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Fortalecimento dos Sistemas de Saúde e Acção Social em Moçambique (FORSSAS) Final Evaluation

Health and Social Welfare Systems Strengthening (HSWSS) Final Evaluation

October 2016

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Cover Photo by Regan Whitworth

FORTALECIMENTO DOS SISTEMAS DE SAÚDE E ACÇÃO SOCIAL EM MOÇAMBIQUE (FORSSAS) FINAL EVALUATION

HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING (HSWSS) FINAL EVALUATION

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ACRONYMS

AOR	Assistance Officer's Representative
APE	Agentes polivalentes elementares or community health workers
CA	Centro de Abastecimento / Supply Center
CCM	Country Coordinating Mechanism of Global Fund / MCP – Mecanismo de Coordenação do País do Fundo Global
CFSL	Centro de Formação de Saúde de Lichinga – Training centre for Health in Lichinga
CMAM	Central de Medicamentos e Artigos Médicos / Medicines and Medical Supplies Centre
COP	Chief of party
CSO	Civil society organization
D&G	Democracy and Governance
DAF	Direcção de Administração e Finanças / Directorate of Administration and Finance
DHR	Department of Human Resources
DIS	Departamento de Informação para a Saúde / Health Information Department
DNAM	Direcção Nacional de Assistência Médica / National Directorate of Medical Assistance
DNSP	Direcção Nacional de Saúde Pública / National Directorate of Public Health
DPC	Direcção Nacional de Planificação e Cooperação / National Directorate for Planning and Cooperation
DPES	Departamento de Planificação e Economia da Saúde / Department of Planning and Health Economics
DPGCAS	Direcção Provincial de Género, Criança e Acção Social / Provincial Directorate of Gender, Children and Social Action
DPS	Direcção Provincial de Saúde / Provincial Directorate of Health
DQA	Data Quality Audits
DRH	Direcção de Recursos Humanos / Human Resource Directorate
e – FOLHA	Sistema de pagamento de Salários / Module for Payment of Salaries
e – SISTAFE	Sistema Electrónico de Administração Financeira do Estado / Electronic State Financial Administration System
EI	Educador de Infância / Early Childhood Educator
FC	Ferramenta Central / Central Tool
FG	Fundo Global / Global Fund
FM	Financial management

FMO	Financial Management Operations / Operações de Gestão Financeira
FOM	Financial Operations Manual
FORSSAS	Fortalecimento dos Sistemas de Saúde e Acção Social em Moçambique / Health and Social Welfare Systems Strengthening
GF	Global Fund to Fight AIDS, TB and Malaria / Fundo Global
GFF	Global Financing Facility
GFU	Global Fund Unit / Unidade do Fundo Global
GH Pro	Global Health Program Cycle Improvement Project
GRM	Government of The Republic of Mozambique / Governo da República de Moçambique
GTF	Grupo Técnico de Trabalho para a Estratégia de Financiamento do Sector Saúde / Health Financing Strategy Technical Working Group
HCM	Central Hospital of Maputo
HDI	Human Development Index / Índice de Desenvolvimento Humana
HFS	Health Financing Strategy
HIS	Health Information System / SIS - Sistema de Informação de Saúde
HR	Human Resources
HRH	Human Resources for Health / Recursos Humanos para a Saúde
HS 20/20	Health Systems 20/20
HSS	Health Systems Strengthening / Fortalecimento dos Sistemas de Saúde
HSWSS	Health and Social Welfare Strengthening / Fortalecimento dos Sistemas de Saúde e Acção Social
IA	Internal audit / Auditoria Interna
ICSB	Instituto de Ciências de Saúde na Beira / Health Sciences Institute in Beira
ICSM	Instituto de Ciências de Saúde em Maputo / Health Sciences Institute in Maputo
IDH	Índice de Desenvolvimento Humana / HDI - Human Development Index
IFAPA	Instituto de Formação em Administração Pública e Autarquia / Public Administration and Governmental Training Institute
IGS	Inspecção Geral de Saúde / Health Inspector General
IP	Implementing partner
IR	Intermediate Result / Resultado Intermediário
KII	Key Informant Interview
LOE	Level of Effort
LOP	Life of project
LTTA	Long-term technical assistance / Assistência Técnica a longo prazo
M&E	Monitoring and Evaluation / M&A – Monitoria e Avaliação
MEF	Ministério de Economia e Finanças / Ministry of Economics and Finance

MGCAS	Ministério do Género, Crianças e Acção Social / Ministry of Gender, Children and Social Action
MHWSS	Mozambique Health and Social Welfare Systems Strengthening
MISAU	Ministério da Saúde / Ministry of Health
MMAS	Ministério da Mulher e Acção Social / Ministry of Woman and Social Action (name changed in 2015 to MGCAS)
MOE	Ministry of Education
MTEF	Medium-Term Expenditure Framework / Cenário Fiscal de Despesa e Financiamento a Médio Prazo
NGO	Nongovernmental Organization / Organização Não-Governamental
NHA	National Health Account
NICRA	Negotiated Indirect Cost Rate Agreement
NIH	National Institute of Health
OIG	Office of the Inspector General
ONG	Organização Não Governamental / Non-Governmental Organization
OOP	(Household) Out-of-pocket
OTJ	On-the-job (training)
PDSA	Plan-Do-Study-Act
PES	Plano Económico e Social / Annual Economic and Social Plan
PESS	Plano Económico e Social de Saúde / Health Sector Strategic Plan
PFM	Public financial management
PFMRAF	Public Financial Management Risk Assessment Framework
PIREP	Programa Integrado de Reforma da Educação Profissional / Integrated Program for the Reform of Professional Education
PMP	Performance Monitoring Plan
PQG	Programa Quinquenal do Governo / Government Five-year Plan
PROSAUDE	Basket Fund for Health Sector in Mozambique
PS	Permanent Secretary
PUDR	Progress Update and Disbursement Request
QA/QC	Quality Assurance/ Quality Control / Controle de Qualidade
QAD	Quadro de Avaliação de Desempenho / Performance Assessment Framework
RCPC	Repartição de Contabilidade e Prestação de Contas (formely Unidade de Prestação de Contas) / Division of Accounting and Reporting (formerly the Accounting Unit)
RFA	Request for Application
SCMS	Supply Chain Management System
SIP	Sistema de Informação de Procurement / Procurement Information System

SIS	Sistema de Informação de Saúde / Health Information System HIS
SISMA	Sistema de Informação em Saúde para a Monitoria e Avaliação / Health Information System for Monitoring and Evaluation
SOPs	Standard Operating Procedures
SOW	Scope of Work
SSI	Sistema de Seguimento de Importação
STTA	Short-term technical assistance
TA	Technical assistance / Assistência Técnica
TAS	Técnico de Acção Social / Social Worker
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Groups (in Charge of Producing the PESS)
UGEA	Unidade Gestora Executora das Aquisições / Acquisitions Management and Executor Unit
UNICEF	United Nations Children's Fund / Fundo das Nações Unidas para a Infância
USAID	United States Agency for International Development / Agência para o Desenvolvimento Internacional dos Estados Unidos
USG	United States Government / Governo dos Estados Unidos
WB	World Bank
WHO	World Health Organization / Organização Mundial da Saúde

EXECUTIVE SUMMARY

EVALUATION PURPOSE

The purpose of the evaluation is to determine the success of Fortalecimento do Sistema de Saúde e Acção Social em Moçambique (FORSSAS; Health and Social Welfare Systems Strengthening – HSWSS) over the last four years in achieving results in governance, health financing, operations capacity, and human capital in institutions supported by the project. The evaluation findings will serve as a valuable source of data to inform the design and approach of follow-on activities.

