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Field project: Mother and child care in rural areas of Mozambique (Monapo, Memba and Nacala-a-Velha districts)

Convention n°: CMZ 1153 01 H

Implementation period: January 2018 – December 2020

Terms or Reference for the final evaluation

AFD

September 2020

1. INTER AIDE

Created in 1980, Inter Aide is a humanitarian organization specialized in the implementation of development programs that aim to promote access for the most vulnerable to development. The programs respond to specific, vital needs. Through our various programs, our principal objective is to reinforce the capacities of vulnerable populations to allow them to participate in improving living conditions in their communities.

Inter Aide currently has about 50 programs implemented in 7 countries: Mozambique, Haiti, Ethiopia, Madagascar, Sierra Leone, Malawi, and Guinea. The programs are all defined according to the needs of families and consist of several types in rural areas:

- Access to potable water, hygiene and sanitation
- Agriculture
- Community health, prevention and response to major epidemics
- Support to primary schools

Methodologies and experiences are shared through the Pratiques network (http://www.interaide.org/pratiques/) to improve development practices.

2. PROJECT DESCRIPTION

A summary of the project is presented here. See the logical framework in Annex 1.

For a full description, please ask for the AFD project proposal to julie.pontarollo@interaide.org.

Organization	Inter Aide - www.interaide.org
Project name	Mother and child care in rural areas of Mozambique
Localisation	Districts of Monapo, Memba and Nacala-a-Velha
Thematic	Health
Main donors	French Development Agency, Private Foundations, Inter Aide
Duration	3 years

Project summary:
In northern Mozambique, life expectancy barely reaches 55 years, and children under five mortality rate is around 111 deaths per live births in rural areas[1]. In Monapo, Memba and Nacala districts, Inter Aide aims at improving mother and children health status through 2 components: family sensitization for better prevention and health seeking practices regarding main children's diseases and women health risks, and strengthening of the health care system all the way down to the community level.

Main objective:
Contribute to the durable improvement of rural population health status in Monapo, Memba and Nacala districts

Specific objective:
Reduce the mortality rate of children under 5 years-old

Impact indicators:
Mortality rate as well as and fever and diarrhoea prevalence among children under 5 years old have reduced by 20% in targeted communities.

Specific sub-objective:

[1] Demographic and Health Survey from the Mozambican Ministry of Health 2011

1. Strengthen families and local actors' capacity to prevent, recognize and manage the main diseases contributing to child mortality
2. Increase and improve health care access for children and mothers

Expected results for each sub-objective:

SPECIFIC SUB-OBJECTIVE 1:

Strengthen families and local actors' capacity to prevent, recognize and manage the main diseases contributing to child mortality

Result 1:

Families adopt adequate practices regarding health and hygiene.

Result indicator of this sub-objective and target:

- Over 75% of beneficiary families have adopted adequate behaviours regarding health and hygiene: bed nets, latrine usage, hand washing, healthcare seeking, health centre delivery

Main activities planned:

1. Sensitise families on transmission, prevention and symptoms of main child diseases (malaria, diarrhoea, etc.), prompt healthcare seeking, family planning and risks linked to pregnancy and delivery.
2. Train and support families to improve their sanitation, including through latrine construction
3. Build the capacity of village health committees (CSH: *Comités de Saúde e Humanização* in Portuguese) in raising awareness and monitoring their community, as well as support the healthcare system at community level.
4. Conduct health surveys to identify health issues, then monitor behaviour change among target populations in order to define, evaluate and pilot project activities.

Activity indicators of this sub-objective and target:

- 50 000 people (including 9 000 children) are made aware of health issues affecting children and pregnant women
- With support from the program, circa 8 000 families have built an improved latrine by themselves
- 50 village health committees or CSH have been trained and monitored (1 000 volunteers). They relay prevention messages, support families and refer patients.

SPECIFIC SUB-OBJECTIVE 2:

Increase and improve health care access for children and mothers

Result 2:

Local healthcare and treatment capacities have increased, and the number of complications linked with pregnancy and motherhood have decreased.

Result indicator of this sub-objective and target:

- The number of consultations at health centre level and community health worker level have increased by 25%.
- Pre and postnatal care, assisted deliveries and family planning have increased by 15% in targeted facilities.

