was integrated at the provincial level, however his anchorage was weak as the country at the time was going through municipal and then presidential elections, and most public authorities, specifically social sectors, were overworked and had to attend political meetings. This meant that the TA's induction was rather limited and he did not have easy access to the key staff at the provincial level to be able to participate in any policy discussions (e.g. Tete Health Plan 2019). For the 2nd component, the absence of a ITA on the field limited the potential policy support. It was also not the focus of the emergency actions surrounding the 2nd component. Therefore, the interaction between the intervention and the policy level was limited to the alignment of the proposal to the provincial response plan.

The intervention has positively supported DPS Tete by filling a resource gap during the covid-19 pandemic by reinforcing their personnel with temporary HR staff. This enabled them to have time to mobilize the funds to attract the necessary personnel. This exercise helped them develop better planning skills for resource utilization. While there is still a substantial lack of planning capacities for service delivery, the intervention enabled DPS Tete to take the initiative in planning for the different actions that were implemented during the course of the intervention, in order to contribute to DPS as a learning centre.

8 Lessons learned

8.1 Successes

- Development of an M&E Manual for the priority Malaria programme of DPS Tete, as well as the logframe and provision of training to key DPS staff that would be involved in the M&E unit. This resulted in the initial set up of the pilot M&E unit for the malaria program in DPS Tete. Despite the lengthy process to achieve this output, the lesson learned is that the engagement and interest of the partner is crucial to the success of the intervention.
- Support to mitigate the impact of covid-19. This is possible if each party took responsibility for its part of the work :
 - at the level of the province quick development of the provincial plan;
 - for Enabel, capability to provide a rapid response to realign proposal with provincial plan and DPS needs for the prevention and mitigation of covid-19 in the province.

We have to highlight that in such a situation, the flexibility of the donor is a key point, which was the case of the GoF.

This has also resulted in a smoother implementation of the intervention actions and a better collaboration between the different parties.

- Efficiency of procurement of ambulances and supplies resulted in timely allocation and use of necessary items on the field during a pandemic. The modalities used by Enabel were appropriate and efficient.
- Subcontracting other entities, such as NGO CUAMM, which have a longer presence in the province and good knowledge of the health sector to intervene in more specialised actions and in remote districts (e.g. community epidemiological surveillance in Moatize). Due to the longstanding relationship between CUAMM and DPS, it facilitated the knowledge exchange and DPS staff were more receptive and engaged in the different activities. The implementation of the grant was successful as a result of the long-term presence of the NGO in Tete and their knowledge and experience in the health sector. It is important to enable division of labour, where Enabel does not possess the necessary knowledge to intervene
- The partial rehabilitation of one of the major health centres in the province (Centro de Saude No. 2) resulted in the availability of public health infrastructure to ensure better service delivery to the community. Considering the new hospital in Tete Province, which was meant to absorb the primary provision of health services, was appointed as the CICOV, the rehabilitated health centre allowed the continuity of service delivery of key health services to the population. When the main hospital returned to its normal functioning as covid-19 cases were contained, the health centre, as a result of the partial rehabilitation, was appointed the Centre for Infectious Diseases and Epidemiology of the province, also treating covid-19 patients. While the project could only support partial rehabilitation of the infrastructure (2 out of 4 blocks), the partner foresees requesting additional funds from other donors to complete the rehabilitation. While this action was not foreseen in the initial proposal, it was deemed as a necessary vector to contribute to health systems strengthening of the province.

- The intervention succeeded in filling a resource gap at a crucial time in terms of medical staff required for the CICOV in Tete, by appointing temporary staff. This allowed DPS Tete to have time to mobilize the resources required to absorb the staff permanently. Out of the 18 staff contracted, approximately 50% were eventually absorbed by the Public Administration.

8.2 Failures

- Insufficient time to follow up on the M&E unit for the malaria program as a result of the delayed implementation of this output and shortly after the end of the ITA contract.
- Unavailability of staff and absence of specified activities and indicators in the logframe resulted in a generic logframe being used until the end of the implementation of the first phase, which did not always reflect the changing nature of the intervention. The absence of indicators for the outcome and outputs implies that M&E of the intervention cannot be done systematically. While this is an exercise to be conducted in the beginning of the intervention, the necessary staff were unavailable to meet with the ITA, which led to delays and lack of strategic orientation for the intervention.
- Suspension of the intervention at the end of the ITA contract, since no further action could be implemented within the scope of the initial ToR and logframe. This became an opportunity cost in terms of resources made available for the intervention. However, the intervention was eventually redesigned to offer covid-19 mitigation and prevention support in a crucial time.