EVALUATION QUESTIONS (Renumbered)

1. To what extent have activities implemented by FORSSAS resulted in improved financial management (FM), organizational planning, procurement capacity, and business processes and systems in health institutions in Mozambique, including the MISAU (Ministry of Public Health), CMAM (Centro de Medicamentos e Artigos Médicos / Medicines and Medical Supplies Centre), and UGEA (Unidade Gestora Executora das Aquisições / Acquisitions Management and Executor Unit)?
2. To what extent has the capacity of individuals—at CMAM, the GFU (Global Fund Unit), Department of Administration and Finance, and the DPC (National Directorate for Planning and Cooperation/ Direcção Nacional de Planificação e Cooperação)—to perform key required tasks improved as a result of the training and systems established by FORSSAS?
3. To what extent has FORSASS contributed to the establishment and institutionalization of a national health finance strategy and to resource planning and tracking by the Government of the Republic of Mozambique (GRM)?
4. To what extent has the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?

PROJECT BACKGROUND

In July 2012, USAID awarded the FORSSAS \$19 million, five-year project, to Deloitte Consulting LLP in collaboration with local partners MB Consulting and Kula and GRM counterparts in the Ministry of Public Health (MISAU) and the Ministry of Gender, Children, and Social Action (MGCAS). The project aims to improve MISAU and donor health partners' financial resource allocation and management, human resources, the accountability and transparency of resource management, and evidenced-based decision-making.

In 2011 and 2012, serious questions regarding donor resource management by the GRM were raised by the Office of the Inspector General (OIG) of the Global Fund, public financial management (PFM) assessments commissioned by the United States Government (USG), and various other donors. The GF audit of 2012 resulted in a suspension of Global Fund disbursements to Mozambique. The Global Fund audit made 34 recommendations, of which 22 were “Critical” and 12 “Important.” The Global Fund audit report identified weak capacity in MISAU as the “root cause” of deficiencies in FM and supply chain management, with weaknesses

in systems as well as human resource capacity. The need for improved transparency, accountability, and sound financial management was recognized by GRM.

EVALUATION QUESTIONS, DESIGN, METHODS, AND LIMITATIONS

This evaluation team used multiple sources of data for a mix of qualitative and quantitative data collection and analysis approaches, with information to support the evaluation of FORSSAS gathered from documents, key informant interviews, site visits to beneficiary offices and workplaces, a mini-survey, and direct observation.

Key informant interviews were held with program leadership, the USAID Assistance Officer's Representative (AOR) and program management team, MISAU officials, and donors. Interviews were held individually and in groups. During all interviews, but particularly those with beneficiaries, evaluators asked to see work products, job aids, databases, or other evidence of FORSSAS work.

A mini-survey was administered to line staff in MISAU offices to query about long-term technical assistance (LTTA), the roles and responsibilities of advisers, FORSSAS LTTA contributions, and staff opinions about LTTA vs. short-term technical assistance (STTA) (see Annex IV). There were 38 responses, an approximate yield of 76%. This high response rate is consistent with key informant interview (KII) statements of the usefulness of FORSSAS as well as the survey responses, which broadly revealed a positive assessment of FORSSAS. There is, of course, no information available for opinions of non-respondents. No evidence suggested that the small portion of non-respondents would have radically different opinions. The evaluation team requested and received expenditure data from FORSSAS. KII data was coded thematically and compared across different sources. Quantitative data from the mini-survey and other sources were analyzed using Excel, interpreted, and displayed using tables, graphs, and charts.

Limitations: While FORSSAS records a range of activities, achievements, and costs disaggregated by Intermediate Result (IR), it does not, is not required to, and could not reasonably be expected to maintain records of activity-based costs. Cost data provided by FORSSAS are good-faith estimates.

Conceptual Framework to Evaluate Capacity Building: The evaluation team's conceptual framework regarding capacity building and performance improvement is derived from "Measuring Capacity in the Health Sector: A Conceptual Framework."¹

This framework defines capacity (of individuals and organizations) as a necessary pre-condition for performance; though capacity alone is insufficient to assure improved performance. Just training individuals or providing equipment does not assure performance. The term "capacity" covers a broad range of skills. There is not a single aggregate scale to measure all human capacity.

However, observable performance improvement in department functions implies some measure of improved capacity. In KIIs, mini-surveys, and review of work products/tools, etc., the evaluators sought evidence of improved organization performance, in particular, systematized performance that did not directly result from the current labor of FORSSAS LTTA. The team's assumption was that improved organizational performance resulting from institutionalized

¹ LaFond, A., L. Brown, and K. Macintyre. 2012. "Measuring Capacity in the Health Sector: A Conceptual Framework." *International Journal of Health Planning Management* 17.

changes, rather than resulting directly from the technical assistance (TA), was more likely to be sustained beyond the end of FORSSAS.

The evaluation team looked for evidence of operationalization or institutionalization of systems, tools, motivation, feedback, and/or work processes not directly dependent on the LTTA advisor's input. The team hypothesized that such operationalized performance is more likely to be sustained beyond FORSSAS's immediate departure.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The evaluation found evidence of significant improvement in performance beyond the work performed by embedded long-term technical assistants (substitution effect) in financial management, organizational planning, procurement capacity, and business processes and systems in departments targeted (MISAU, CMAM, UGEA) for FORSSAS TA. There was evidence for significant improvement in the capacity of individuals in CMAM, the Global Fund Unit (GFU), the Department of Administration and Finance, and DPC to perform key tasks as a result of training and systems established by FORSSAS. Additionally, the MISAU, donors, and other stakeholders very much valued FORSSAS TA and the resulting performance improvements.

FORSSAS undertook comprehensive baseline assessments of current operations, formulated recommendations, supported systematic implementation of the recommendations with new processes, tools, job aids, and databases, and provided on-the-job technical mentoring and formal trainings to build capacity, accompanied with on-going monitoring and evaluation (M&E) and subsequent readjustments as necessary.

