

PROJECT COMPLETION REPORT (PCR)

A. PROJECT DATA AND KEY DATES

I. BASIC INFORMATION

Project Number : P-MZ-IB0-001	Project Name: Health II	Country: Mozambique	
Lending Instrument (s): ADF Loan (2100) and ADF Grant (2150)		Sector: Health (OSHD.3)	Environmental Classification: Category II
Original Commitment: UA 9,000,000; Grant - UA 600,000 GoM: UA 1,090,000	Amount Cancelled:	Amount Disbursed: Loan - UA 6,994,435.74; Grant - UA 339,383.52; GoM: UA 5,000,000.00	% Disbursed: Loan - 77,72%; Grant - 56,56%; GoM: 500%
Borrower: Government of Mozambique			
Executing Agency: Ministry of Health, GACOPI and National Malaria Control Program; HIV/AIDS secretariat			
Co-financers and other External Partners: None			

II. KEY DATES

Project Concept Note Approved by Ops. Com. Not Applicable (NA)	Appraisal Report Approved by Ops Com: NA	Board Approval: 12/21/2000	
Restructuring(s): None			
	Original Date	Actual Date	Difference in Months [effective date-original date]
EFFECTIVENESS	31/05/2001	31/05/2001	0,00
MID-TERM REVIEW	30/09/2003	25/09/2006	36,37
CLOSING	30/05/2006	31/01/2010	44,73

III. RATINGS SUMMARY

CRITERIA	SUB-CRITERIA	RATING
PROJECT OUTCOME	Achievement of Outputs	3
	Achievement of Outcomes	3
	Timeliness	1
	OVERALL PROJECT OUTCOME	2
BANK PERFORMANCE	Design and Readiness	4
	Supervision	3
	OVERALL BANK PERFORMANCE	4

Indicator	Niassa Province			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	27,700	26,212	34,428	35,470
Potential Health Services Coverage(1)	4.12	4.39	3.58	4.41
Deliveries Attended by Skilled Health Personnel	35,466	42,425	43,363	N/A
Under-5 Mortality Rate (per 1000)	857	763	667	682
Infant Mortality Rate (per 1000)	213	272	264	266
Indicator	Cabo-Delgado Province			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	978,801	1,059,586	981,052	1,009,596
Potential Health Services Coverage(1)	N/A	N/A	N/A	3.85
Deliveries Attended by Skilled Health Personnel	28,847	35,840	40,955	44,778
Under-5 Mortality Rate (per 1000)	N/A	N/A	N/A	294
Outpatient	1,371,842	1,586,099	1,540,710	1,725,326
Indicator	Metarica district			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	1,154	1,697	1,103	1,323
Total Out-Patients Attendance (OPD)	43.156	44.159	54,260	68,716
Deliveries Attended by Skilled Health Personnel	899	1,062	1,294	1,403
Total No. of Qualified Health Staff in the Facility	N/A	N/A	55	65
Under-5 Mortality Rate (per 1000)	1176	423	585	739
Infant Mortality Rate (per 1000)	341	281	265	177

Indicator	Palma district
	2009
Total No. of Fully Immunized U-5	34,884
Total Out-Patients Attendance (OPD)	59,307
Deliveries Attended by Skilled Health Personnel	1,526
Under-5 Mortality Rate (per 1000)	319
Maternal Mortality Rate (per 1000)	201

Indicator	Metarica Health Center			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	1,007	934	1,535	N/A
Total Out-Patients Attendance (OPD)	29,764	23,846	27,659	33225
Deliveries Attended by Skilled Health Personnel	454	519	532	661
Total No. of Qualified Health Staff in the Facility	N/A	12	21	21

Indicator	Palma Health center			
	2006	2007	2008	2009
Total Out-Patients Attendance (OPD)	N/A	N/A	5,000	10,000
Nursing attendance (per month)	N/A	N/A	27	40

Font: Health Provincial Directorates and Health District Directorates, Mozambique Nacional Institute of Statistics.

BORROWER PERFORMANCE	Design and Readiness	4
	Implementation	2
	OVERALL BORROWER PERFORMANCE	3

IV. RESPONSIBLE BANK STAFF

POSITIONS	AT APPROVAL	AT COMPLETION
Regional Director	GETINET, Giorgis	BLACK, Frank
Sector Director		ILUNGA, Tshinko (acting director)
Sector Division Manager	HAMER, Alice	ILUNGA, Tshinko Manager Health Division
Task Manager	YOUSSOUF, Mohamed	KGOSIDINTSI, Nana Beth
PCR Team Lead		ARCELINA, Yolanda
PCR Team Members		OSUBOR, Gregory; LIMA, Goran; TAMELE, Viriato (Consultant Architect)

B. PROJECT CONTEXT

Summarize the rationale for Bank assistance. State

- the development challenge addressed by the project,
 - the borrower's overall strategy to meet this challenge,
 - the Bank's activities in this /these countries and in the sector during the year and its performance, and
 - ongoing activities financed by the Bank and other external sources that complement, duplicate, or relate to this project
- Cite the relevant sources.

Comment on the strength and coherence of the rationale.

[300 words maximum. Any additional narrative about the project's origin and background, if needed, should be presented in Annex 6: Project Description]

With the civil war in Mozambique (1975-1992), poverty and inadequate health infrastructure and resources, the health status of the population particularly the rural group was very poor. As at late 1990s, the infant and child mortality rates were as high as 216 and 319 per thousand live births respectively with 29% of hospital mortality caused by malaria and HIV/AIDS prevalence rate of 16%. The population growth rate (2.4%) and total fertility rate (6.0) were high and yet available health services and resources were grossly inadequate to meet these challenges. The Government, in an effort to address these health challenges, commissioned a study funded by the Bank to conduct a comprehensive assessment of the sector in the 3 project provinces resulting in identification of key requirements and priority areas which formed the basis of this intervention. The GoM with support of development partners also developed a Health Sector Plan (2000 - 2004) that aimed at reducing morbidity and mortality through primary health care, development of technical and managerial capacity of health providers and managers. This well articulated plan had financing gaps for which GoM approached the Bank for support.

The Bank's involvement in Mozambique (1999-2001 CSP) gave priority to poverty alleviation and human resources development , supporting, in particular the GoM in the areas of i) infrastructure development and ii) training and control of infectious diseases. The Bank had financed the Beira Corridor Project (approved in 1997) for a loan of UA7.71

million and the Health Sector Requirement Study approved in 1992 .The Beira Corridor Project was rated satisfactory as per the PCR. The lessons learned from the implementation of the project and the study helped in developing the design and initial tender documents for this project in context (Health II).

This ADB financed project was complemented by the Prosaude (Health SWAP financed by several multilateral and bilateral development partners namely UN Agencies, Netherland Embassy, Swiss Cooperation, European Union, etc) and NGO's activities.

C. PROGRAMME OBJECTIVES AND LOGICAL FRAMEWORK

1. State the Project Development Objective(s) (as set out in the appraisal report)

Sector Goal: To contribute toward the Government's efforts to improve the health status of the population, particularly the rural population, by improving accessibility to and improving the quality of care. **Specific Objective:** To enhance access to health care and improve the quality of care for rural communities in the provinces of Niassa, Nampula and Cabo Delgado through improved health care infrastructure, support to the human development programme, management capacity building and control of infectious diseases (Malaria and HIV/AIDS).

2. Describe the main project components, indicating how each will contribute to the achievement of project objectives

The project is composed of 4 components: **i) Improved Primary Health Care Delivery;** Under this component, access and quality of services is to be improved by way of rehabilitation/expansion/construction and equipping of 2 health centers; **ii) Institutional Development;** This involves Human Resources Development and Management Capacity Building both of which will contribute to improved service quality and efficiency of delivery. To achieve these, the project is to rehabilitate/ expand and equip 2 training centers as well as conduct several training workshops and seminars for health care providers and administrators; **iii) Control of Infectious Diseases;** Malaria & HIV/AIDS were identified as major threats in the health sector and so controlling them would result in reduced health burden and improvement in the health status of the population. The project planned to fulfill this component by providing necessary equipment, capacity building and technical assistance to the concerned provinces and MOH staff; and iv) **Project Management;** Involves strengthening MOH project management capacity through recruitment of technical personnel, training and provision of logistic support.

3. Provide a brief assessment (up to two sentences) of the project objectives along the following three dimensions. Insert a working score, using the scoring scale provided in Appendix 1.

PROJECT OBJECTIVES DIMENSIONS		ASSESSMENT	WORKING SCORE
RELEVANT	a) Relevant to the country's development objectives	The project was in line with and responds to the country's health sector plan (2000 - 2004) developed by the government with assistance from the donor community and other development partners.	4
ACHIEVABLE	b) Objectives deemed achievable with project inputs and expected timeframe.	The objectives as stated in the appraisal report were achievable within the set timeframe with the design and proposed project inputs having been informed by a study and lessons learnt from previous Bank project in the sector.	4
CONSISTENT	c) Consistent with the Bank's national or regional strategy.	The project objectives conform with the Bank Group's Country Strategy (1991-2001) for Mozambique which gives priority to poverty alleviation and human resources development in the social sector.	4
	d) Consistent with the Bank's general priorities.	The objectives of this project are consistent with the Bank Group's Health Sector Policy approved by Board in Sept. 1996 that identifies health infrastructure, equipment and capacity building as areas of support to member countries.	4

4. Lay out the logical framework. In the absence of a logical framework, complete the table below, stating the overall objective of the project, the main components of the project, the main activities of each component, and the expected outputs and outcomes, as well as the indicators for measuring outcomes. Add additional rows for components, activities, outputs or outcomes, if necessary.