8.3 Strategic learning questions

There is increasing recognition that efforts to improve global health cannot be achieved without stronger health systems. Interpretation of health system strengthening (HSS) has varied widely however, with much of the focus to-date on alleviating input constraints, whereas less attention has been given to other performance drivers. It is important to distinguish activities that support the health system, from ones that strengthen the health system.

Supporting the health system can include any activity that improves services, from upgrading facilities and equipment to distributing mosquito nets to promoting healthy behaviours. These activities improve the system's functionality primarily by increasing inputs and can be short term and narrowly focused (for example, distributing free condoms or topping up salaries for target staff for a specified period). In contrast, strengthening the health system is accomplished by more comprehensive changes to policies and regulations, organizational structures, and relationships across the health system building blocks that motivate changes in behaviour, and/or allow more effective use of resources to improve multiple health services.

The distinction between support and strengthening is important. If activities fail to produce improvements in system performance because they were incorrectly labelled as "health system strengthening," the value of HSS investments could quickly be discredited. Not distinguishing supportive activities from strengthening ones will lead to unmet expectations of stronger health systems, as well as neglect of critical system strengthening activities.

Regarding this intervention, this distinction was not clear. It could be noted during the implementation of the intervention, that influencing the change in policies and regulations and promoting behavioural changes were not possible. This can be attributed to a variety of reasons, including that DPS relies on the

MoH for the final decision-making, as the central level has a more significant role to play in the approval of projects and allocation of funds. It was also observed that DPS Tete has reached a point where strengthening is not the priority but supporting is mandatory. In light of these observations, a strategic learning question is whether it is viable to promote health systems strengthening (HSS) for an institution that still needs to develop and/or reinforce fundamental areas, such as designing a M&E framework for data management. If yes, how do we support HSS while addressing some of the fundamental needs of an institution that lacks a reliable data management system, of which without, top management decisions cannot be taken.

8.4 Summary of lessons learned

Lessons learned	Target group
It is key to have the willingness and buy-in of the partner to implement interventions, especially soft (no direct outputs) interventions in traditional sectors such as health. Lack thereof may often derail the intervention and lead to several delays in the timely delivery of outputs;	Formulation team, Global Partnerships
It is important to strike to the right balance between the requests of partner and donor proposals, when implementing delegated cooperation projects. The partner will be more willing to take ownership of an intervention if their requests are integrated into the logical framework	Formulation team, Intervention
To implement an intervention amidst an emergency, it is necessary to make use of the flexible contracting instruments to procure the most appropriate services, supplies and works at the best price. Efficiency in the contracting process has an impact on the delivery of services during a pandemic.	Intervention
Flexibility is required to adapt an intervention that is not delivering the expected results to changing contexts, such as the covid-19 pandemic. The flexibility of Enabel and the donor (GoF) allowed an ending project to address a gap during an emergency context and support the partner in provision of necessary basic health services to the population	Formulation team, Global Partnerships, Intervention, Representation, National Partner
Reinforce the collaboration with the provincial level to help them with their provincial plan against covid. Most of the donors are acting on national level, and the means are not transferred quickly enough to the more remote provinces (Tete is one of them, as it located on the border with Malawi);	Intervention
Capacity to fill the gaps when waiting for a more structure support from the central level; for example, the temporary staff recruited to meet the needs of the DPS, were later integrated in the public staff of the hospital	Intervention

It is essential to maintain functional health services by not diverting human resources and infrastructure to treatment for covid. Indeed, when the pandemic started, a (new) hospital was designated to receive the existing cases and nobody else, which made it impossible to provide the originally planned health services. The rapid rehabilitation of another health infrastructure compensated this situation and ensured continuity of health services	Intervention
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9 Recommendations