The evaluation noted the following activities and outcomes as particularly successful:

- FORSSAS proposed improved financial processes, developed financial management (FM) standards, and helped implement FM standard operating procedures (SOPs); this increased the efficiency, accountability, and transparency of financial management.
- FORSSAS contributed to addressing the Global Fund 2012 audit, including improvements in CMAM and UGEA procurement and strengthening the national Health Information System (HIS) to report on GF.
- FORSSAS contributed to more robust and transparent procurement rules and procedures for CMAM and UGEA.
- FORSSAS contributed to increasing the quality and quantity of data to support the Health Sector Strategic Plan (PESS, Plano Económico e Social de Saúde), particularly the human resources (HR) component for the budget appropriation process, thereby increasing financing for a larger health workforce.
- FORSSAS contributed to increased HR engagement and retention of professional health staff through strengthening HR financial and personnel databases (by using actual rather than generic, data) and by supporting legislation to increase physician salaries.
- FORSSAS contributed to strengthening social welfare services by supporting a social worker training program and strengthening the capacity of MGCAS.
- FORSSAS supported MISAU to train, oversee, and support the Provincial Directorate of Health (DPS, Direcção Provincial de Saúde) and districts to transition to the Health

Information System for Monitoring and Evaluation (SISMA, Sistema de Informação em Saúde para a Monitoria e Avaliação).

There was less success under FORSSAS in establishing and institutionalizing a national health finance strategy and improving GRM resource planning and tracking. Key constraints, including the lack of MISAU and GRM engagement in certain activities and an inadequate quantity of qualified GRM staff, were beyond FORSSAS control.

The evaluation findings support the finding that the project was appropriately designed to address FM, procurement, and HR priorities. Technical assistance is limited in its ability to advance change when there is not adequate government engagement, as is needed for establishing an effective health financing strategy.

FORSSAS was not required to track expenses by activity; thus, expenditures for activities are estimates. The following activities were found to have high and good value-for-money (see “Conclusions and Recommendations” for a more detailed discussion):

- Development and implementation of FM SOPs in MISAU
- Support to GFU and other entities in response to the Global Fund audit
- Support to CMAM to strengthen procurement capacity
- Support for educational programs at MGCAS
- Support to strengthen the MISAU Department of Human Resources.

Activities with lower value-for-money (for varied reasons) included:

- Development of a national health financing strategy
- Institutionalization of the National Health Account (NHA)
- Full institutionalization of FM SOPs down to all DPS levels.

I. INTRODUCTION

EVALUATION PURPOSE

The purpose of the evaluation is to determine, over its four-year implementation, the success of Fortalecimento do Sistema de Saúde e Acção Social em Moçambique (FORSSAS) in achieving results in governance, health financing, operations capacity, and human capital in institutions supported by the project. The evaluation findings may inform the design and approach of follow-on activities.

EVALUATION QUESTIONS (Renumbered)

1. To what extent have activities implemented by FORSSAS resulted in improved financial management (FM), organizational planning, procurement capacity, and business processes and systems in health institutions in Mozambique, including the MISAU, CMAM, and UGEA?
2. To what extent has the capacity of individuals—at CMAM, the Global Fund Unit (GFU), the Department of Administration and Finance, and DPC (Direcção Nacional de Planificação e Cooperação / National Directorate for Planning and Cooperation)—to perform key required tasks improved as a result of the training and systems established by FORSSAS?
3. To what extent has FORSSAS contributed to the establishment and institutionalization of a national health finance strategy and resource planning and tracking by the Government of the Republic of Mozambique (GRM)?
4. To what extent has the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?

As approved by USAID Mozambique, the evaluation questions were reorganized for ease of discussion in the following manner:

Question 3 was renumbered as Question 2 so that it can be discussed with Question 1 given that individual capacity and organization performance improvement are highly inter-related. Subtopics include evidence of performance improvement and operationalization of improved functioning in each of the units receiving FORSSAS technical assistance (TA), the extent of successful knowledge transfer, sustainability of capacity and of improved performance, continued production of improved results, long-term vs short-term TA, staff performance after FORSSAS support, and the quality and quantity of human capital improvements and performance management systems.

Question 2 has become Question 3 and is discussed separately. Discussion of Question 4 includes project design and adequacy of resources to achieve project objectives. Value-for-money is a fifth topic of discussion.

II. PROJECT BACKGROUND

In July 2012, USAID awarded the Fortalecimento dos Sistemas de Saúde e Acção Social em Moçambique (FORSSAS; Health and Social Welfare Systems Strengthening – HSWSS), a \$19 million, five-year project, to Deloitte Consulting LLP in collaboration with local partners MB Consulting and Kula and Government of the Republic of Mozambique (GRM) counterparts in the Ministry of Public Health (MISAU) and the Ministry of Gender, Children, and Social Action (MGCAS). The project aimed to improve MISAU and donor health partners' financial resource allocation and management, human resources (HR), the accountability and transparency of resource management, and evidenced-based decision-making. FORSSAS was conceived and implemented as central-level MISAU TA to key health system building blocks of governance, finance, HRH (Human Resources for Health / Recursos Humanos para a Saúde), and commodities. "The purpose ... is to provide technical assistance...to the GRM ... to address specific constraints hampering the health and social welfare system."²

The Request for Applications (RFA) precisely defined project priorities, most but not all of which related to good stewardship of donor resources. In 2011 and 2012, serious questions regarding management of donor resources management by the GRM were raised by the Office of the Inspector General (OIG) of the Global Fund, by public financial management assessments by the U. S. Government, and by various donors. The Global Fund ceased all disbursements. The FORSSAS RFA stated that "USAID and GRM cannot afford to end support to critical health systems areas."³ These critical areas specifically included TA positions in DPC, the Directorate of Administration and Finance (DAF), the Global Fund Unit (GFU), and CMAM. The need for improved transparency and accountability and for sound FM was recognized by GRM.

Intermediate Result 1 will strengthen governance in the health sector by supporting MISAU's restructured DAF, strengthening the capacity of Global Fund (GF) civil society organizations (CSOs), and improving governance within the central medical stores.

Intermediate Result 2 will strengthen the management of health sector financing by institutionalizing National Health Accounts, strengthening MISAU's resource allocation process, strengthening the use of performance-based financing results for policy decisions, and improving the collection and use of costing data.

Intermediate Result 3 will strengthen MISAU's management and operations capacity by supporting the GFU, Department of Projects, M&E Department, and selected Provincial Health Directorates (DPSs, Direcção Provincial de Saúde) to improve FM, procurement and supply management, M&E, and planning processes.