COMPONENT	ACTIVITY	EXPECTED OUTPUTS	EXPECTED OUTCOMES	INDICATORS TO BE MEASURED
Component 1: Improved Primary Health Care Delivery	1. Two (2) Rural Health Centres (HCs)- Palma & Metarica HCs to be rehabilitated/expanded and fully equipped	Palma & Metarica HCs rehabilitated/expanded and adequately equipped	Increased access to and quality of health services and health status of the coverage population	* No. of Out Patients (OPD) attendance (Utilization rate) * No. of Deliveries in Health Facilities. * Immunization Coverage Rate (Fully Immunized under-5). * Infant Mortality Rate. * Availability of minimum functional equipment in PHCs
	2. Construction and equipping of Nacala Rural Hospital	Nacala Rural Hospital constructed and adequately equipped	Improved access to quality secondary health care	* Same as for the HCs above
	3. Construction of Staff Houses for Palma & Metarica HCs and Nacala Rural Hospital	Staff Houses for Palma & Metarica HCs and Nacala Rural Hospital constructed	Availability and retention of health staff for effective provision of services	No. of relevant trained health staff in HCs.
Component 2: Institutional Development	1. Rehabilitation and equipping of 2 Training Institutions- Montepuez & Cuamba training Centers (TCs)	Montepuez & Cuamba training Centers rehabilitated and equipped with textbooks, reference books, teaching aids, audio-visual equipment. 2 mini-buses procured	Quality of training, technical skills and capacity of staff improved.	* Number of Training Institutions constructed/rehabilitated and equipped. * Number of training workshops/seminars conducted * Number of Providers and administrators trained at the TCs
	2. In-Service Training Workshops for (a) Planning & Management Staff (b) Nurses on MCH & Public Health (c) Sanitation Officers (SOs) (d) Laboratory Technicians (LTs)	(a) 50 Staff trained on Management and Information System. (b) 100 Nurses trained on MCH (c) 25 SOs trained on vector control, Sanitation & Environmental Health (d) 25 LTs trained on Diagnostic Techniques	* Service quality at health facilities improved following the capacity building activities.	* Number and type of training workshops/seminars conducted * Number of Providers and administrators trained.

	3. Provision of Fellowships to 50 Tutors of the TCs	50 Nurse Tutors benefit from Fellowships	* Teaching quality improved at Training Centres	* Number of Tutors benefited from the fellowship
Component 3: Control of Infectious Diseases (Malaria & HIV/AIDS)	1. Procurement of malaria control equipment, office equipment & furniture	Malaria control equipment, office equipment & furniture procured	National Malaria control office better equipped and positioned for services.	* No. and type of goods procured.
	2. Procurement of malaria control drugs, supplies & vehicle	Malaria control drugs, supplies & vehicle procured	Anti-malaria activities strengthened.	* No. and type of goods procured. * No. of increased activities *Coverage Rate
	3. Procurement of equipment, office equipment & furniture for the AIDS secretariat	Equipment, office equipment & furniture procured for AIDS Secretariat	HIV/AIDS secretariat better equipped and positioned for services	* No. and type of equipment and furniture procured.
	4. Conduct of training workshops on: (a) Surveillance, drugs resistance, epidemiological mapping etc (b) Social communication, gender, voluntary counseling & testing	(a) 25 malaria control programme staff from the 3 provinces trained (b) 15 staff of regional & provincial AIDS secretariat trained	* Skills of National malaria control programme and HIV/AIDS secretariat staff improved. * Improved services by Malaria and HIV/AIDS control programmes.	* Number of persons trained and type of training workshops/ seminars conducted
	5. Recruitment of 5 Technical Experts to strengthen the National AIDS secretariat	5 Experts recruited in the areas of public health, social anthropology, Gender, planning & finance and social mobilization	*Capacity of HIV/AIDS secretariat strengthened. * Services offered by the HIV/AIDS secretariat improved	* No. and category of technical experts recruited.
	6. Procurement of consultancies for policy formulation and establishment of systems to combat against HIV/AIDS	6 Consultancies for policy formulation and establishment of systems to combat against HIV/AIDS procured	* Policies on HIV/AIDS control formulated. * Systems to combat HIV/AIDS established.	* Number of consultancies procured. * Number of policies formulated * Evidence of the system established.
Component 4: Project Management	1. Procurement of 3 (Three) 4WD vehicles, office furniture and equipment	3 (Three) 4WD vehicles, office furniture and equipment procured & delivered	* Project management capacity strengthened.	* No. and type of goods procured.
	2. Reporting (quarterly	* Annual and quarterly	* Improved	* Number of QPPRs

and * Audit reports) and * Project Supervision	reports submitted timely * Project activities supervised	information sharing and accountability * Improved performance and on course to meeting objectives	submitted * Number & Quality of Financial Reports submitted * Number of supervision missions conducted, *Disbursement rate
3.Strenghtening of GACOPI through the recruitment of a task management team composed of: 1. ADF Project Manager 2, 3 field Engineers 3. One general administrator & 4. One Accountant	The under-listed recruited: 1. ADF Project Manager 2, 3 field Engineers 3. One general administrator & 4. One Accountant	Project Management capacity of GACOPI strenghtened and project properly managed	* Number and Category of consultants recruited. * Disbursement/ Implementation Rate.

5. For each logical framework dimension, provide a brief assessment (up to two sentences) of the extent to which the logical framework has contributed to the achievement of the objectives mentioned below. Insert a working score, using the scoring scale provided in Appendix 1. If no logframe exists, attribute a score of 1 to this section.

LOGICAL FRAMEWORK DIMENSIONS		ASSESSMENT	WORKING SCORE
LOGICAL	a) Presents a logical causal chain for achieving project development objectives.	The framework had identified the activities to be undertaken and linked them to expected outputs and outcomes in reasonable and logical manner with regards to the achievement of project objectives	4
MEASURABLE	b) Expresses objectives and outcomes in a way that is measurable and quantifiable.	The framework generally stated the indicators that relate to the expected outputs/outcomes and means of verification.	3
THOROUGH	c) States the risks and key assumptions.	The risks and key assumptions are well stated in the logical framework but the risk of community non involvement was not captured (although it was recognized in the PA as key element to ensure project sustainability).	3

D. OUTPUTS AND OUTCOMES

I. OUTPUTS OR RESULTS ACHIEVED

In the table below, assess the achievement of actual vs. expected outputs for each major activity, based on the logical framework in Section C. Score the extent to which the expected outputs were achieved. Calculate the weighted scores as an approximate proportion of project activity costs. The overall weighted score will be auto-calculated as the average of weighted working scores. Override the auto-calculated score, if desired, and provide justification.

KEY ACTIVITIES		Working Score	Proportion of Project Costs in percentage (as mentioned in the appraisal report)	Weighted Score (auto-calculated)
Expected Outputs	Actual Outputs			
COMPONENT 1: 1. Palma & Metarica HCs	The rehabilitation/constructions	4	53,3	2,132

rehabilitated/expanded and adequately equipped	were carried out as planned and both facilities have equally been equipped.			
2. Nacala Rural Hospital constructed and adequately equipped	Construction completed with equipment and furniture procured			

3. Staff Houses for Palma & Metarica HCs and Nacala Rural Hospital constructed	Metarica HCs has 2 units of 3-bedroom and 5 units of 2-bedroom bungalows each constructed. Palma has 4 units (2 and 3 bedrooms) while Nacala Rural Hospital has 8 units of 2-bedroom and 4 units of 2-bedroom constructed.			
COMPONENT 2: 1. Mocimboa da Praia & Cuamba training Centes rehabilitated and equipped with textbooks, reference books, teaching aids, audio-visual equipment. 2 mini- buses procured	Mocimboa da Praia & Cuamba training Centes constructed (new constructions not rehabilitations) and equipped.			
2. (a) 50 Staff trained on Management and Information System. (b) 100 Nurses trained on MCH (c) 25 SOs trained on vector control, Sani. & Env. Health (d) 25 LTs trained on Diagnostic Techniques (e)50 Nurse Tutors benefit from Fellowships	(a) 115 Staff trained on Management and Information System. (b) 90 Nurses trained on MCH (c) 44 SOs trained on vector control, Sani. & Env. Health (d) 5 staff trained in English Language (e)30 Nurse Tutors benefited from the Fellowships	3	28,8	0,864
3. Staff Houses for Cuamba & Mocimboa da Praia training Centes	5 Staff houses for Mocimboa da Praia training Centes constructed			
COMPONENT 3: 1. Malaria control equipment, office equipment & furniture procured 2. Malaria control drugs, supplies & vehicle procured 3. Equipment, office equipment & furniture procured for AIDS Secretariat	Malaria control equipment, drugs, supplies procured as planned. Office equipment & furniture procured for both AIDS Secretariat and the National Malaria Control programme as planned.	3	9,2	0,276
4. (a) 25 malaria control programme staff from the 3 provinces trained (b) 15 staff of regional & provincial AIDS secretariat trained	(a) 220 field workers and spray operators from 5 provinces trained (b) N/A			
5. (a) Five Experts recruited in the areas of public health, social anthropology, Gender,	(a) Due to changes in priority areas of focus in the approved national AIDS strategy and restructuring of the national			

planning & finance and social mobilization. (b) 6 Consultancies for policy formulation and establishment of systems to combat HIV/AIDS procured	AIDS committee (NAC), only 3 experts were recruited and posted to the NAC. (b) A communication strategy and campaign was developed and implemented according to the new government strategy for HIV/AIDS			
COMPONENT 4: 1. 4WD vehicles, office furniture and equipment procured	The project procured 4WD vehicles, office furniture and equipment as planned.			
2. * Annual and quarterly reports submitted timely * Project activities supervised	* Initially the PIU submitted audit and quarterly reports , but with the new structure audit and quarterly reports were neither timely nor executed as planned. * Project activities supervised but not timely and adequate.			
3. The under-listed recruited: a). ADF Project Manager b). 3 Field Engineers c). One general administrator & One Accountant d).	At appraisal, it was agreed to strengthen the capacity of GACOPI which is responsible for planning, managing and supervising the MOH's investment program with these consultants. Initially the PIU was in place. However, following a New Government Policy phasing out the use of TA/Consultants, subsequently civil servants in MoH became responsible for project's management	1	8,7	0,09
OVERALL OUTPUT SCORE [corresponds to the sum of weighted scores]				3