Recommendations	Actor	Deadline
<i>Description of recommendations</i>	<i>The actor who is responsible for (dis)approving the recommendation</i>	<i>e.g. Q1, Q2, Q3 or Q4 of year following reporting year</i>
The formulation of an intervention needs more consultation with the partner (not only the donor) and must be aligned with national and provincial priorities. A baseline must be integrated into the operationalisation of the intervention within the first quarter of the intervention start-up.	Enabel	N/A
Data management should be promoted as part of health systems strengthening, as it tackles a fundamental gap in the public health institutions, especially at provincial level. This should entail the active implementation of an M&E framework per health program and overall, for DPS Tete.	Ministry of Health	N/A

10 Annexes

10.1 Quality criteria

The criteria have been analysed for each of the two phases and are differentiated. The X corresponds to the first phase (technical assistance) and the Y to the second phase (covid-19 mitigation).

1. RELEVANCE: extent to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries.				
Calculate the total score for this quality criterion as follows: at least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C', no 'D' = C; at least one 'D' = D				
Assessment of RELEVANCE: total score	A	B	C	D
	Y		X	
1.1 What is the current degree of relevance of the intervention?				
Y	A	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.		
	B	Still fits well in national policies and Belgian strategy (without always being explicit), reasonably compatible with aid effectiveness commitments, relevant to target group's needs.		
X	C	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.		
	D	Contradictions with national policies and Belgian strategy, aid efficiency commitments; relevance to needs is questionable. Major adaptations needed.		
1.2 As presently designed, is the intervention logic still holding true?				
	A	Clear and well-structured intervention logic; feasible and consistent vertical logic of objectives; adequate indicators; Risks and Assumptions clearly identified and managed; exit strategy in place (if applicable).		
Y	B	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.		
X	C	Problems with intervention logic may affect performance of intervention and capacity to monitor and evaluate progress; improvements necessary.		
	D	Intervention logic is faulty and requires major revision for the intervention to have a chance of success.		

2. EFFICIENCY OF IMPLEMENTATION TO DATE: extent to which the resources of the intervention (funds, expertise, time, etc.) have been economically converted in results.				
<i>Calculate the total score for this quality criterion as follows: at least two 'A's, no 'C' or 'D' = A; two 'B's = B, no 'C' or 'D' = B; at least one 'C', no 'D' = C; at least one 'D' = D</i>				
Assessment of EFFICIENCY: total score	A	B	C	D
	Y		X	
2.1 How well are inputs (financial, HR, goods & equipment) managed?				
Y	A	All inputs are available on time and within budget.		
X	B	Most inputs are available in reasonable time and do not require substantial budget adjustments. However, there is room for improvement.		
	C	Availability and usage of inputs face problems, which need to be addressed; otherwise, results may be at risk.		
	D	Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.		
2.2 How well is the implementation of activities managed?				
	A	Activities implemented on schedule.		
Y	B	Most activities are on schedule. Delays exist, but do not harm the delivery of outputs.		
X	C	Activities are delayed. Corrections are necessary to deliver without too much delay.		
	D	Serious delay. Outputs will not be delivered unless major changes in planning.		
2.3 How well are outputs achieved?				
Y	A	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.		
	B	Output delivery is and will most likely be according to plan, but there is room for improvement in terms of quality, coverage and timing.		
	C	Some outputs are/will be not delivered on time or with good quality. Adjustments are necessary.		
X	D	Quality and delivery of outputs has and most likely will have serious deficiencies. Major adjustments are needed to ensure that at least the key outputs are delivered on time.		

3. EFFECTIVENESS TO DATE: extent to which the outcome (specific objective) is achieved as planned at the end of year N				
Calculate the total score for this quality criterion as follows: at least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C', no 'D' = C; at least one 'D' = D				
Assessment of EFFECTIVENESS: total score	A	B	C	D
		Y	X	
3.1 As presently implemented what is the likelihood of the outcome to be achieved?				
	A	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.		
Y	B	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.		
X	C	Outcome will be achieved only partially among others because of negative effects to which management was not able to fully adapt. Corrective measures have to be taken to improve ability to achieve outcome.		
	D	The intervention will not achieve its outcome unless major, fundamental measures are taken.		
3.2 Are activities and outputs adapted (when needed), in order to achieve the outcome?				
	A	The intervention is successful in adapting its strategies / activities and outputs to changing external conditions in order to achieve the outcome. Risks and assumptions are managed in a proactive manner.		
Y	B	The intervention is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.		
X	C	The intervention has not entirely succeeded in adapting its strategies to changing external conditions in a timely or adequate manner. Risk management has been rather static. An important change in strategies is necessary in order to ensure the intervention can achieve its outcome.		
	D	The intervention has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.		