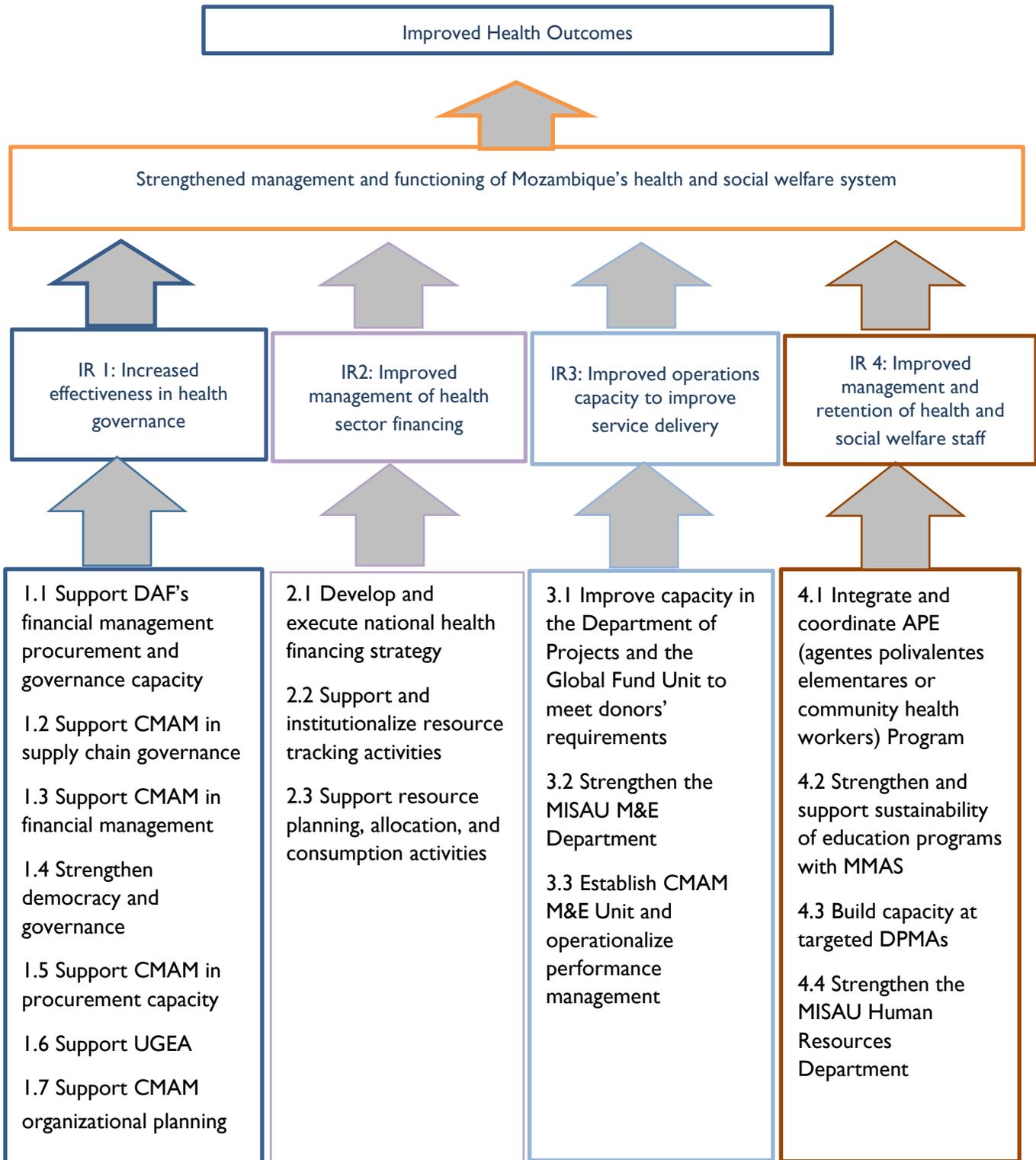
Intermediate Result 4 will strengthen the capacity of both MISAU and MMAS (Ministério da Mulher e Acção Social / Ministry of Woman and Social Action, now the MGCAS) to improve the performance of selected health and social welfare staff by supporting a healthcare management and administration twinning program, supporting the rollout of MISAU's community health worker program, and strengthening the sustainability of MMAS's approach to educational programs.

²Program Description – Moz HSWSS, p. 5

³ Ibid.

While not related to stewardship, the RFA also specifically required support to MGCAS to “institutionalize capacity within MMAS [now renamed MGCAS] to train and return social and para-social workers and early childhood educators.” Thus, there were very well-defined financial, procurement, commodities, and HRH activities and results to be achieved through the FORSSAS agreement (see Figure 1).

Figure 1. FORSSAS Results Framework



III. EVALUATION METHODS AND LIMITATIONS

The evaluation was conducted by a team of five consultants between May 23 and August 22, 2016. It covers the period from project inception in September 2012 to June 2016. The evaluation team used multiple sources of data for a mix of qualitative and quantitative data collection and analysis, with information to support evaluation of FORSSAS gathered from documents, key informant interviews (KIIs), site visits to beneficiary offices and workplaces, a mini-survey, and their own direct observations. (See Annex II for a list of KIIs, Annex III for documents, and Annex IV for mini-survey results.) The evaluation design represents an appropriate response to the evaluation purpose and objectives within the constraints inherent in the implementation context, budget, and timeline.

KIIs were held with program leadership, the USAID current and former Agreement Officer's Representatives (AORs) and program management team, MISAU officials, and donors. Interviews were held individually and in groups. All informants were advised that their responses were voluntary and confidential. (A list of persons interviewed appears in Annex II and interview guides in Annex V.) During all interviews, but particularly those with beneficiaries, evaluators asked to see work products, job aids, databases, or other evidence of FORSSAS work.

A mini-survey was administered to line staff in MISAU offices to query about long-term technical assistance (LTTA), the roles and responsibilities of the technical advisors, FORSSAS LTTA contributions, and staff opinions about LTTA vs short-term technical assistance (STTA). Supervisory staff were provided with a self-administered survey plus a self-sealing envelope to line staff that worked with FORSSAS LTTA experts. The written instructions for the survey assured participants their responses were confidential and the survey was voluntary. (See Annex IV.) The response was 38, an approximate yield of 76%. This high response rate is consistent with KII statements about the usefulness of FORSSAS and with the survey responses, which broadly revealed a positive assessment of FORSSAS. There is, of course, no information available for opinions of non-respondents. No evidence suggested that the small portion of non-respondents would have radically different opinions.

The evaluation team requested and received expenditure data from FORSSAS. Data from key informants were coded thematically and compared across different sources. Quantitative data from mini-survey and other sources were analyzed using Excel, interpreted, and displayed using tables, graphs, and charts.