Check here to override the calculated score

Provide justification for overriding the auto-calculated score

Insert the new score or re-enter the auto-calculated score	3

II. OUTCOMES OR RESULTS ACHIEVED

1. Using available monitoring data, assess the achievement of expected outcomes. Import the expected outcomes from the logical framework presented in Section C. Score the extent to which expected outcomes were achieved. The overall outcome score will be auto-calculated as an average of the working scores. Override the auto-calculated score, if desired, and provide justification.

OUTCOMES		Working Score
Expected	Actual	
COMPONENT 1: 1. Increased access to and quality of health services for the coverage population	The rehabilitation/expansion of the health centres resulted in more people accessing services provided in the facilities. Immunization coverage, out-patients attendance and deliveries attended by skilled personnel witnessed a remarkable increase -i.e 64.3%, 39.3% and 27.4% respectively in one of the intervened facilities. The Palma HC recorded a high increase of 50% in out-patients attendance. Available data also show declines at district and provincial levels in Under-5 and infant mortality rates (see annex 6).	4
2. Improved access to quality secondary health care	The rural hospital has been constructed, equipment procured but not yet put into use. It is anticipated when operational to bring about a remarkable increase in access and delivery of quality services as well as serve as reference centre to surrounding or neighbouring primary health care centres.	3
3. Availability and retention of health staff for effective provision of services	The construction of staff houses in each of the intervened health facilities attracted qualified providers to the centers. Statistics obtained show as much as 75% increase in staff strength in some cases. Lack of accommodation has always hindered health providers from accepting rural postings. It is therefore envisaged that provision of staff housing by the project will continue to attract and lead to retention of skilled health personnel.	4
COMPONENT 2: 1. * Capacity Building workshops/Seminars conducted at these centres for service providers and administrators * Technical skills and capacity of providers improved. * Quality of training at the centres improved. * Service quality at health facilities improved	Mocimboa da Praia training centre was officially inaugurated in November 2009 and current operational, activities commenced in Jan. 2010. Cuamba training centre is scheduled to begin training activities in July. Phase two project was already approved by the GoM as it still lacks staff quarters and some other facilities to make it conducive and fully functional. Only a few workshops/ seminars have been conducted but it is hoped that once the Cuamba center become functional, remarkable improvements will be experienced with respect to technical/clinical capacity of health staff and quality of services rendered at health facilities in the region.	3
2. * Service quality at health facilities improved following the capacity building activities.	The capacity building training activities implemented for some categories of health providers under the project, though effective did not benefit only providers in the target facilities. It is therefore difficult linking it with service quality improvements in the facilities.	2
3.* Teaching quality improved at Training Centres	Though a good number of nurses and other staff benefited from the training of the trainers fellowship programme and courses this activities were not only directed to staff of the training and health centers in the project area. Teaching conditions have improved but it is still early to measure teaching quality in both centers. Mocimboa da Praia training centre is the only one presently operational.	3

COMPONENT 3: 1.National Malaria control office better equiped and positioned for services. 2. Anti-malaria activities strengthened. 3. HIV/AIDS secretariat better equiped and positioned for services	The natioanal malaria control programme and HIV/AIDS secretariats were able to carry out more of their expected activities as a result of the support provided by the project.	3
4* Skills of National malaria control programme and HIV/AIDS secretariat staff improved. * Improved services by Malaria and HIV/AIDS control programmes.	The training provided for the staff of both National malaria control programme and HIV/AIDS secretariat assisted in improving the quality and effectiveness of their tasks .Both Malaria and HIV/AIDS rates have reduced in the region (slightly for HIV) . However, it is not realistic to make a direct link.	2
5. *Capacity of HIV/AIDS secretariat strengthened. * Services offered by the HIV/AIDS secretariat improved 6. * Policies on HIV/AIDS control fomulated. * Systems to combact HIV/AIDS established.	Capacity and services by the HIV/AIDS secretariat were improved . The establishment of systems to combat the epidemic was not fulfilled as envisaged under the project but a communication campaign was designed and implemented .	3
COMPONENT 4: * Project Management capacity of GACOPI at MOH strenghtened and project properly managed	GACOPI capacity was not strengthened during all project cycle as planned .The project was poorly managed as a result of government's decision to terminate contracts of initially recruited consultants tasked with these functions.	1
* Improved information sharing (communication) and accountability * Project on course to meeting objectives	No appreciable improvement in reporting, exchange and management of information. This is a fall out of the poor management capacity of the MOH as well as loss of skilled key management staff.	1
OVERALL OUTCOME SCORE [Calculated as the average of working scores]		3

 Check here to override the calculated score

Provide justification for over-riding the auto-calculated score

Insert the new score or re-enter the auto calculated score 3

2. Other outcomes: Discuss additional outcomes not planned in the logical framework, and which mostly concern cross-cutting issues (gender, for example). Discuss

1. The project will have a substantial impact on poverty reduction as it is placed in the most poor and density populated region. During the construction phase the project had some positive social and economic impact on the beneficiary population. Local companies supplied materials including cement and women's associations have set income generating activities to provide stones and wood for the construction. Workers were locally contracted and trained. Local unskilled persons were recruited as laborers, guards, gardeners and maions. 2. The rehabilitation/ construction of these facilities also provided the platform for other partners to provide some further support e.g. the solar energy installations to power water borehole machines and some vitals places in Metarica Health Centre and Mocimboa da Praia Training Centers.3. Other partners are already supporting the maintenance efforts by providing training and resources namely Elizabeth Glaser Foundation, CIC Inter-hospital Cooperation Council, etc.

3. Risks to sustained achievement of outcomes. State the factors that affect, or could affect, the long-run or sustained achievement of project outcomes. Indicate any new action or institutional change recommended to help sustain outcomes. The analysis should draw on the sensitivity analysis in Annex 3 if relevant.

i) Health District and Community involvement: Although in the project appraisal it is recognized the role of the communities (steering committees, decentralized structures & participatory approaches⁰, the level of involvement of the health districts and beneficiary communities in the project has been limited which will reflect a lack of ownership. If the communities are not involved in the management and really made to own the projects, sustained achievement of the outcomes will almost be impossible. It is therefore recommended that community structures like the community development committees which are in existence in these communities be strengthened and empowered to take the challenge of sustaining the project achievements. ii) Government's continued adequate funding of health services: the expansion of these facilities and the increased health staff means increased financial resource requirements for the facilities to function as expected. The government should therefore increase the budgetary allocation to the facilities in particular for purposes of maintenance and running costs. iii) GoM's political willingness to release funds for rapid implementation of Phase II for Cumba and Mocimboa training centers to make them conducive and fully functional

E. PROJECT DESIGN AND READINESS FOR IMPLEMENTATION

1. State the extent to which the Bank and the Borrower ensure that the project is commensurate with the Borrower's capacity to implement it by designing it appropriately and by putting in place the necessary implementation arrangements. Consider all major design aspects, such as: extent to which lessons learned from previous policy-based lending operations in the country were taken into account (please cite key PCRs); the extent to which the project was informed by robust analytical work (please cite key documents), how well the Bank and Borrower assessed the capacity of the implementing agencies, - scope of consultations and partnerships, economic rationale for the project, and - provisions made for technical assistance

[250 words maximum. Any additional narrative about implementation should be included in Annex 6 entitled: Project Description]

A study to comprehensively assess the health sector was commissioned by GoM with Bank funding prior to appraisal of this project. The outcome of the study - conclusions and recommendations formed the basis for the design of this project as well as priority areas identified in 2000-2004 Health Sector Plan . The study had identified the need to assist the human resources development program and control of infectious diseases specifically malaria and HIV/AIDS. In addition, one of the key findings was the need to strengthen the capacity of Ministry of Health permanent implementation unit, GACOPI, which later became the Department for Investment and Infrastructure by way of recruitment of support consultants. Also, at that time of appraisal of this project, the Bank was financing another ongoing intervention in Mozambique the Beira Corridor Health Project. Lessons from this Project included the need for the designs and tender documents to be completed at appraisal to ensure that the project takes off on time, the need to use appropriate skill mix during supervision missions and importance of incorporating adequate water supply in the facilities.

2. For each dimension of project design and readiness for implementation, provide a brief assessment (up to two sentences). Insert a working score, using the scoring scale provided in Appendix 1.