4. POTENTIAL SUSTAINABILITY: The degree of likelihood to maintain and reproduce the benefits of an intervention in the long run (beyond the implementation period of the intervention).				
<i>Calculate the total score for this quality criterion as follows: at least three 'A's, no 'C' or 'D' = A; maximum 2 'C's, no 'D' = B; at least three 'C's, no 'D' = C; at least one 'D' = D</i>				
Assessment of POTENTIAL SUSTAINABILITY: total score	A	B	C	D
		Y		X

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

10.2 Updated Logical framework and/or Theory of Change

Not applicable – the generic logframe as proposed by the GoF remained during the course of the intervention. While the logframe should have been revised in terms of outputs, activities and indicators, this was not possible due to inaccessibility of staff and weak anchorage of the ITA in the first months of the intervention.

Overall objective global (impact)	To contribute to the strengthening of the health system in Tete province, with sustained added value
Specific objective (outcome)	Strengthening all DPS activities up to become a learning centre
Results (outputs)	Support the change process in the health sector at provincial level. This entails proper monitoring of innovations and other initiatives and supporting DPS to become a learning organisation
	Directly linked to the previous task: Reinforce the M&E functions of the provincial health authorities and initiate and develop the capacity for action research in the region
	Support the information flow between the different organisational levels, contributing as well to the DPS as a learning organisation
	Support the team work at the provincial health team level with improved exchanges between the different units
	Promote and accompany innovations at the operational level (health districts) and support the process of learning from experiences
	Promote specifically themes like gender, environmental issues, sexual and reproductive health and rights and rights of children and adolescents in the frame of the SDG movement.
	Promote the fight against maternal and under-fives' mortality in the districts and Promote the fight against AIDS in the region
	Support the DPS to coordinate donor agencies in health in the province and stimulate the exchanges between DPS and other Agencies

10.3 Decisions taken by the Steering and monitoring committee

Decision to take	Period of identification	Source
Reallocation of funds of the MOZ170571T project to support the mitigation of covid-19 in Tete Province.	01/04/2020	Monitoring Committee

Action			Follow-up	
Action(s)	Resp.	Deadline	Progress	Status
Preparation of proposal to be submitted to the Government of Flanders.	Representation, Intervention Team	29/05/2020	Reallocation of funds was approved by the Government of Flanders on the 27th of May 2020.	Completed

Decision to take	Period of identification	Source
No cost extension up to May 2021 to allow rehabilitation of health centre to be completed and request budget modification to allow payment of medical doctors salary.	16/12/2020	Monitoring Committee

Action			Follow-up	
Action(s)	Resp.	Deadline	Progress	Status
Preparation of NCE + budget modification to be submitted to Flanders for approval	Akila Munir	30/12/2020	NCE was approved until the 31st of August 2021. Budget modification was not accepted as in January 2021, PROSAUDE made funds available (1m euros) for payment of medical staff salary.	Completed

Decision to take	Period of identification	Source
Budget modification for the remaining payment for the works rehabilitation contract (costed in EUR increased due to devaluation of EUR against MZN) and to cover the cost of the provincial emergency response plan related to the 3 rd covid-19 wave	30/06/2021	Monitoring Committee

Action			Follow-up	
Action(s)	Resp.	Deadline	Progress	Status
Prepare a budget modification to be submitted to Flanders for approval taking into consideration agreement ends in 31/08/21	Akila Munir	08/07/2021	Budget modification was approved by Flanders	Completed

10.4 Resources in terms of communication³

1. M&E Manual for Malaria Programme of DPS Tete
2. Proposed logframe for Malaria Programme of DPS Tete
3. Terms of Reference for Donor Coordination Unit for Tete Province
4. CUAMM Video material (x3) developed as a result of implementing the grant titled “Preventive actions against covid-19 and also to create capacity for the provision of adequate health care to affected communities in the province of Tete, Mozambique”