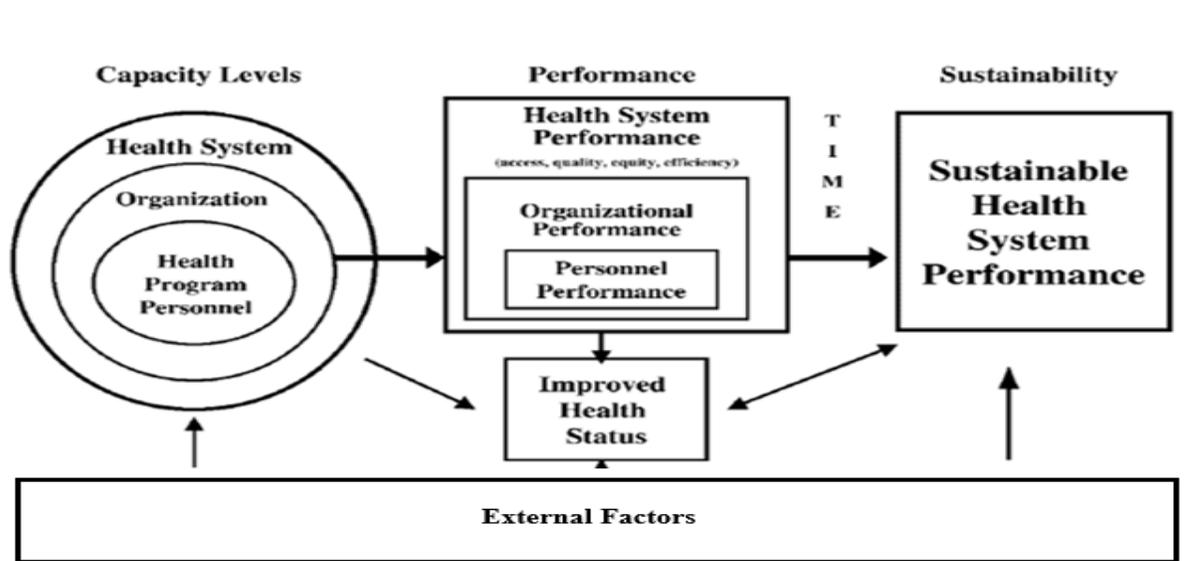
Limitations: While FORSSAS records a range of activities, achievements, and costs disaggregated by IR, it does not, is not required to, and could not reasonably be expected to maintain records of activity-based costs. Cost data provided by FORSSAS are good-faith estimates.

The mini-survey was administered during the last week of FORSSAS TA project work when beneficiary departments were actively lobbying USAID to extend FORSSAS TA. Thus, there may be some bias in staff responses that overstates FORSSAS contributions.

Conceptual Framework to Evaluate Capacity Building

The evaluation team's conceptual framework regarding capacity building and performance improvement is based on "Measuring Capacity in the Health Sector: a Conceptual Framework."

Figure 2. Conceptual Framework



Source: LaFond, A., L. Brown, and K. Macintyre. 2012. "Measuring Capacity in the Health Sector: A Conceptual Framework." *International Journal of Health Planning Management* 17.

The framework defines, or states, that capacity (for individuals and organizations) is a necessary component for performance; but capacity alone is insufficient to assure improved performance. Just training individuals or providing equipment does not assure performance. While capacity does not always lead to performance, one would expect that, as a group, organizations with greater capacity will tend to have better performance. The term "capacity" covers a broad range of skills; there is not a single scale to measure all human capacity. Without precise definition of what type of capacity, it is hard to describe or measure. Directly assessing the successful knowledge transfer and/or improved individual capacity from on-the-job (OTJ) training, for example, is difficult in an end-of-project evaluation if there are no baseline measures and specific capacities are not precisely defined.

However, observable performance improvement in department functions implies some measure of improved capacity. Organization performance is demonstrable and describable. In KIs, the mini-survey, and the review of work products, tools, etc., the evaluators sought evidence of improved organization performance, in particular, systematized performance that did not directly result from the current labor of FORSSAS LTTA (substitution effect). The evaluation team looked for evidence of operationalization or institutionalization of systems, tools, motivation, feedback, and/or work processes not directly dependent on LTTA input. Performance resulting from institutional changes is more likely to be sustained beyond the departure of FORSSAS, although system maintenance will be necessary for further improvements or to avoid deterioration.

IV. FINDINGS

Q1: To what extent have activities implemented by FORSSAS resulted in improved financial management, organizational planning, procurement capacity, and business processes and systems in health institutions in Mozambique, including the MISAU, CMAM, and UGEA?

Q2: To what extent has the capacity of individuals—at CMAM, the GFU, the Department of Administration and Finance, and DPC—to perform key required tasks improved as a result of the training and systems established by FORSSAS?

FORSSAS capacity building and performance-improvement activities contributed significantly to improved performance—greater efficiency, accountability, and transparency—in supported departments. The improved performance is likely to be sustained beyond the substitution effect of the additional TA.

FORSSAS's capacity building and performance improvement approach was to sustainably improve the quality, efficiency, effectiveness, transparency, and accountability in key health system functions—financial management (FM), internal control, resource planning and tracking and procurement, human resources, and M&E and information systems. Specific FORSSAS approaches to capacity building and performance improvement include targeted short-term TA (STTA) to provide expert analysis and recommendations to guide project work plans; embedded long-term technical advisors to implement the work plans, do practical OTJ capacity building, and support implementation of new ways of working; formal trainings when useful; situation assessment and baseline process mapping leading to development and implementation of new procedures, systems, databases, job aids, standard operating procedures (SOPs), organizational planning, structured performance management systems, on-going M&E and review of actual performance, among others, plus routine feedback and correction of performance.

FORSSAS-supported Departments:

Department of Administration and Finance (DAF):

The major outcome of FORSSAS support to strengthen FM is defining and improving FM procedures for all levels of the health system, including provincial and district, in DAF, CMAM, and UGEA. Previously, financial staff had some accounting training, but there were no MISAU standards or defined procedures for financial transactions or reporting, thus contributing to wide procedural variations or irregularities resulting in the audit findings. For the first time, MISAU central and provincial level offices now possess written SOPs, leaving a sustained impact on financial governance. The *SOP Manual*⁴ further details the specific roles of individual positions in executing the various budgeting and FM tasks, serving as the basis for job descriptions for DAF staff, thus defining roles and responsibilities for FM. The *Manual* establishes key performance indicators that measure the execution of FM processes within MISAU. In 2014–15, a total of 434 employees participated in finance and administrative training⁵ on these new

⁴*Manual de Procedimentos Financeiros.*

⁵ See the separate summary on training activities.

MISAU financial procedures, coming from different departments at central (DAF, Health Inspector General [IGS], Central Hospital of Maputo [HCM], CMAM, and UGEA) and province level (Provincial Directorates of Health [DPs], health units). Further, 55 financial advisors at central level were trained on updated procedural and documentation conformity for financial processes during four mini-courses; of those persons 36% came from DAF.

FORSSAS TA also completed the “Internal Controls for Supporting Documentation” job aid, a poster⁶ developed to improve compliance with procedural and documental requirements of payments within MISAU that is now used in national, provincial and district offices. For each type of process, there is now a list of required documents needed to comply legally. Two hundred forty-five (245) job aid posters, defining procedure and document requirements for making purchases,⁷ were distributed through the provincial trainings. The posters were posted at the financial offices of all DPS Institutes and Training Centers, hospitals, and district offices⁸. These posters were found by evaluation team members in provincial and central accounting offices and appeared to be very useful. According to various key informants (donors, MISAU), this is a huge step forward in transparency and accountability. Due to the shortened life of the project (LOP), follow-up training to assure correct implementation of FM SOPs in all provinces and districts was not completed; thus, information on actual provincial conformity with *FM Manual* procedures has not been documented. The challenge remains to ensure that improvements are fully implemented and remain implemented all the way down to the health units; on-going monitoring will be needed.