Main activities planned:

1. Develop a partnership with local district health services (SDS for *Serviços Distrital da Saúde* in Portuguese), based on capacity building, coordination and support towards local established goals
2. Strengthen targeted health centres to ensure access to quality healthcare, through construction or rehabilitation of essential infrastructure, medical equipment donation, training of staff supervision
3. Support the network of community health workers (APE, for *Agentes Polyvalentes Elementales* in Portuguese) trough equipment donation, training and supervision
4. Explore support to other community healthcare actors such as traditional birth attendants.

Activity indicators of this sub-objective and target:

- At least 5 health centres and their community health workers have been supported (training, equipment donation, rehabilitation and construction).	
Targeted beneficiaries	**Indirect beneficiaries over 3 years:** **26 130 families or 120 300 people** living in areas where activities of sensitisation and strengthening of healthcare access have been done. **Direct beneficiaries over 3 years:** **50 000 adults and 9 000 children** have been sensitised and among these **18 000 families**, around d8 000 have built an improved latrine **15 APE** (community health worker) et **1 000** village health committee members have been trained and supported.

3. THE EVALUATION

1- Evaluation rationale

This evaluation is conducted at the end of the 3-year funding cycle by the French Development Agency (AFD). It is the first AFD grant obtained for this project. Inter Aide considers that this health project started at the end of 2016, after a transition phase of the activities and the team (former water access, hygiene and sanitation project). This external evaluation will therefore be the first to be carried out on this project and will allow us to establish a first assessment of this health action and to define the priorities for the next cycle.

The evaluation includes a first aspect of validation of the results obtained over the last 3 years, and a second one of analysis of current strategies aiming at defining an operational model capable of reducing child mortality in the targeted context and improving children and women's health.

2- Evaluation objectives

The general objectives of the evaluation are:

1- **To validate the results obtained in the field of mother and child health**, as defined in the logical framework of the project and measured by Inter Aide.
The aim here is to evaluate the results of the awareness raising activities (therefore of behaviour change and stimulation of the demand for healthcare as described in sub-objective 1 of the logical framework), combined with the results of health system strengthening activities (sub-objective 2), as well as the methods for collecting and analysing these indicators.

2- **To Assess the strategic model in place** in order to achieve the objectives at stake (see logical framework) and establish recommendations for the continuation of activities.
We are attempting here to understand the relevance of the approach developed in this specific context, on the basis of the results validated in point 1.

The primary objective of the evaluation is therefore to report on and validate the results obtained in the various action sites while identifying the main advances and progress markers recorded during the current cycle (2017-2020). The second objective seeks to assess the relevance of the strategies implemented under the 2 sub-objectives.

In a cross-cutting manner, the evaluation should seek to compare each conclusion drawn according to the district or zone observed, if the differences observed are interesting and enrich the understanding of the model developed.

A questionning on the integration of cross-cutting issues such as gender, youth and the environment will also be included.

3- Evaluation questions per objective

The evaluation questions are designed to specify the objectives 1 and 2 of the evaluation. They are listed here in an exhaustive manner. During the scoping meeting, Inter Aide will orient the selected evaluation team about the relative importance of each question. This classification according to priority should allow the evaluation team to manage their time in an efficient manner.

a. Evaluation question for objective 1 (results validation)

⇒ Q.1.1. The evaluation team is asked to **confirm the results presented in narrative reports shared with the AFD, especially regarding the targeted groups reached**: number of beneficiaries involved in training and sensitization activities or using essential healthcare services, as well as **survey results** allowing for calculation or project indicators.

Are the indicators provided in field reports and in the narrative reports sent to the AFD documented and proven, and do they accurately represent reality in the field?

What is the project's progress in terms of achieving the objectives set at the beginning of the cycle?

Have the means implemented during this cycle been sufficient and relevant with regard to the objectives?

⇒ Q.1.2. Linked with question 1.1, the evaluation team will have to observe and assess the monitoring and evaluation (M&E) tools in place:

1- For behaviour and mortality surveys conducted, that vary slightly from one district to another
2- For supported health services data (reports from targeted health units: health centre, mobile clinics and APE)
3- For the monitoring of activities implemented by the team (sensitization meetings, committee training and follow up, latrine construction, etc.)

Is the monitoring and evaluation system of the project clear, well integrated and cost effective?

Are impact and mortality surveys as well as practices surveys reliable and valid as part of this project's evaluation system?