PROJECT DESIGN AND READINESS FOR IMPLEMENTATION DIMENSIONS		ASSESSMENT	WORKING SCORE
REALISM	a) Owing to its complexity, the project is underpinned by an analysis of the country's capacity and political commitment	Project design ensured that implementation was to be done by GAGOPI which was also implementing other donor financed activities. The identified weakness in capacity of GACOPI was addressed through the support from the consultants identified for recruitment under the project.	4
RISK ASSESSMENT	b) Project design includes adequate risk analysis and mitigation measures analyses.	The project captured most of the major risk factors and put in place measures to address them including an active role of the stakeholders in the steering committee to ensure ownership of the beneficiary communities	3

USE OF COUNTRY SYSTEMS	c) Financial management, procurement, monitoring and/or other systems are based on those already in use by government and/or other partners.	All procurement, financial management, and monitoring systems used by the project were in line with Banks and government procedures	4	
For the following dimensions, provide separate working scores for Bank performance and Borrower performance:			WORKING SCORE	
			Bank	Borrower
CLARITY	d) Responsibilities for project implementation were clearly defined	Responsibility for project implementation was clearly defined at appraisal. The Project was managed by GACOPI (the Project Implementation Unit) established within the Ministry of Health.	4	4
PROCUREMENT READINESS	e) The documents needed for implementation (document on specifications, design, procurement, etc.) are ready at appraisal.	Not required at that time but a an implementation schedule was in place	4	4
MONITORING READINESS	f) Monitoring indicators and plans are adopted	Monitoring indicators and monitoring plans were agreed upon. However , the monitoring and evaluation data of the project, particularly of the verifiable indicators, needed some improvement .	3	3
BASELINE DATA	h) Collection of baseline data is completed or is underway	Appropriate Baseline data was not available before take-off though some national and regional data were available. Detailed information/data on the health districts and areas where sites are located were not on ground before implementation	2	2

F. IMPLEMENTATION

1. State the major characteristics of project implementation with reference to: adherence to schedule, quality of constructions and other works, performance of consultants, effectiveness of Bank supervision, and effectiveness of Borrower oversight. Determine to what extent the Bank and the Borrower ensured adherence to safeguard measures.

[300 words maximum. [Any additional narrative about implementation should be included in Annex 5: Project Description]

The project failed to adhere to schedule due to (i) the absence of a focal person in government fully responsible for the entire project coordination (ii) communication constrains within the Ministry of Health and (iii) Insufficient communication with the Bank (when it moved from Abidjan to Tunis) and delays on review and approval of project documents. Bank's supervision missions were though valuable but often lacked the right skill mix. With the establishment of the FO monthly meetings were set to closely follow and review the project implementation status including field visits to problematic sites. Efforts were also made to make better use of the MZFO facilities, including on job MoH staff training on procurement and financial Bank's disbursement rules and procedures. However, the borrower

oversight was not only irregular but ineffective resulting in failure to adhere to implementation schedules. The major reason for the poor borrower supervision/oversight include (i) insufficient ,overloaded staff and high turnover (ii) insufficient knowledge of the financial Bank's disbursement rules and procedures, and (iii) poor planning in the sequencing of civil works and that of procurement of equipment and furniture. Delays in project implementation, ineffective project management resulted in large un-disbursed amounts of the Loan & Grant . However, the counterpart contribution was higher than planned as (i) the Bank was unable to grant no objection to the recommendation for the award of the contract for the construction of two facilities as the tender amounts were higher than available resources allocated to the category of expenditure . It should be noted that, an expansion from rehabilitation to a full construction occurred including a change in location. The GOM decided to use ADF resources for the construction of Nacala General Hospital and use Prosaude resources in two other sites including payment for supervision services (ii) The Bank was unable to grant no objection for supervision services as, the government failed to follow proper procurement rules. (iii) The Bank and the GoM have agreed to cancel in 2007 some activities under the Grant as the project was unable to coordinate the activities with the implementing bodies.(iv) variations in the exchange rate.

The civil/construction works carried out under the project were of very high standards. Performance of the Consultants was in general satisfactory apart from the contractor and consultants for Cuamba Training School.

2. Comment on the role of other partners (donors, NGOs, enterprises, etc.). Assess the effectiveness of co-financing arrangements and of donor coordination, if applicable.

Other partners through the Prosaude arrangements supported the governments health efforts. As the Bank was unable to grant its no objection for all sites due to high tender amounts and MoH constrains to adhere to Bank's procurement rules to contract consultancy services , GOM used PROSAUDE funds to complete the construction of Mocimboa da Praia, Palma and 5 staff houses in Metarica and payment of supervision services.

3. Harmonization. State whether the Bank made explicit efforts to harmonize instruments, systems and/or approaches with other partners.

The Bank prepared the project within the context of the Government of Mozambique's Health Sector Plan. It is in line with country's Poverty Reduction Strategy. Under the Paris Declaration, namely harmonization and coordination efforts, and following the government request, the Bank agreed to use civil servants to implement Project activities, instead of using external consultants. However, effort on the part of the Bank to harmonise systems was limited.

4. For each dimension of project implementation, assess the extent to which the following criteria were met. Provide a brief assessment (up to two sentences) and insert a working score, using the scoring scale provided in Appendix 1.

PROJECT IMPLEMENTATION DIMENSIONS		ASSESSMENT		WORKING SCORE
TIMELINESS	a) Extent of adherence to the original closing date. If the number on the right is: below 12, 4 is scored; between 12.1 and 24, 3 is scored; between 24.1 and 36, 2 is scored; above 36.1, 1 is scored.	Difference in months between original closing date and effective closing date or date of completion of 98% of disbursement	The project experienced several delays in implementation resulting in extension of the project from May 2006 to January 2010.	1
		44,73		
BANK PERFORMANCE	b) Bank enforced:			
	Environmental Safeguards	The Bank prepared the project taking into consideration environmental safeguards including waste disposal.		3
	Fiduciary Requirements	The Bank ensured in general, that its fiduciary rules and procedures were adhered to through project implementation in grating its "No		3

		Objections" to Government's requests.	
	Agreement reached in the context of the project	The Bank has reached most of the agreed actions. However, engagement of a financial expert in particular during the midterm review would have largely benefited the project	3
	c) The Bank provided quality supervision in terms of skills mix and practicality of solutions	The Bank fielded 11 supervision missions during the project implementation period. In addition, field visits to problematic sites and quarterly meetings were held with MZFO including procurement and disbursement staff as well as on job training .Regarding the skill mix, the missions would have benefitted from inclusion of a fiduciary expert. Considerable undisbursed balances of the loan and the grant were cancelled while the Government had to increase substantially its contribution.	2
	d) Bank provided quality management oversight	Bank's role on overall management of the project is commendable on the basis of the number of supervisions, midterm review, follow up meetings, training and positive responses to Government's requests.	3
BORROWER PERFORMANCE			
	Environmental Safeguards	Incinerators not in place in all sites as planed.	3
	Fiduciary Requirements	Government did not completely follow the fiduciary requirements of the Bank and its own rules and procedures through out project implementation.	2
	Agreement reached under the project	The Project was to be managed by GACOPI within the Ministry of Health. However, following a New Government Policy, all TA/Consultancies were phased out and MOH civil servants were called to implement MOH activities as a whole. In addition, the Steering Committee comprising members from both central and provincial directorates was never properly operational.The GoM did not comply with key agreed issues namely appointment of focal person, ensure operationalisation of the steering committee,etc .	2
	f) Borrower was responsive to Bank supervision findings and recommendations	The Government generally agreed to the Bank's supervision missions findings and recommendations, however it did not completely follow these recommendations or were not timely executed	2
	g) Borrower collected and used monitoring information for decision making	Monitoring information for decision making were not collect and used on a permanent basis.	2

G. COMPLETION

1. Was the PCR delivered on a timely basis, in compliance with Bank policy?			
Date 98% disbursement attained (or closing date, if applicable)	Date PCR sent to pcr@afdb.org	Difference in months	WORKING SCORE (Auto-calculated) Si l'écart est égale ou inférieur à 6 mois, la note est de 4. Si l'écart est supérieur à 6 mois, la note est de 1. If the difference is 6 months or less, a 4 is scored. If the difference is more than 6 months, the score is 1.
31/01/ 2010			

Briefly describe the PCR Process. Describe the Borrower's and co-financers' involvement in producing the document. Highlight any major differences of opinion concerning the assessments made in this PCR. Describe the team composition and confirm whether a site visit was undertaken. Mention any major collaboration with other development partners. State the extent of field office involvement in producing the report. Indicate whether comments from Peer Reviewers were received on time (provide names and positions of Peer Reviewers).

[150 words maximum]

The PCR process involved a joint Bank/GoM mission comprising a Social Sector Expert, a Health Analyst, a Data Management Specialist, a Consultant Architect, Government Architects (representing the borrower). Assistance was provided by Ms. Alice Hamer, Resident Representative and Mr. Antonio Nhapossa, Disbursement Consultant both from MZFO and Mr. Joao Alexandre Director of the Investment Department of MoH. The mission team visited all three project provinces (Cabo Delgado, Nampula & Niassa) and 5 construction sites/health facilities where discussions were held with concerned government staff at the provincial (district) headquarters and facilities. Inspections were carried out at rehabilitation/construction sites to verify quality of civil works done, equipment and other goods procured under the project. Meetings were held with the senior management of Malaria Program, Finance and Human Resources Department. The team also paid visits to other development partners to discuss and share experiences on their partnership with GoM, their relationship & assessment of the project and also recommendations/advice on future Bank interventions in the country. The mission convened working sessions with representatives of the Ministry of Planning and Cooperation to discuss and agree on the project outputs and sustainability of project outcomes. The document was improved upon with the contributions from OSHD.3 and MZFO Peer Reviewers.