As the first step in developing the SOPs, FORSSAS LTTA mapped all steps in the payment processes for DAF and four major cost centers: CMAM, the National Directorate of Medical Assistance (DNAM), the National Directorate of Public Health (DNSP) and the Acquisitions Management and Executor Unit (UGEA). This mapping established the baseline for FM process improvement and identified bottlenecks and issues that threaten procedural consistency throughout DAF and the four cost centers. Following the mapping, FORSSAS supported defining improved financial operating procedures.

FORSSAS advisors supported many training and capacity-building initiatives to improve reporting systems for DPS accounting and finance staff; e.g., provincial technicians from DPS and hospitals were trained in e-SISTAFE in Manica province (July 2014) and Niassa province (August 2014). Due to the shortened LOP, however, many DPSs were unable to create Divisions of Accounting and Reporting (RCPC) and are still unable to produce timely integrated or full financial statements. In Project Year 4, DAF intensified supervision and TA visits, with FORSSAS support for OTJ training for DPS employees, thus creating a system to disseminate updated procedures at lower DAF levels. Nonetheless, there remain many challenges regarding the quality and conformity of data and document in payment processes.⁹ Ongoing efforts are needed.

Operationalization of improved FM: Following the national training, FORSSAS supported the implementation of the new SOPs by monitoring compliance with them. FORSSAS assessed

⁶Cartaz de Conformidade Processual e Legal nos processos financeiros; observation.

⁷ “Conformidade Processual e Documental na Gestão Financeira” MISAU.

⁸ KIs and Q 2 013 report.

⁹ KPI_Deck_DAF_indicadores_2015_12_Ano2015_150216-PowerPoint – Indicadores de Desempenho para Funções Financeiras; Janeiro 2016.

the effectiveness of the national *FM Manual* training on the conformity of finance and administrative procedures in Manica province at DPS and districts. They noted that financial procedure conformity significantly improved following the national training, and after each of three successive supervision visits using a Monitoring and Evaluation Questionnaire for Implementation of Provincial Financial Management Procedures, which ended in May 2016. The successive monitoring showed improvements both at province and district health units, with DPS Manica having the best result at an 89% performance level¹⁰ (see Annex VII on training for a graph with scores showing performance improvements after each monitoring visit). FORSSAS and DAF detected three main weaknesses at the provincial level: (1) alignment of PES (the Annual Economic and Social Plan) with the budget and *Execução Orçamental* and use of *Planos de Tesouraria* for appropriate financial programming; (2) e-SISTAFE reconciliation and financial reporting on a timely basis; and (3) use of performance indicators in FM. This style of monitoring with supportive supervision of FM SOP conformity is a standard public financial management (PFM) practice and should be implemented in other provinces and throughout the health sector to assure sustained sound FM practices.

“Definite increase in transparency; FORSSAS made admin stronger at each step, worked on system, made it stronger; better internal control” Regarding Manual for DAF: an “exceptional result, really good value.” Training in provinces also: “really impressive result.” – Donor

“There is a team to do the replica/training on this. The verification of this is important. And yes, it is positive. We have RPRC—our own accountability systems. Then, when we look through the manual, we understand our systems better. With the trainings that we are doing in the districts, after the training, they ask to use the system—RPRC because they learn about it. We are improving the procedures from the trainings that we received.”

– Line staff in Sofala DPS

Additionally, FORSSAS LTTA provided ongoing, ad hoc support to various areas of DAF at the request of DAF leadership, including support to audits, preparation of monthly financial statements, finance reports for the Minister, and managing processes with the Ministry of Finance. In general, FORSSAS support was given by LTTA as OTJ capacity-building, creating tools, training personnel, and developing guidelines and information to support RCPC staff. Staff members report having improved skills in Advanced Excel and e-SISTAFE, among others, which help them to elaborate accurate financial reports on time¹¹. The archive system in DAF (critical for audits and transparency), previously very weak, is now complete and is kept updated regarding the monthly financial reports without FORSSAS help.¹² All KIs at DAF strongly agreed that the FORSSAS project had been very helpful. Multiple donors identify the *FM SOP Manual* as extremely valuable in moving Mozambique forward in transparency.

Central Medical Stores – CMAM:

FORSSAS improved CMAM’s operational efficiencies as well as its transparency and accountability to donors and civil society via activities in CMAM’s finance, procurement, and internal audit functions. FORSSAS initially undertook an assessment of CMAM to estimate the cost of current procurement inefficiencies (\$24 million/year); to establish capacity gaps; to map processes, functions, and role definitions; to establish functional structures; and to propose

¹⁰Relatório da 3ª visita à Direcção Provincial da Saúde em Manica, 9-13 Maio 2016 Berta Muhai (DAF) e Salomão Lourenço (DAF / Projecto Forssas); KIs.

¹¹ Result on Mini-survey.

¹² Direct observation by evaluation team member.

interventions.¹³ This report, which CMAM and donors found to be “very comprehensive and helpful in improving organizational capacity and performance,” was undertaken by short-term advisors. They made recommendations that formed the basis of all the subsequent interventions and readjustments at CMAM during the FORSSAS LOP.

FORSSAS continued the work of the Health Systems (HS) 20/20 project to strengthen the planning, procurement, and distribution capacity of the CMAM Directorate Board and Pharmaceutical Department. In doing so, per KIIs, FORSSAS implemented training for the CMAM Directorate Board, which provided knowledge and skills for leadership and staff for adaption of the Global Standards for Internal Auditing within the unit.

FORSSAS Strengthened Internal Audit. FORSSAS supported the Department of Internal Audit (IA) to segregate functions to avoid conflicts of interest within CMAM. FORSSAS trained the IA team and MISAU inspectors in internal controls and data analytics. FORSSAS supported CMAM to develop IA for all levels (warehouse, province, district, and hospital); to use an IA access database to track and improve compliance and risk management; and to conduct audits at provincial depots. FORSSAS supported over 200 audit visits in four provinces (Sofala, Inhambane, Cabo Delgado, and Gaza) to measure compliance with drug management procedures. These audits were formative and not punitive, identifying solutions as well as problems. In one year of audits, the following were developed: tools to monitor IA visits and results in provinces, central hospitals, and central warehouses; a functional database of over 200 audit visits that provided reports to management; and systems to share information and reports internally in the department and with CMAM decision-makers. These activities contributed to reducing the department’s reporting time from 60 to 17 days between December 2012 and 2013. FORSSAS support to this activity ended in 2014.

Sustainability of the IA Function: By December 2013, FORSSAS capacity building for CMAM IA was completed. The Supply Chain Management System (SCMS) agreed to train the CMAM IT team on the existing databases to support maintenance. FORSSAS’s role then was solely to support the IA visits financially at USG per diem levels. As part of the FORSSAS agreement modification, FORSSAS financial support to IA activities ended. CMAM IA staff resisted travelling to perform IA visits at MISAU’s lower per diem rate. CMAM did not take on responsibility or financial support for the IA visits, stating lack of funds. There have therefore been no more IA activities at CMAM. The lack of continuity of IA visits is not due to lack of capacity built by FORSSAS.