Are collection and analysis of health services data functioning and relevant? What improvements can be envisioned in that regard?

Are there other interesting M&E tools that could be developed or formalized to better evaluate and pilot the project (for instance on supported health facility performance evaluation)? On the contrary, should the M&E system be simplified?

⇒ Q.1.3. The evaluation mission will propose an interpretation (or discuss the interpretation proposed by Inter Aide) concerning **the results obtained on the health system strengthening component**.

What is the share attributed to the project in the evolution of the attendance at supported health units (health centre, mobile clinics and community health workers)? What other factors can explain the results obtained (closure of services for multiple reasons, presence of other actors, presence or absence of infrastructure, etc.)? What recommendations can be drawn from this?

b. Evaluation question for objective 2 (strategic model evaluation)

⇒ Q.2.1. The evaluation mission will have to **give an opinion on the relevance of the activities implemented in relation to the project objectives**, disaggregating the question by intervention district where relevant. The **validity of the strategic model initially designed** should be discussed. The issue of **sustainability should be included** in this analysis. The notion of cost-efficiency could possibly be considered if time allows the integration of basic budgetary elements.

As much as possible, the evaluation could report on the contribution of each part of the project to the achievement of the main objective (in particular between the awareness-raising activities of sub-objective 1 and the health system support activities of sub-objective 2), as well as the possible influence of external factors.

Were the decisions taken in tranche 1 to slow down the geographical extension of the project in order to deepen the strategy in the already targeted areas of Memba and Monapo, and not to intervene at the community level in the districts of Nacala-a-Velha justified?

How did unforeseen events (cyclones, cholera epidemics, Covid-19 pandemic) affect the project? Were the adaptations put in place by the project adequate and do they demonstrate the adaptability of the approach and its resilience?

Specifically:

- Sub-Objective 1: Family behaviour change activities were refined during the cycle. They are based on a variety of activities (group sensitization, intervention by the CSH committee, support for latrine construction) and vary according to the district.

  Do the selected themes correspond to the priority problems of the target populations? Is the share or importance attributed to each theme correct?

  Are the tasks assigned to the CSH committee (dissemination of messages through home visits, reporting of problems to the health unit, participation in health initiatives, etc.) realistic and adequate?

  Are the training of the CSH committees and their on-site support coherent and do they integrate the question of their sustainability?

  Is the integration of the national strategy for Model Families justified and consistent with the project's objectives?

  Is the construction of improved latrines by families carried out in a relevant and sustainable manner? Is the provision of slabs justified (particularly in the Monapo context where initial coverage of traditional latrines is high)? In this sense, are the efforts made towards the integration of the SANTOLIC approach in Monapo relevant?

  Are the group sensitization sessions carried out in Memba district effective and efficient, and should they be expanded?

  The pace of program deployment is different between Memba and Monapo due to how this sensitization component (or sub-objective) is being implemented. Do the results obtained so far suggest that one approach is superior to the other?

  Are all the sensitization methods used coherent and complementary? What can we conclude about their impact on family practices?

- Sub-objective 2: An understanding of the organisation, functioning and major issues relating to the health system in place in the project area will be essential for carrying out the evaluation mission. This prerequisite will make it possible to assess the relevance of the responses provided by the project, which are designed to genuinely strengthen the existing system and services with the aim of improving their performance on a sustainable basis. It should be noted that this component constitutes a real start for Inter Aide in this country and that the teams have sought during this cycle, with all the stakeholders, what would be the high added value actions of the project.

  Are the various types of support given to healthcare services relevant in each district and at all levels (APEs, health centre, mobile clinics)?

  Is infrastructure construction and rehabilitation relevant and efficient?

  Are the limits observed by the project in supporting APEs justified?

  Are the choices to develop access to decentralised care through mobile clinics and to strengthen maternal health care by traditional birth attendants effective and appropriate?

  Are the partnerships currently established with the various SDS functional and do they allow for the deployment of coherent activities and ownership by the institutions? Are efforts to strengthen coordination at the district level justified?

  What can be concluded about the effectiveness of this health system strengthening component in this cycle, about its impact in relation to the overall objective? What specific and cross-cutting recommendations can be proposed?