H. LESSONS LEARNED FROM THE ASSESSMENT

Summarize key lessons for the Bank and the Borrower suggested by the project's outcomes

[Maximum 300 words. Any other comments about implementation shall be presented in Annex 6: Project Description]

(A) Related to the Project

1. It was discovered that some of the generators procured to provide energy to the facilities were not in use due to unavailability of funds to purchase fuel and for maintenance. It is therefore important having alternative low cost energy source e.g. solar to power certain key areas of health facilities like water borehole pumping machines, wards and theatre lightings .
2. It is recommended that future designs incorporate good drainage system and landscaping to address the issue of erosion which may pose a challenge to the constructed facilities under this project.
3. Some key aspects of the approved designs were canceled as a result of effects of long delays and inflation

on the cost of construction. In future, implementation delays should be reduced as much as possible and resources should be concentrated on few sites to ensure better impact.

4. The implementation of the soft component (institutional development / human resources) was very difficult and problematic resulting in a large un-disbursed amount of the Grant. This component was also managed by the GACOPI (the agency responsible for managing MoH investment program) which is more concerned with infrastructure:

a) In future projects, there should be a dedicated PIU/specialized TA responsible for such this component

b) Alternatively, such funds could be channeled under common arrangements such as the SWAP, facilitating and improving alignment with existing programs.

(B) Ministry of Health (Implementing Agency)

(a). All contract packages for Goods particularly complex equipment should include the training of some beneficiary/end-user staff on installation and maintenance of such procured goods. It was observed that some of the procured equipment in the last 2 or more years in some facilities were yet to be installed because the structures to house them were not ready at delivery. Now, no one to install them since end users were not trained on that and the contract liability period has expired in some cases.

(b). Ensure that all delivered goods are received by technical staff, properly stored, installed and tested before acceptance.

(c). Ensure that procured Goods are provided with identification tags for ease of identification, inventory and record keeping.

(C) Bank

1. Banks supervision team should have a good skill mix to ensure holistic supervision and resolution of issues. Usually, Bank missions were composed of one Sector Expert and Architect

2. PCR format should include a section to incorporate the views of direct/end beneficiaries

3. Field offices should be further strengthened financially to conduct supervision missions based on the positive impact MZFO had on the project.

(D) GoM and Bank

1. As changes occur throughout the life of the project, the Borrower and the Bank should exercise flexibility and adopt to emerging circumstances, however :

(a) .On fiduciary requirements, there should be no compromise,

(b) .Key areas of project implementation agreed at appraisal, in particular the management design , should as much as possible be honored. For inevitable changes during the project's life, measures of mitigation should be agreed upon and followed up to avoid adverse effects on the implementation of activities

(c) . The Ministry of Plan and Cooperation (MPD) should instruct/inform the sectors about the implications of changing the terms of the agreements. MPD should also provide support in finding an ideal solution or alternative.

2. GoM should strengthen measures to sanction firms that provide poor quality work or fail to deliver at the right time.

I. PROJECT RATINGS SUMMARY

All working scores are auto-generated by the computer from the relevant section in the PCR.

	Achievement of outputs	3
	Achievement of outcomes	3
	Timeliness	1
	OVERALL OUTCOME SCORE	2
BANK PERFORMANCE	Project objectives are relevant to country development objectives	4
	Project objects are achievable with project inputs and in the expected time frame	4
	Project objectives are consistent with the Bank's country or regional strategy	4
	Project objectives are consistent with the Bank's general priorities	4
	The logical framework presents a logical causal chain for achieving project objectives	4
	The Objectives and outcomes, as presented in the logical framework, are measurable and quantifiable	3
	The logical framework states key risks and assumptions	3
	The country's capacity and political commitment are commensurate with the complexity of the project	4
	Project design includes adequate risk analysis	3
	Financial management, monitoring and/or other systems are based on those already in use by government and/or other partners.	4
	Responsibilities for project implementation are clearly defined	4
	Documents needed for implementation (specifications, design, procurement documents, etc.) are ready at appraisal	4
	Monitoring indicators and monitoring plans have been adopted	3
	Collection of baseline data is completed or underway	2
	DESIGN AND READINESS SUB-SCORE	4
	Supervision:	
	Bank enforced:	
	Environmental Safeguards	3
	Fiduciary Requirements	3
	Agreements concluded under the project	3
	Bank provided quality supervision in the form of skills mix and practicality of solutions	2
	Bank provided quality management oversight	3
	The PCR was delivered on a timely basis	
SUPERVISION SUB-SCORE	3	
OVERALL BANK PERFORMANCE SCORE	4	

BORROWER PERFORMANCE			
	Responsibilities for project implementation are clearly defined	4	
	Documents needed for implementation (specifications, design, procurement documents, etc.) are ready at appraisal	4	
	Monitoring indicators and monitoring plan have been approved; baseline data collection has been completed or is underway	3	
	PROJECT DESIGN AND READINESS SCORE		4
	Implementation		
	Borrower complied with:		
	Environmental Safeguards		3
	Fiduciary Requirements		2
	Agreements reached under the project		2
	Borrower was responsive to Bank supervision findings and recommendations		2
	Borrower used monitoring information for decision-making		2
	IMPLEMENTATION SUB-SCORE		2
OVERALL BORROWER PERFORMANCE SCORE		3	

J. PROCESSING

STEP	SIGNATURE AND COMMENTS	DATE
Sector Manager Clearance		
Regional Director Clearance		
Sectoral Director Approval		

A. Sources of Finance (in million UA)

Source	F.E.		L.C.		Total	
	As at appraisal	Amount disbursed	As at appraisal	Amount Disbursed	As at appraisal	Amount disbursed
ADF	7.08	6.97	1.92	0.24	9	6.994
TAF	0.57	0.339	0.03	0	0.6	0.339
GoM	-	-	1.09	5.33	1.09	5.33
TOTAL	7.65	7.31	3.04	5.57	10.69	12.663

1UA = 37.7824 MTN

B. Project Cost by Component (in million UA)

Component	Amount allocated	% of Total	Amount Disbursed*	% disbursed
I. Improved Primary Health Care Delivery	5.70	53.32%	5.03	88.24%
II. Institutional Development	3.08	28.81%	1.32	42.85%
III. Control of Infectious Disease	0.98	9.17%	0.339	34.59%
IV. Project Management	0.93	8.70%	0.64	68.81%
Total Cost	10.69	100%	7.33	68.56%

* Due to poor financial records, the amount disbursed by component may not be 100% accurate but close to reality.

C. Actual Disbursement of Bank Loan & Grant per Year in UA

Years since Approval	Amount Disbursed (UA)		Cumulative disbursement		Cumulative as % of total	
	Loan	Grant	Loan	Grant	Loan	Grant
2001	197,122.24	78,848.89	197,122.24	78,848.89	2%	13%
2002	0	0	197,122.24	78,848.89	2%	13%
2003	0	0	197,122.24	78,848.89	2%	13%
2004	573,904.82	0	771,027.06	78,848.89	9%	13%
2005	99,606.61	0	870,633.67	78,848.89	10%	13%
2006	657,245.45	0	1,527,879.12	78,848.89	17%	13%
2007	1,055,749.81	0	2,583,628.93	78,848.89	29%	13%
2008	1,015,634.96	61,110.87	3,599,263.89	139,959.76	40%	23%
2009	3,395,173.86	12,760.34	6,994,437.75	152,720.10	78%	25%
2010	0	186,663.42	6,994,437.75	339,383.52	78%	57%

D. Current Disbursement Status (in UA)

Description	ADF Loan	%	ADF Grant	%	Government CC	%
Total Amount	9,000,000	100%	600,000	100%	1,090,000	100%
Disbursement to date	6,994,437.75	78%	339,383.52	55%	5,325,136.69	489%
Undisbursed Amount	2,005,562.25	22%	260,618.48	45%	-	-