FORSSAS improved the transparency and performance of CMAM’s Procurement Systems and Procedures. FORSSAS supported CMAM in the collection and use of procurement data through the development of a Procurement Information System (SIP), which tracked all tenders, contracts, suppliers, shipment progress, reception, and payment approval process, significantly increasing procurement transparency and accountability. With training by FORSSAS, CMAM staff can now produce reports that provide management with pertinent information for operations and strategic decision-making. FORSSAS support also integrated SIP with the Central Tool. This integration, which allows the Central Tool to access information for all procurement processes, significantly increasing transparency and accountability. CMAM was thus able to oversee and more actively manage supply chain compliance, procurement

¹³ “Central de Medicamentos e Artigos Médicos (CMAM) Procurement Strengthening – Procurement Sector – As-is Analysis”, May 28, 2013.

procedures, and supplier performance. FORSSAS trained over 25 procurement team members to use SIP, which provided data for analysis and decision-making. FORSSAS supported CMAM to assure SIP data quality. FORSSAS also supported the digitization of about 2,500 medical supplies, equipment, surgical instruments, and laboratory reagents for entry into SIP. FORSSAS IT created functioning interfaces to share data between SIP and existing systems, specifically the Sistema de Seguimento de Importação (SSI) and the Central Tool (FC), allowing visualization and management of the whole supply chain, especially for processes related to importation. The FORSSAS team submitted final versions of CMAM procurement SOPs to the CMAM Director for institutional approval. According to KIIs and FORSSAS performance monitoring data, CMAM procurement times from tender launching to custom clearing decreased, based on anecdotal data.

FORSSAS improved CMAM's Financial Accounting System: CMAM has had impressive results from FORSSAS FM interventions; for example, FORSSAS supported the implementation of Primavera, an electronic FM system specific to CMAM's activities, including drug procurement and distribution, and able to meet reporting needs not addressed by e-SISTAFE (the GRM financial accounting system). Primavera software allows CMAM to manage its operating revenues, supports regular bank account reconciliation and transactions, administers cost recovery funds, and assures supporting documents for transactions. The capacity of CMAM staff to use Primavera to produce quality reports has greatly improved. Primavera implementation is a critical step toward a more accountable and transparent financial environment. This year CMAM produced its very first *Conta de Gerência* 2015 and presented it to the Administrative Tribunal. FORSSAS support of CMAM contributed to strengthened FM practices, including improved cost data for budgeting and an improved archiving system. Primavera implementation was critical for CMAM to conduct and report on financial transactions autonomously as a semi-autonomous national directorate.

FORSSAS supported CMAM to become a national directorate: The 2013 USAID PFM Risk Assessment Framework (PFMRAF) for CMAM noted “ongoing uncertainty about the status of CMAM's current classification within the flow of funds in the GRM system.” At that time, CMAM was a MISAU-subordinate cost center, without authority to execute budget allocations and without e-SISTAFE capabilities. CMAM budget allocations were executed through MISAU's DAF; CMAM had authority only to make payments from own-source revenue (primarily from the sale of pharmaceuticals). As a national directorate, CMAM has direct access to e-SISTAFE and can move toward an integrated budget procedure. Per its senior officials, CMAM is a directorate largely because of implementation of the recommendations made by the FORSSAS short-term advisors. FORSSAS supported CMAM to develop a new organizational structure, which was approved by the Ministry. The project proposed internal regulations, terms of reference for CMAM departments, and a human resources (HR) framework to CMAM. The new organizational structure coupled with trained staff helped CMAM to address the challenges of a burdensome reporting structure, operational inefficiencies, and ineffective communication

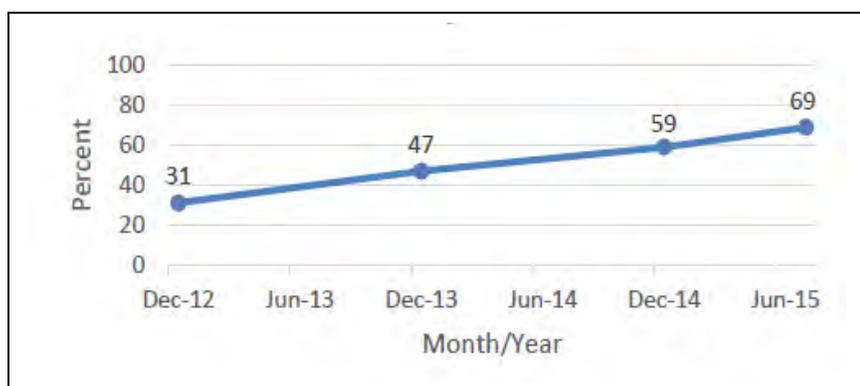
As a new directorate, CMAM assumed new responsibilities. It has autonomy to make operational expenditures using its own revenue collected from sale of medicines, tender documents, and user fees and has reported on this revenue and expenditures for three quarters. It now receives direct funding from PROSAUDE, the Basket Fund for the Health Sector in Mozambique (off-budget support). FORSSAS supported CMAM to form a new M&E department and trained new staff. The department has revised and is now testing the new indicators.

Challenges: While recognizing significant improvement, CMAM staff expressed concern that certain activities, still dependent on direct TA support from FORSSAS, may not be sustained after the end of the project and that the rate of performance improvement in CMAM will fall off. Due to the shortened LOP, the project did not complete the adaptation of DAF's *Public Finance Manual SOP* to CMAM needs; in M&E, FORSSAS did not complete the SOPs and staff job descriptions. The CMAM Directorate expressed the need for TA to continue for at least six months. Much of the capacity in Finance and Procurement has been built, there are a number of outstanding activities, such as finalization of a customized *Financial Procedures Manual* for CMAM and training staff in accountability for donor funding and internally collected income. CMAM also needs support in procuring one additional Primavera module and training two people to manage the system. CMAM needs additional support in linking suppliers to contract processes, tracking payment procedures, and controlling payments. It has been using Excel spreadsheets, but these should be integrated into CMAM software tools.