⇒ Q.2.4: In relation to the sustainability of the project, the question of the **different strategies for geographical extension of the project, exit strategies or lighter maintenance approach in the intervention zones already covered** will have to be analysed and discussed for each district.

⇒ Q.2.5: **How does the project take into account cross-cutting issues such as gender, youth and the environment?**
What **recommendations can be made** to include these aspects into the current strategy and activities? **What indicators could be modified or added to the M&E system** to better understand the impact of the project on these issues?

4- Indicative methodological approach

The evaluation will be based on:

- A detailed study of the documents available through exchanges with the AFD (project proposal and reports), activity field reports, mission reports by Area Managers, monitoring and evaluation data (including surveys) and overall the entire system built within the project's information framework.
- Interviews with the different actors of the project: Inter Aide teams, direct beneficiaries, local and institutional authorities, health professionals (SDS staff, health centres, APEs, TBAs), village actors involved in the project (committees and chiefs).
- Discussions with the Project Managers in Monapo and Memba, and the Area Managers in Versailles.
- Information taken from multiple field visits including health centres, villages, local authorities, families, etc. The sites concerned by these visits should, for representativeness, be chosen randomly, but the specificity of the evaluation questions will inevitably favour the selection of particular areas.

4. EXPECTED DELIVERABLES

The expected deliveries for this evaluation will have to be written in English, French or Portuguese, and are:

- A **concept note (or scoping note)**, presented to Inter Aide before departure (in Versailles or through teleconference) to summarize the first research by the team after the reading of all documents provided by Inter Aide and the first interviews with the HQ team. It should also provide the scope of work, methodology, questions and hypothesis on which the evaluation team will base their work on the next phase (mainly the field visits).
- A **document** (report or presentation), preferably in Portuguese **designed to present the first results** of the evaluation to the field teams at the end of the field visits.
- An **intermediary report**, for which a presentation will be done in Versailles (or through teleconference) and feedback will be provided by the HQ team.
- A **final report** (50 pages maximum, except appendixes) in the 15 days that follow the review of the intermediary report and that takes into considerations the remarks of Inter Aide. All copyrights reserved to Inter Aide.

The report should include:

- A main part:
  - introduction
  - answers to the evaluative questions, following the evaluation objectives as defined in part 2 and 3
  - way forward and recommendations with practical and strategical propositions
- Appendixes (for instance all tables and data required for a better understanding of the main report)
- A synthesis or the main part, or executive summary (8 to 12 pages maximum):
  - a quick introduction and analysis,
  - a synthesis of results, main observations and conclusions based on part 2 and 3 of the ToRs,
  - the recommendations

An electronic version (Word and PDF) of the documents will be send with the paper version.

5. HUMAN RESSOURCES AND FINANCES

1- Evaluation team

Inter Aide is looking for consultants with a solid expertise and confirmed experience in public health.

The evaluation team can be comprised of professionals based in Mozambique or abroad. Ideally, the team should be comprised of several consultants.

Given the travelling difficulties in 2020 due to the coronavirus pandemic, the possibility for the consultants to physically visit the project within the planned schedule will be an important criterion in the selection process.

Inter Aide is looking for consultants with significant experience and expertise:

- Health professional, public health project manager or health economist, ideally with basic training in medical statistics or epidemiology
- Previous experience in the field of rural development: project management and management, design, monitoring and/or evaluation of health actions
- Proven skills in the analysis of health systems and institutions
- Good listening and interpersonal skills and fluency in Portuguese, English or French.
- Prior knowledge of Mozambique is desirable but not required.

The choice will be made on the basis of an international call for tenders.

Proposals from consultants interested in this evaluation should include:

- A technical proposal showing that the objectives of the evaluation and the terms of reference have been clearly understood and presenting a proposed evaluation method;
- A financial proposal (showing VAT on a separate line);
- The CVs of the consultants: educational background, expertise and experience in the fields covered by the project and in this type of action, as well as possible references.

2- Expected Budget and duration of the evaluation

As an indication, 22 days of work are planned.

The financial offer should not exceed a total amount of **15 000 €** (tax included) and should follow the recommended template (see annex 2).

The quotation of the consultant will include two parts:

1. **Consultant fees,** mentioning VAT if necessary
2. **Request for the reimbursement of the expenditures**, upon presentation of receipts.