Mission Type	Date	No. of Persons	Composition	ratings	
				IP	DO
Preparation	March 2000	2	Mr. M. Youssef (Chief Health Analyst) and Mr. J. Friis (Principal Architect)	N/A	N/A
Appraisal	October 2000	2	Mr. M. Youssef (Chief Health Analyst) and Mr. J. Friis (Principal Architect)	N/A	N/A
Supervision	26/11/2001	2	Mr. M. Youssef (Chief Health Analyst) and Mr. J. Friis (Principal Architect)	2.40	2.00
Supervision	29/6/2002	2	Mr. M. Youssef (Chief Health Analyst) and Mr. J. Friis (Principal Architect)	2.40	2.25
Supervision	18/1/2003	1	Mr. M. Youssef (Chief Health Analyst)	2.45	2.25
Supervision	15/2/2004	2	Mr. M. Youssef (Chief Health Analyst) and Mr. F. Mvula (Senior Architect)	2.36	2.25
Supervision	25/1/2005	3	Ms A. Hamer (Director, ONSD and Mission Leader); Ms. B. Ba-Diagne (Health Analyst); Mr. M. Ayiamba (Architect)	2.08	2.33
Supervision	30/11/2005	1	Mr. Moses Ayiamba (Senior Architect)	1.85	2.33
Mid-Term Review	25/9/2006	4	T.llunga (Manager, OSHD.3 and Mission Leader), Bineta BA(Principal Health Analyst); Mr. Moses Ayiamba (Senior Architect); Ms. Yolanda Arcelina (Social Sector Spec.)	1.85	2.33
Supervision	23/3/2007	4	Mrs. Bineta BA (Principal Health Analyst and Mission Leader); Mr. Frank Mvula (Senior Architect); Ms. Nana Kgosidintsi (Consultant Health Analyst) and Ms. Yolanda Arcelina (Social Sector Spec.)	2.00	2.33
Supervision	27/1/2008	4	Mrs. Willye Mai King (CPO and Mission Leader); Mrs. Isabel Soares (Disb. Assistant) and Ms. Yolanda Arcelina (Social Sector Spec) and Mr. Manuel Sumbana (Procurement Specialist).	2.08	2.33
Supervision	15/7/2008	4	Dr. Pap Williams (Principal Health Analyst and Mission Leader); Frank Mvula (Senior Architect); Mrs. Isabel Soares (Disb. Assistant) and Ms. Yolanda Arcelina (Social Sector Spec.)	1.92	2.67
Supervision	3/5/2009	4	Dr. Pap Williams (Principal Health Analyst and Mission Leader), Ms Y. Arcelina, (Social Sector Specialist (MZFO), Ms. Isabel Soares, (Disbursement Assistant,(MZFO) and Mr João Mabombo, (Infrastructure Specialist (MZFO)	2.15	2.67

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CATEGORY: (SSS) PROFESSIONAL SERVICES	ESTIMATED AMOUNT USD	ACTUAL AMOUNT	CONTRACT PRICE USD' 000
Design of Project Plan & supervision of Nacala R. Hospital	427,552	470,275	527,357
Design of Project Plan & supervision of 2 Health Centers	134,737	148,211	166,201
Design of Project Plan & supervision of M.Praia Health Training Center	100,216	110,238	121,509
Design of Project Plan & supervision of Cuamba Health Traing Center	72,595	79,855	88,019

CATEGORY: TECHNICAL ASSISTANCE (SSS)	NO OBJECTION DATE	CONTRACT EFFECTIVE	MOBILIZATION	COMPLETION DATE
E.1 Local Staff				
ADF Project Manager	30-Nov-01	1-Nov-01	1-Nov-01	31-Dez-2005
ADF Secretary	30-Nov-01	1-Jan-02	1-Jan-02	31-Dez-2005
ADF Field Engineer - Nampula	27-Nov-03	4-Dec-03	4-Dec-03	31-Dez-2005
ADF Field Engineer - Cabo Delgado	30-Nov-01	1-Jan-02	1-Jan-02	31-Dez-2005
ADF Field Engineer - Niassa	30-Nov-01	1-Jan-02	1-Jan-02	31-Dez-2005
ADF Accountant	30-Nov-01	1-Dec-01	1-Dec-01	31-Dez-2005

CATEGORY: TECHNICAL ASSISTANCE (SSS)	Currency	CONTRACT AMOUNT	No-Objection
Training			
Training Services in General Nursing - Promotion - Nampula Province	USD	72,488.00	2-May-03
Training Services in Administration AID - Nampula Province	USD	72,488.00	2-May-03
Training Services in Medical AID - Niassa Province	USD	72,488.00	2-May-03
Training Services in Basic Nursing - Cabo Delgado Province	USD	66,090.00	20-Nov-06
English Course	USD	16,692.00	20-Nov-06
Information Technology	USD	3,941.00	20-Nov-06
Public Accountant - Cabo Delgado Province	USD	38,563.14	N/A
Public Accountant - Niassa Province	USD	38,473.60	N/A
Preventive Medicine and Environment - Nampula Province	USD	22,590.90	N/A
Preventive Medicine and Environment - Cabo Delgado Province	USD	18,000.00	N/A
Preventive Medicine and Environment - Niassa Province	USD	18,000.00	N/A
Training Services in Administration AID - Cabo Delgado Province	USD	72,488.00	N/A

CATEGORY: VEHICLES EQUIPMENT AND MATERIALS - NATIONAL & INTERNATIONAL SHOPPING	Currency	CONTRACT AMOUNT
Computers and related Equipment for PIU	USD	43,492.64
Office Equipment and Miscellaneous for PIU	USD	17,014.79
Office Furniture for PIU	USD	18,315.18
Vehicles for PIU and DAG	USD	98,455.17
Vehicles for CNCS	USD	25,731.30
Computers And Accessories for DAG	USD	82,067.54
Computers And Accessories for CNCS	USD	16,274.70
Office Equipment	USD	65,206.77
Malaria Spraying Equipment	USD	284,368.20

CATEGORY: EQUIPMENT AND MATERIALS - NCB	Currency	CONTRACT AMOUNT
Linen for Metarica H.C.	USD	16,680.47
Furniture for Metarica H.C.	USD	76,808.55
Hospital Furniture For Metarica H. C.	USD	50,201.87
House Furniture For Metarica H. C	USD	71,457.62
Linen for Palma H.C	USD	11,211.45
Furniture for Palma H.C.	EUR	40,805.30
Hospital Furniture For Palma H. C.	USD	63,270.08
House Furniture For Palma H. C	USD	55,586.77
Furniture for Mocimboa da Praia H.C	USD	137,625.82
Laundry and Kitchen Equipment for Mocimboa H.C	USD	21,922.22
Audio Visual Equipment for Mocimboa H.C	USD	11,425.94
Office Equipment	USD	40,550.42
Teaching Aids & Accessories for Mocimboa H. C.	USD	22,144.15
Sanitary items for Mocimboa H.C	USD	3,103.60
Models and Charts for Mocimboa H. C.	MZN	564,433.17
Furniture for Cuamba T. C.	EUR	106,983.67
Electrical Items for Cuamba T. C.	USD	34,816.74
Teaching Aids for Cuamba T. C.	USD	23,909.88
Accessories for Cuamba T. C.	USD	8,395.05
Models and Charts for Cuamba T. C.	MZN	399,945.96
Furniture for for Nacala R.H.	USD	150,392.53
Kitchen Equipment for Nacala R.H.	USD	3,619.72
Hospital Linen for Nacala R.H.	USD	58,295.88
Medical Furniture for Nacala R.H.	USD	182,483

CATEGORY: VEHICLES EQUIPMENTS AND MATERIALS - ICB (CONSOLIDATED GACOP & CNCS)	Currency	CONTRACT AMOUNT
General Laboratory Equipment for Metarica H.C.	USD	75,146.59
General Medical Equipment For Metarica H.C.	USD	57,352.19
Kitchen and Laundry Equipment For Metarica H. C.	USD	43,567.04
Office Equipment For Meterica H. C.	USD	18,883.64
Maintenance Equipment For Metarica H. C.	USD	5,459.65
Laboratory equipment for Palma H.C	USD	26,870.53
Medical equipment for Palma H.C	USD	32,434.00
Kitchen and Laundry Equipment For Palma H. C.	EURO	69,062.42
Office Equipment For Palma H. C.	USD	23,212.20
Maintenance Equipment For Palma H. C.	USD	68,404.80
Kitchen Equipment for Mocimboa H.C	USD	79,178.88
Gardening Equipment for Mocimboa H.C	USD	61,907.16
Medical Equipment for Mocimboa H.C	POUND	9,502.70
Laboratory Equipment	POUND	20,661.49
Kitchen Equipment For Cuamba T. C.	USD	32,134.98
Gardening Equipment For Cuamba T. C.	USD	3,894.37
Medical Equipment for Cuamba T. C.	USD	16,080.82
Laboratory Equipment for Cuamba T. C.	USD	27,162.63
Laboratory Equipment for Nacala R.H.	USD	51,868.28
Medical Equipment for Nacala R.H.	USD	247,614,.02
Institutional Equipment and Tools For Nacala R.H.	USD	185,206.83
Office and Electronic Equipment For Nacala R.H.	USD	38,590.92
Medical Imaging Equipment For Nacala R.H.	USD	124,642.40
Medical Gas Equipment For Nacala R.H.	USD	52,998.84

1. Project Appraisal Report
2. Quarterly Progress Reports
3. Audit Reports (6 Audit Submitted, 2 pending)
4. ADB-Project Files and Records
5. Mission reports (Back-To-Office and Aide-Memoires)
6. Meeting reports
7. Civil Works Progress Reports from Supervision Companies
8. Most recent Procurement Plan

Introduction

The Health II project is 9 years old and considered an ageing project. The project was designed to address the major problems facing the sector at that time and in line with the Government Health Sector Plan (2000-4). However, the reality on the ground has changed, according to the interviews and data collected; people's demands for health services has dramatically increased. So, adjustments were made during the implementation process leading to an expansion of the level of construction in the target facilities as well as changes in the planned training activities. The adjustments also included a change in location or reciting of facility from Montepuez to Mocimboa da Praia.

The project was approved on 21.12.2000 and entered into force on 31.05.2001. Actual implementation was carried till January 2010. As of March 2010, only UA 6,994,437.75 ADF loan (77.72%) and UA 339,383.52 ADF Grant (56.56%) were disbursed resulting in large un-disbursed amounts of the Loan (UA 2,005,562.25) and Grant (UA 260,616.48). However, counterpart contribution was substantially higher than initially planned - close to UA 5,000,000 corresponding to around 500% as a result of the additional works following the adjustments earlier mentioned.