10.5 Personnel of the intervention

Personnel (title and name)	Sex (M/F)	Term of employment (start and end date)
<i>National staff made available by the partner country:</i> Dra. Carla Lazaro Mosses, Director of DPS Tete Dr. Xarifo Gentivo, Chief Medical Doctor of DPS Tete	F M	Permanent staff of DPS Tete
<i>Support staff, recruited locally by Enabel:</i> Agy Mamunune, Programme Officer Akila Munir, Intervention Manager	M F	23/09/2004 – 30/06/2020 01/07/2018 – ongoing
<i>International experts (Enabel):</i> Kastytis Kaleda, International Health Adviser	M	09/03/2018 – 08/11/2019

³ Click each resource to access the contents of the documents, videos, etc

10.6 Public procurement

External Reference Number	Title of the tender	Estimated value (EUR)	Status	Date final ToR/spec.	Tender launch date	Submission tenders date	Award date	Start execution date	End execution date	End contract date	Awarded amount in MZN incl. VAT	Contractor	Comment
MOZ170571T-10002	Rehabilitation of the Maternity Ward of Health Centre No. 2 to serve as Covid-19 Isolation Centre	€ 29,000.00	Provisional Accepted	11/19/2020	11/20/2020	12/4/2020	1/19/2021	2/18/2021	7/5/2021	7/5/2022	3,082,909.83	INDICOS CONSTRUÇOES, LDA	Simplified tender launched
MOZ170571T-10003	Purchase of medical equipment, consumables and PPE for SPS Tete	€ 20,000.00	Not awarded / unsu	2/4/2021	2/4/2021	2/9/2021					0.00		Cancelled due to budget constraints
MOZ170571T-10004	Purchase of office consumables & hygiene supplies as part of the emergency response for covid-19	€ 6,000.00	Completed					N/A			148,600.00	CASA FAMILIA E.I.	Small purchase - 3 quotes
MOZ170571T-10004	Purchase of office consumables & hygiene supplies as part of the emergency response for covid-19		Completed					N/A			268,500.00	PAPELARIA NHUNGUE & SERVICOS - SOCIEDADE UNIPESOAL, LDA	Small purchase - existing FWC with SPS Tete
MOZ170571T-10005	Maintenance and repairs for vehicles (cars and trucks) for SPS Tete	€ 13,000.00	Completed					N/A			347,070.90	XEROX PRINTER AND SERVICE, LDA	Small purchase - 3 quotes
MOZ170571T-10005	Maintenance and repairs for vehicles (cars and trucks) for SPS Tete		Completed					N/A			801,333.00	ZOHRA GROUP - OFICINAS MULTIMARCAS	Small purchase - 3 quotes
MOZ170571T-10006	Purchase of communication vouchers for activities related to covid-19 for SPS Tete	€ 2,000.00	Completed					N/A			140,000.00	Movitel, SA	Small purchase - direct award

Important notes:

- 2 x ambulances were purchased via a framework contract no. BXL1752 with the contractor Toyota Gibraltar at a cost of €82,478.36.
- Please access the detailed public procurement table [here](#).

10.7 Grants

External Reference Number	Partner	Award procedure	Status	Title of the grant	Award date	Start date	End date	Awarded amount (€)
MOZ170551T - 10001	Doctors With Africa CUAMM	Direct Award	Completed	Reallocation of funds for the prevention and fight of Covid-19 in Tete Province	6/15/2020	6/15/2020	9/15/2020	23,098.01

10.8 Equipment

Type of equipment	Cost (EUR)		Date of delivery	Remarks
	Budget	Actual		
1XToyota Hilux Double Cabin 5 seater 2,4l TD RHD GUN125R-DNFXHN-A1 AHTFB8CD203870285	24,000	23,334.56	16 th March 2018	
1X Land Cruiser Ambulance JTERB71J90F006700	55,000	43,242.47	18 th August 2020	The cost was less than expected as the partner took in charge the costs related to import duties and customs
1X Land Cruiser Ambulance JTERB71J90F006695	55,000	43,242.47	18 th August 2020	The cost was less than expected as the partner took in charge the costs related to import duties and customs
Office equipment (laptops, antivirus, MS Office, router, printer, hard drive)	3,000	2,787.27	Various dates	