For a consultant registered in France or in Europe, VAT is payable in the country where the service provider is established; if the service provider is subject to VAT in that country, he must invoice Inter Aide with VAT, showing the amount excluding VAT and the amount including VAT (in accordance with Directive 2008/9/CE of 12 February 2008 on the location of service provision: new taxation rules).

For a consultant registered outside Europe, she or he must invoice his service to the association at the VAT rate in force in France (20%) and pay the tax in France through a tax representative based in France. The invoice must include the individual VAT identification number of the tax representative in France, his full name and address. You can contact julie.pontarollo@interaide.org for any questions.

The evaluation team's quotation will include consultant fees, per diem (for accommodation and food), travel (international and within France), and miscellaneous costs (interpreter if needed, restitution, reproduction, broadcasting). Inter Aide will make one of its vehicles available, and will pay for the expenses related to the use of an Inter Aide vehicle.

Inter Aide's teams in each country will ensure, if necessary, the local logistic organisation linked to the smooth running of the evaluation (appointment booking, accommodation booking, facilitation and reservation of local transport if necessary...).

Evaluation duration:

- Study of preliminary documentation provided by HQ team: 2 days
- Scoping meeting: 1 day
- Scoping note writing: 1 day
- Mission on the field and preliminary presentation: 11 days in Mozambique
- Preliminary report: 4 days
- Presentation meeting based on preliminary report with HQ team: 1 day
- Final report: 2 days

Total: 22 days

6. PROPOSED PLANNING

The planning is envisioned as follows (dates at the latest):

Friday 16th October 2020	Tender publication
Sunday 8th November 2020	Deadline for application
Friday 13th November 2020	Consultant selection
Up to scoping meeting	Documentation analysis by the selected evaluation team
Week of 23rd November	Scoping meeting with HQ team
Week of 30th November	Scoping note submission
December 2020	Field visit (11 days in Mozambique)
End of December 2020	Preliminary report submission
Mid-January 2021	Presentation of preliminary report to HQ team
End of January 2021	Final report submission
End of January 2021	Revision and finalisation

6.1. APPLICATION PROCEDURES

Please send your expression of interest as soon as possible. Applications and complete folders have to be sent before the 8th of November 2020, at julie.pontarollo@interaide.org mentioning « EVAL/SANTE/MOZ » in the object.

Project description as agreed with the AFD can be sent to applicants upon request. In addition, the documentation folder will be sent to the selected evaluation team.

ANNEX 1: LOGICAL FRAMEWORK

	Intervention logic	Objectively verifiable and quantifiable indicators	Source and verification means
Global objective	Contribute to the durable improvement of rural population health status in Monapo, Memba and Nacala districts	- Global health and socio-economic indicators of targeted rural populations improve	- Monthly and yearly report from the targeted districts health services - National surveys - Impact surveys from the project
Specific objective	Reduce the mortality rate of children under 5 years-old	- Mortality rate as well as and fever and diarrhoea prevalence among children under 5 years old have reduced by 20% in targeted communities.	- Impact surveys from the project - Project databases
Sub-specific objective	1. Strengthen families and local actors' capacity to prevent, recognize and manage the main diseases contributing to child mortality 2. Increase and improve health care access for children and mothers	- Over 75% of beneficiary families have adopted adequate behaviours regarding health and hygiene: bed nets, latrine usage, hand washing, healthcare seeking, health centre delivery - The number of consultations at health centre level and community health worker level has increased by 25%. - Pre and postnatal care, assisted deliveries and family planning have increased by 15% in targeted facilities.	- Impact surveys from the project - Project databases - Monthly and yearly report from the targeted health centres and community health workers (APEs)
Expected result 1	Families adopt adequate practices regarding health and hygiene.	- 50 000 people (including 9 000 children) are made aware of health issues affecting children and pregnant women - With support from the program, circa 8 000 families have built an improved latrine by themselves - 50 village health committees or CSH have been trained and monitored (1 000 volunteers). They relay prevention messages, support families and refer patients.	- Project databases