Delays in implementing this project were mainly due to the protracted processing of tender documents, submission of reports and execution of approved contracts by government. Delays were also caused by insufficient monitoring of activities and failure to follow Bank's recommendations during missions on ways to expedite implementation process. The main obstacle was at the management level including the absence of a fully operational Steering Committee, comprising members from both central and provincial directorates.

The mission noted with satisfaction that, despite the overall delays and slow implementation pace, most institutional support and civil work activities were carried out as planned during the appraisal. The project objectives are still relevant and well aligned with the Government's priorities and people's needs.

Overview of the Health sector

Mozambique is a country, which has emerged from an armed conflict to build a rapidly growing economy (7% growth of GDP in 2005). However, given the low economic base from which progress has been achieved, Mozambique remains one of the poorest countries in the world with a GDP per capita of only 335 US\$ and with more than 54 % of population under the national poverty line.

Health indicators have shown some evolution and the country have made significant progress towards achieving the Millennium Development Goals (MDGs). The 2008 national MDG Progress Report estimated that Mozambique was likely or has the potential to achieve 12 of the 21 MDG targets – among them are those relating to poverty, under-five mortality, maternal mortality and malaria. However, the timely reach of these targets may be threatened by the development of the AIDS pandemic at the national level. The latest epidemiological data (2009) suggest that the prevalence rates of HIV/AIDS are still very high, particularly among women, affecting 15% of pregnant women in prenatal care – even if considering that this new rate represents improvement over the 16% estimated in 2007.

In relation to malaria, in 2009 the number of deaths dropped by about 15%, due to concerted actions. In the area of Human Resources, although the ratio of doctor per capita still high, namely 1 /25,000, the country managed for the first time to put a doctor in each of the 128 districts .

Mozambique is devoting only 4% of GDP to health and approximately, 70% of the health sector financing is currently funded by Mozambique's 26 development partners. Mozambique has been one of the first countries to develop a SWAp approach. Since 1999, these mechanisms have been developed step by step, with a basket fund on drugs (FCMSM), later a basket fund at provincial level (FCP) and last a more general fund (PROSAUDE).

These basket funds have attracted donors and even the Global Fund in 2004 (which was considered as a pilot experience). However, in the last years the flow of funds has been characterized by uncertainty and unpredictability of disbursements. All these common funds reached a level close to the State budget (108 millions) but are much less than vertical funds (141 million). The share of vertical funds is increasing and both the common funds and the state budget are decreasing. The National Council to Combat AIDS' it's also facing the reduction of partner's contributions (50% from 2008 to 2009). The domestic contribution has not been increasing remarkably either.

Human Resources Development, reduction of health inequalities and of infectious diseases are some of the sector's priorities. The sector is characterized by inadequate numbers of qualified personnel to meet the needs of the expanding health service network, especially in rural areas. The burden of infectious diseases like HIV / AIDS, Malaria, Tuberculosis and diarrheal diseases, all aggravated by malnutrition, is extremely high due to the poverty situation in which most of people remains and the limited capacity of the Health System. To address health inequalities the sector intends to expand of the health network (infrastructure) linking to the human resources and maintenance plans.

Indicator	2005	2006	2007	2008
Rate of intra-hospital maternal mortality	182/100.000	190/100.000	163/100.000	193/100.000
National Service Health Units	1 255	1 340	1 273	1 311
Personnel of the National Health Service	21 530	17 316	24 242	26 236
Mather & child health coverage	11 342 712	11 995 026	17 012 821	15 186 197

Source: Mozambique Nacional Institute of Statistics/ MOH

1. Project implementation

The project failed to adhere to schedule due to (i) the absence of a focal person in government fully responsible for the entire project coordination (ii) communication constrains within the Ministry of Health and (iii) Insufficient communication with the Bank (when it moved from Abidjan to Tunis) and delays on review and approval of project documents.

Bank's supervision missions were though valuable but often lacked the right skill mix. With the establishment of the FO, monthly meetings were set to closely follow Bank's recommendations, review the project implementation status and activities including field visits to sites with specific problems (Cuamba & Nacala). Efforts were also made to improve communication and make better use of the MZFO facilities, including on job MoH staff training on Bank's procurement and financial/ disbursement rules and procedures. However, results were not satisfactory due to regular MoH institutional changes and high staff turnover. So, the borrower oversight was not only irregular but ineffective resulting in failure to adhere to implementation schedules. The major reason for the poor borrower supervision/oversight include (i) insufficient and overloaded staff (ii) insufficient knowledge of the Bank's financial/disbursement and procurement rules and procedures, and (iii) poor planning in the sequencing of civil works and that of procurement of equipment and furniture.

Delays in project implementation and ineffective project management resulted in large un-disbursed amounts of the Loan and Grant . However, the counterpart contribution was higher than planned as (i) The Bank was unable to grant no objection to the recommendation for the award of the contract for the construction of two facilities as the tender amounts were higher than available resources allocated to the category of expenditure. It should be noted that, an expansion of the initial planned facilities (from rehabilitation to a full construction in some sites) occurred including a change in location. So, the GOM decided to use ADF resources for the construction of Nacala General Hospital and use Prosaude (SWAP) resources for the works in Palma and Mocimboa da Praia including payment for supervision services for the construction works of Metarica and Nacala (ii) The Bank was unable to grant no objection for supervision services as, the government failed to follow proper procurement rules. (iii) The Bank and the GoM had agreed to cancel in 2007 some activities under the Grant- infectious disease component as the project was unable to coordinate the activities with the implementing bodies.

Performance of the Consultants was in general satisfactory apart from the contractor and consultants for Cuamba Training School.

2. Activities and Achievements

The status of project implementation by component is indicated in Table 1

1. Table.1: Status of Implementation in Terms of Outputs

Component	Results	% achieved	Explanation
1. Improved Primary Health Care Delivery	Palma & Metarica HCs, Nacala Rural Hospital rehabilitated/ expanded/ constructed and adequately equipped including 22 staff houses	99	Outstanding installation of equipments
2. Institutional Development	Mocimboa da Praia & Cuamba training Centes constructed and equipped. including 5 staff houses 284 staff benefited from training and fellowships.	95	Civil works as well as training completed , outstanding installation of some equipments
2. Control of Infectious Diseases	Malaria control equipment, office equipment & furniture procured for both AIDS secretariat & Malaria Program 3 experts were recruited and posted to the NAC. In addition, a communication strategy as well as campaign activities were financed	70	Some training activities under both malaria and HIV/AIDS were cancelled in 2007
3. Project management	4WD vehicles, office furniture and equipment procured as planned. Audit and quarterly reports submission were neither timely nor executed as planned. TA contracted and phased out	85	Outstanding submission of reports and justifications of advancements under the Grant and Loan special accounts

3. Development Objectives

Most of the activities planned in the appraisal report have been implemented. The rehabilitation/expansion of the health centers resulted in more people accessing services provided in the facilities. Immunization coverage, out-patients attendance and deliveries attended by skilled personnel witnessed remarkable improvements - 64.3%, 39.3% and 27.4% respectively in one of the intervened facilities. The Palma HC recorded a high increase of 50% in out-patients attendance. Available data also show declines at district and provincial levels in Under-5 and infant mortality rates (see Annex 6) .

The mission team notes, however that the success and sustainability of the project outputs would have been more remarkable if all key stakeholders and end-users were all involved at every stage of project implementation. The involvement on physical facilities; should be in all phases namely, design, construction, installation and commissioning of equipment in order to guarantee proper operation and maintenance beyond the project.

4. Cross Cutting Issues: Poverty, Population, and Environmental and Social Issues

The project had substantial impact on poverty reduction as it is placed in the most poor and densely populated region. During the construction phase the project already had some social and economic impact particularly among women. Women's associations had set income generating activities to provide stones and wood for the construction. Local companies supplied materials including locally produced cement. Workers were locally contracted and trained.

Related to environmental issues, it was noted that the Government did not have specific regulations for environmental safeguards. The designs did not consider the storage of rain water. Despite the fact that the project design accommodates incinerators or waste disposals, however, such facilities are not in place in Metarica. In Nacala an incinerator financed by a government project was installed.

Taking into account the conditions in the field, it is important to have alternative low cost energy source e.g. solar power to supply key areas of health facilities like water borehole pumping machines, wards and theatre lightings presently conditioned to the availability of fuel. So, it should be noted with appreciation that in Metarica an NGO has already installed solar panels in the maternity and staff quarters.

5. Infrastructure and Equipments

During site visits to all 5 facilities in Cabo-Delgado, Mocimboa da Praia and Niassa Provinces respectively, it was noted that the construction works were complete and equipment and furniture had already been supplied. All facilities are in use, apart from Nacala Hospital and Cuamba Training Center. In addition, some civil works are still in execution at government expenses in Nacala and Palma. In general, it was noted that the quality of workmanship was satisfactory and that the buildings are well maintained.

The visual aspect of the buildings may inform a degree of acceptability (taking into account the supervision reports on several instructions to the contractor) but, the technical installations (water, power and sewerage), and the equipment supplied but not installed (nor tested) are the main concerns.

In regards to Nacala, according to the supervisor, the building plan (architectural, structural and other components) had omissions on important details. There was also some discrepancies between the structure and architectural drawings as well as differences between amounts stated on bill of quantities and the one needed for the execution of the works. The contractor was in place before the engagement of the supervision services. However, according to the rules and considering the size and the complexity of the site, all required technical assistance and other needed conditions should have been in place before the stating of the works.

i. Nacala Rural Hospital

The evaluation is based on the report from the 3 hours visit to the buildings followed by interviews and a meeting with the supervisor and contractor. The mission could not meet the local government officials and the time was not enough for a detailed visit to the Nacala Rural Hospital. So, this situation did not enable us to do a more accurate work and confirm as required the quality of works and goods (equipment was not available).