10.9 Financial report

Budget Report MOZ170571T: Focused contribution to health systems strengthening in Mozambique through the reinforcement of the DPS Tété with a health system manager (Tete Health)

Date SA: 09/08/2018

End date SA: 30/08/2021

		<u>Modality</u>	<u>Budget</u>	<u>Total expenses</u>	<u>Balance</u>	<u>Execution rate</u>
A - ...						
A_01 - Inception phase						
A_01_01	Project formulation	REGIE	417	417.01	-0.01	100%
Total A_01			417	417.01	17,082.99	100%
A_02 - Staff costs						
A_02_01	Technical expertise	REGIE	299,219	299,246.48	-27.48	100%
A_02_02	Recrutement	REGIE	145	144.54	0.46	100%
Total A_02			299,364	299,391.02	-27.02	100%
A_03 - Health system management strengthening *						
A_03_01	Specific expertise	REGIE	162	0.00	162.00	0%
A_03_02	Field mission (province -district)	REGIE	398	526.06	-128.06	132%
A_03_03	workshop with district, health entities on provincial level	REGIE	2,252	2,251.24	0.76	100%
A_03_04	Capitalization	REGIE	0	0.00	0.00	
A_03_05	Epidemiological survey	REGIE	7,500	7,185.32	314.68	96%
A_03_06	Mitigation and transmission	REGIE	32,500	30,243.09	2,256.91	93%
A_03_07	Equipment	REGIE	142,000	140,049.06	1,950.94	99%
A_03_08	Communication/Awareness	REGIE	1,500	1,401.49	98.51	93%
Total A_03			186,312	181,656.26	4,655.74	98%
Total A			486,093	481,464.29	4,628.71	99%
X - Reserve						
X_01 - Reserve						
X_01_01	Reserve	REGIE	2,519	0.00	2,519.00	0%
Total X_01			2,519	0.00	2,519.00	0%
Total X			2,519	0	2,519.00	0%

Budget Report MOZ170571T: Focused contribution to health systems strengthening in Mozambique through the reinforcement of the DPS Tété with a health system manager (Tete Health)

Date SA: 09/08/2018
End date SA: 30/08/2021

		Modality	Budget	Total expenses	Balance	Execution
Z - General Means						
Z_01 - Investments						
Z_01_01	Investment: ICT equipment and maintenance	REGIE	2,891	2,891.27	-0.27	100%
Z_01_02	Equipment (phone, desk, chair,)	REGIE	0	0.00	0.00	
Z_01_03	Car	REGIE	32,830	32,830.33	-0.33	100%
Total Z_01			35,721	35,721.60	-0.60	100%
Z_02 - Running costs						
Z_02_01	General running cost	REGIE	799	973.18	-174.18	122%
Z_02_02	Follow up meetings	REGIE	1,000	0.00	1,000.00	0%
Z_02_03	External communication cost and internet connection	REGIE	511	511.45	-0.45	100%
Z_02_04	Transportation costs (insurance, gasoline, ...)	REGIE	7,378	6,557.69	820.31	89%
Total Z_02			9,688	8,042.32	1,645.68	83%
Z_03 - back stopping, audit, evaluation						
Z_03_01	Backstopping	REGIE	11,227	11,227.38	-0.38	100%
Total Z_03			11,227	11,227.38	-0.38	100%
Z_99 - HQ managed lines, only to be used by HQ!						
Z_99_98	Conversion rate adjustment REG	REGIE	0	-4.31	4.31	
Total Z_99			0	-4.31	4.31	
Total Z			56,636	54,986.99	1,649.01	97%
Total MOZ170571T			545,248	536,451.28	8,796.72	98%
Total Own Management			545,248	536,451.28	8,796.72	98%
Total Co-Management			0	0.00	0.00	0%
Total indirect expenses Enabel - Management fee 13%			70,882	69,738.67	1,143.57	98%
Total MOZ170571T			616,130	606,189.95	9,940.05	98%
Invoice nr. - Bank statement nr.						
FV2017-0053 - DBIS2017-018			321,371.00			
19019000138 - 14319000027			264,306.00			
Total advances received			585,677.00			
Final invoice:			20,512.95			