Activities 1	1. Sensitise families on transmission, prevention and symptoms of main child diseases (malaria, diarrhoea, etc.), prompt healthcare seeking, family planning and risks linked to pregnancy and delivery. 2. Train and support families to improve their sanitation, including through latrine construction 3. Build the capacity of village health committees (CSH: Comités de Saúde e Humanização in Portuguese) in raising awareness and monitoring their community, as well as support the healthcare system at community level. 4. Conduct health surveys to identify health issues, and then monitor behaviour change among target populations in order to define, evaluate and pilot project activities.		
Expected result 2	Local healthcare and treatment capacities have increased, and the number of complications linked with pregnancy and motherhood has decreased.	- At least 5 health centres and their community health workers have been supported (training, equipment donation, rehabilitation and construction).	- Project databases
Activities 2	1. Develop a partnership with local district health services (SDS for *Serviços Distrital da Saúde* in Portuguese), based on capacity building, coordination and support towards local established goals 2. Strengthen targeted health centres to ensure access to quality healthcare, through construction or rehabilitation of essential infrastructure, medical equipment donation, training of staff supervision 3. Support the network of community health workers (APE, for *Agentes Polyvalentes Elementales* in Portuguese) trough equipment donation, training and supervision 4. Explore support to other community healthcare actors such as traditional birth attendants.		
Means and costs	**Human resources** - Area Manager (37, 5%) - Finance and Administration Manager for Mozambique (32%) - Expatriates and local teams: see table below	**Material resources** - Training material and supplies for CSH training and family sensitization - Construction material for latrine slabs (cement and iron bars) - Equipment for health centres and APEs (furniture, medical equipment, various supplies such as rain protective clothes or torches, transportation means, etc.) - Construction or rehabilitation material for health centre infrastructure (buildings, latrines, running water installation, electrical system, etc.) - Tools and supplies for surveys - Field staff equipment (boots, rain clothes, backpacks, etc.) - 3 cars (4x4) and 16 motorbikes	**Source and verification means** - Yearly activity reports from the Programme Managers - Field forms from the project, filled by the teams, along with project databases - Control visits from the Area Manager from the Head office (twice a year) - Monthly accounting and financial follow-up from the Head office **Total budget of the action: 1 121 600 €** See detailed budget.

ANNEX 2: LOGICAL FRAMEWORK

QUOTATION FOR EVALUATION

Name of the consultant or organization / record n°: **Date**

Name of the project

With the first part of the quotation (in yellow) will be attached a REQUEST FOR REIMBURSEMENT.

With the second part (in blue) will be send INVOICES with separate budget lines for costs without taxes and costs including taxes.

		To fulfil	To fulfil	calculation		calculation	
in €	**Unit**	**Nb of unit**	**Unit Cost**	**Total costs to justify**	**Reimbursement upon presentation of proofs**	**At the expense of the NGO**	**Comments**
International flights							
Country of residence - France	Flight			0,00	X		
France (Paris) - Country of intervention	Flight			0,00			
Travels in Europe (meetings, airport)							
in country of residence	Unit			0,00	X		
in France	Unit			0,00	X		Integrate scoping meeting, airports, restitution meeting
Travels inside the country							
per train	trip			0,00	X		
flight	trip			0,00	X		

cars / motorbikes	trip					0,00	Local transports paid by IA inside the country; to mention to the Program Manager who will assign it in the Evaluation budget lines.
Per diem : food and accommodation (international expert)	Day			0,00	X		Receipts = proofs of stay in the field
Per diem : food and accommodations (local expert)	Day			0,00	X		Receipts = proofs of stay in the field
Others (translation or communication costs…)	Unit			0,00	X		
Unforeseen events	Unit			0,00	X		*To notify first to Inter Aide*
TOTAL TO JUSTIFY				**0,00**		**0,00**	**MAXIMUM AMOUNT**

	Unit	**Unit Nb**	**Unit Cost without Taxes**	**Total cost without taxes**	**Taxes** **20%**		**Total cost** **20%**
Expert 1 fees	day		450,00	0,00	0		0,00
	day		1,00	0,00	0		0,00
Expert 2 fees	day		200,00	0,00	0		0,00
	day		1,00	0,00	0		0,00
TOTAL				**0,00**	**0,00**		**0,00**

TOTAL COST OF THE MISSION	0,00

Summary		
	Without Taxes	With Taxes
To pay to the consultant upon presentation of the invoices	0,00	0,00
To pay to the consultant upon presentation of expenses receipts	0,00	0,00
Total consultant QUOTATION	**0,00**	**0,00**
Total to be paid by the NGO	0,00	0,00
TOTAL cost of the mission	**0,00**	**0,00**