From the readings and interviews we noted that:

- The supervision started effectively some months later after the starting of the civil works ;
- After starting the work the supervision team did not follow the multiple work fronts as required;
- The Bank has raised several times, its concerns about the absence of supervision services while the constructions were already being carried out;
- It was noted an absence of report on laboratory tests results, a lack of storage plan, a lack of quality control reporting the inspection of characteristics of material on site and its technical specifications during a large period of time while the civil works were being carried out,;
- In some cases the contractors and the supervisor took the responsibility to supply the drawings;
- Omissions of details, discrepancy between architectural and structural drawings, differences in the executed amounts and amounts stated on bill of quantities, are problems that still remain.

Having noted the serious problems above it should be recommend to the Borrower to take necessary steps to create a management fund to correct any problem that may occur in a near future. In addition:

- The Nacala Rural Hospital needs a better signalisation from the entrance to the different units including an orientation map;
- Actions are needed to address some initial erosion problems. Arrangements should be made to take advantage of the rain water for gardening and washing;
- The mechanic workshop is close to the main medicine storehouse. To maintain a healthy environment the workshop should be relocate to another place;
- In open galleries parts of the floor were finished with burned cement presenting already ripple marks, fissures and splits. The metal sheets that give arched covering forms in same galleries are joined with simple screws. A risky option considering that Nacala is a natural disaster-prone area;
- The beam of the gallery that links the laundry and kitchen is becoming rotten and needs to be repaired;
- The floor in burned cement of the laundry can threaten security of the workers therefore should be replaced by an anti-skidding floor;
- The Kitchen does not have adequate ventilation system. Measures should be taken to improve this situation such as: proper equipment or an improvement of natural ventilation (windows);
- Equipment and furniture are still stocked in a rented warehouse.

ii. **Palma Health Centre**

- Actions are needed to address some initial erosion problems. Arrangements should be made to take advantage of the rain water for gardening and washing;
- There is a potential for conflict between the supplied equipment at laundry and kitchen and the room space and capacity i.e. the space may be inadequate for the goods;
- Equipment installation is needed in the laundry and kitchen with necessary provision of power and water;
- The Palma Health Centre equipment were supplied but not plugged in or installed. The storage conditions are also not adequate and some equipments do not meet the needed standard (beds in the nursery which are not yet in use are already corroding) ;
- No evidences that the project map for the equipment and furniture was supplied to hospital management ;
- We also noted that nets in some windows are already damaged due to the existence of rats.

iii. **Mocimboa da Praia Training centre**

- The buildings paintings are fading in some places and needs to be repainted;
- Actions are needed to address some initial erosion problems (i.e grass) and to take advantage of the rain water for gardening and washing;
- Some equipment installation is needed in laundry and kitchen were necessary provision of power, water and soapy water must be made;
- Some equipment is being installed by the management and not by the suppliers. It can be damaged compromising the supply warranty;
- There is a problem of water supply and the training centre is not able to deal with it properly. In addition, solar panels should be installed as the current water supply is dependent on the availability of fuel ;
- Some equipment are not in use as the instructions manuals are in Chinese;
- No evidence that the project map for the equipment and furniture was supplied to hospital management.

iv. **Cuamba**

The mission could not have access to the interior of the buildings.

- From outside it could be noticed that some floor tiles in the refectory are pulling out and need to be repaired.

v. **Metarica Health Center**

- Some door and window frameworks are being damaged by termites and so need to be replaced by treated natural wood;
- The rehabilitated maternity building roof was observed to have failed at some points leading to slippage of water into the ward whenever it rains. This needs to be repaired;
- An incinerator is needed to treat the hospital waste.

6. Issues requiring attention

(A) Related to the Project

1. It was discovered that some of the generators procured to provide energy to the facilities were not in use due to unavailability of funds to purchase fuel and for maintenance. It is therefore important having alternative low cost energy source e.g. solar to power certain key areas of health facilities like water borehole pumping machines, wards and theatre lightings .

2. It is recommended that future designs incorporate good drainage system and landscaping to address the issue of erosion which may pose a challenge to the constructed facilities under this project.

3. Some key aspects of the approved designs were canceled as a result of effects of long delays and inflation on the cost of construction. In future, implementation delays should be reduced as much as possible and resources should be concentrated on few sites to ensure better impact.

4. The implementation of the soft component (institutional development / human resources) was very difficult and problematic resulting in a large un-disbursed amount of the Grant. This component was also managed by the GACOPI (the agency responsible for managing MoH investment program) which more concerned with infrastructure:

a) In future projects, there should be a dedicated PIU/specialized TA responsible for such this component

b) Alternatively, such funds could be channeled under common arrangements such as the SWAP, facilitating and improving alignment with existing programs.

(B) Ministry of Health (Implementing Agency)

(a). All contract packages for Goods particularly complex equipment should include the training of some beneficiary/end-user staff on installation and maintenance of such procured goods. It was observed that some of the procured equipment in the last 2 or more years in some facilities were yet to be installed because the structures to house them were not ready at delivery. Now, no one to install them since end users were not trained on that and the contract liability period has expired in some cases.

(b). Ensure that all delivered goods are received by technical staff, properly stored, installed and tested before acceptance.

(c). Ensure that procured Goods are provided with identification tags for ease of identification, inventory and record keeping.

(C) Bank

1. Bank supervision team should have a good skill mix to ensure holistic supervision and resolution of issues. Usually, Bank missions were composed of one Sector Expert and Architect

2. PCR format should include a section to incorporate the views of direct/end beneficiaries

3. Field offices should be further strengthened financially to conduct supervision missions based on the positive impact MZFO had on the project.

(D) GoM and Bank

1. As changes occur throughout the life of the project, the Borrower and the Bank should exercise flexibility and adopt to emerging circumstances, however :

(a) .On fiduciary requirements, there should be no compromise,

(b) .Key areas of project implementation agreed at appraisal, in particular the management design , should as much as possible be honored. For inevitable changes during the project's life, measures of mitigation should be agreed upon and followed up to avoid adverse effects on the implementation of activities

(c) . The Ministry of Plan and Cooperation (MPD) should instruct/inform the sectors about the implications of changing the terms of the agreements. MPD should also provide support in finding an ideal solution or alternative.

2. GoM should strengthen measures to sanction firms that provide poor quality work or fail to deliver at the right time.

7. Conclusions and recommendations

The project has achieved its physical completion with all activities having been implemented, except for the installation of equipments and furniture in Nacala and Palma and parts of equipment in Mocimboa.

During site visits to all 5 facilities in Cabo-Delgado, Mocimboa da Praia and Niassa Provinces respectively, it was noted that the construction were practically complete and equipment and furniture had already been supplied. Apart from Nacala Hospital and Cuamba Training Center all facilities are already in use. It was noted that buildings were well taken care and the quality of workmanship was satisfactory, apart from Cuamba. However, it was also observed that:

- some of the equipment delivered were assembled by the users and not by the suppliers compromising the supply warranty;
- equipments do not fit or are adequate for the spaces provided in the centres;
- some of the equipment are yet to be installed and commissioned having been supplied sometime back due to lack of instruction manuals.

The mission urges the government to look into the delivery process, insuring in particular that all goods procured under the project are provided with identification tags for ease of identification, inventory and record keeping. As for Nacala in particular, efforts should be made to install the equipment as soon as possible in order to benefit from supply warranty period or else it may be too late to claim any loss or failure of equipment to function properly.

Indicator	Niassa Province			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	27,700	26,212	34,428	35,470
Potential Health Services Coverage(1)	4.12	4.39	3.58	4.41
Deliveries Attended by Skilled Health Personnel	35,466	42,425	43,363	N/A
Indicator	Cabo-Delgado Province			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	1,152,318	1,059,986	1,011,052	1,009,598
Potential Health Services Coverage(1)	N/A	N/A	N/A	3.85
Deliveries Attended by Skilled Health Personnel	28,847	35,840	40,955	44,778
Under-5 Mortality Rate (per 1000)	N/A	N/A	N/A	294
Outpatient	1,371,842	1,586,099	1,540,710	1,725,326
Indicator	Metarica district			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	1,154	1,697	1,103	1,323
Total Out-Patients Attendance (OPD)	43.156	44.159	54,260	68,716
Deliveries Attended by Skilled Health Personnel	899	1,062	1,294	1,403
Total No. of Qualified Health Staff in the Facility	N/A	N/A	55	65
Under-5 Mortality Rate (per 1000)	1176	423	585	739
Infant Mortality Rate (per 1000)	341	281	265	177

Indicator	Palma district			
	2009			
Total No. of Fully Immunized U-5	34,884			
Total Out-Patients Attendance (OPD)	59,307			
Deliveries Attended by Skilled Health Personnel	1,526			
Under-5 Mortality Rate (per 1000)	319			
Maternal Mortality Rate (per 1000)	201			
Indicator	Metarica Health Center			
	2006	2007	2008	2009
Total No. of Fully Immunized U-5	1,007	934	1,535	N/A
Total Out-Patients Attendance (OPD)	29,764	23,846	27,659	33225
Deliveries Attended by Skilled Health Personnel	454	519	532	661
Total No. of Qualified Health Staff in the Facility	N/A	12	21	21