M&E and HIS in Department of Planning and Cooperation (DPC):

Since 2012 the Departments of Health Information (DIS) and M&E have received support from embedded FORSSAS technical advisors for several activities related to improvement of data collection, analysis, and reporting through

Figure 3. Provincial and District Compliance with Modulo Basico Report Submission



Mozambique's health information system, *Modulo Básico*,¹⁴ and to support implementation of SISMA, the Health Information System for Monitoring and Evaluation. In 2012– 13, LT TA supported HIS and M&E to develop guidelines for provision of monthly data quality feedback (*Retiroinformação*) to provinces and districts (currently used for SISMA, and previously for *Modulo Básico*). During the LOP, FORSSAS focused on strengthening *Retiroinformação*, the monthly feedback from MISAU to DPSs to improve provincial data quality, timeliness, and completeness: provincial data reports are analyzed for accuracy, completeness, and timeliness and results are then sent back to the provinces as feedback. FORSSAS supported the standardization and strengthening of definitions and procedures to collect 24 key indicators (e. g. on maternal and child health, HIV, TB, and malaria national programs). FORSSAS LT TA supported MISAU HIS /M&E development of technical notes and details, including a description of the purpose of indicators, how indicators are calculated (numerator/denominator), data sources, and responsible programs/sectors at MISAU. The DIS staff, under the supervision of FORSSAS TA, identify lacking information and track the index of fulfilment of the goals and performance of each province. Since the development of *Retiroinformação* in 2012, DIS has observed impressive improvements in the timeliness, completeness, and accuracy of provincial and district *Modulo*

¹⁴The *Modulo Básico* has been updated with SISMA, a new DHIS2 national health information system.

Básico reports. Compliance with report submission has steadily improved from a 31% baseline in December 2012 to 69% in July 2015¹⁵ and 75% during the most recent period (March 2016). This figure exceeds the baseline established for the year.¹⁶

FORSSAS TA recently supported update of the *Retroinformação* guidelines as part of the new system design requirements with SISMA implementation. These monthly reports are now routinely used by DPC and MISAU to better inform decision-making and evidence-based policy decisions. The *Retroinformação* process has further increased the reliability of the data sources used to develop the country's key operational plans, such as the Economic and Social Plan (PES), the Government's 5-year Strategic Plan (PQG), the Health Sector Performance Assessment Framework (QAD), and other annual evaluation processes.

FORSSAS LTTA supported OTJ training, organization, and implementation of integrated courses in planning, health information systems, and M&E and supported the DPC in providing capacity-building/TA visits to the M&E Units of the DPSs. Long-term technical advisors provided mentorship and TA during the validation and feedback processes for monthly data, in conjunction with program counterparts. Further, LTTA has supported the roll-out and maintenance of SISMA through training and post-training follow-up with districts, providing coaching on the use of SISMA and working with DPC stakeholders to develop/provide design requirements for SISMA standard reports. FORSSAS LTTA has also supported DPC in the creation and implementation of a committee to verify the quality of data consistent with e-PTS (the HIV Patient Tracking System) standards.¹⁷

In summary, key FORSSAS contributions and their outcomes include institutionalization of tools and TA to steadily improve *Retroinformação*, specifically the timeliness and quality of data collection since 2013, and the use of data by MISAU senior leaders for decision-making, in planning and monitoring service delivery, budgeting, staffing, and overall management. FORSSAS also contributed to successful implementation of SISMA, with updated data collection guidelines, training, and post-training provincial and district mentoring from DIS/M&E during April 2016. SISMA has been implemented in the whole country to report key health indicators, with data inputted at districts and aggregated at provinces, including information on HIV/AIDS, TB and malaria, thus meeting GF requirements for funds disbursement.

Among on-going challenges, more help is needed in introducing new modules into SISMA and making SISMA reporting more manageable at the province and district level; and staff skilled in IT, statistics analysis, and epidemiology are sorely needed in DIS (DIS suffers from very high staff turnover). The frequent changes in technology, health, M&E, programs, service delivery, and HR will require on-going planning and training.

“SISMA will not collapse after FORSSAS but we will surely feel the gap”
– Department Director

GFU: the Global Fund Unit:

FORSSAS capacity-building activities for the GFU started with rapidly transitioning HS 20/20 “substitution positions” to GFU and aligning expectations and joint planning with DPC

¹⁵FORSSAS Newsletter: Success Story, FORSSAS *retroinformação* - Health Systems Strengthening Program Institutionalizes Tool to Improve Data Quality and Health Decision-making in Mozambique.

¹⁶ MISAU Balanço- *Retroinformação* Março 2016 Excel spreadsheets; FY16 Q2 Technical Performance Report.

¹⁷FORSSAS work plans 2014 and 2015, verified in KIs.

leadership to build functionality and assure continued disbursement of funds, in response to the OIG audit.

The strengthening of GFU by FORSSAS started by organizing two workshops for 35 people, including all the stakeholders (DAF, UGEA, CMAM, DPC, DRH, IGS, IT, laboratory, DIS, DMA, CA, the GF Secretariat, and the Local Fund Agent) to together revise the work plan, budget, and performance framework for Round 8. As the Round 8 disbursement was expected early in 2013, the next step was to have STTA experts from HQ working with GFU to help set up financial procedures and systems for GF disbursements and train local counterparts on how to use them. Financial and operations manuals were updated describing the new systems. This Financial Control Plan was later on integrated into the *Global Fund Manual of Financial Operations*¹⁸ with FORSSAS support. FORSSAS LTTA supported MISAU to restructure the work plan and budget for the Round 8 Phase 2 grant proposal for health systems strengthening as well as develop an updated internal audit plan and plan for quantification of GF commodities for procurement for the Health Inspector General (IGS, *Inspecção Geral de Saúde*).¹⁹

“We have a manual for training, monitoring and planning (for specific GFU procedures), and it is very detailed, everything is there. It is very useful, at each level, also at MISAU, it explains all the indicators as well.”

– Line staff at GFU

“We now take the data and information to the ministers’ consultation, we always present them, the permanent secretary is part of that as well. We usually present the results in big meetings in order to plan better and they see that our performance has improved.”

– Middle manager at GFU

After the transition of certain FORSSAS staff to the GFU, starting in 2014, the FORSSAS Financial Management Advisor, embedded in DAF, gave ongoing support to strengthen financial accounting and reporting within the unit. Other FORSSAS LTTA supported special activities or capacity building/performance improvement, in M&E and HIS, without responsibility for routine daily operations of the GFU. In 2014–16, FORSSAS further supported GFU by strengthening DAF's ability to implement requirements of FM and control of GF subventions. FORSSAS directly supported GFU and developed sustainable systems with job aids, data dashboards, and tools for GFU and programs to collect data and report, notably the Progress Update and Disbursement Request (PUDR) tool and the data collection system for programs, the project monitoring tool, trainings, and the mentorship program. FORSSAS supported workshops and training to move to the new GF funding cycle and the development of new roles, responsibilities, and tools for GF reporting. FORSSAS long-term advisors (from M&E, HIS, and DAF) worked frequently with the GFU to monitor and implement special conditions related to FM, M&E, and supply chain management for GF grants.²⁰ FORSSAS provided limited support to elaborate and submit required GF progress reports and to manage and monitor Conditions Precedent for GF grants. A notable positive result is that GF grants have been disbursed on time since 2012.

In summary, FORSSAS key contributions and outcomes are:

¹⁸ *Manual de Operações Financeiras de Fundo Global*.

¹⁹ 2013 Q2 report.

²⁰ Q reports 2014, verified in KIs; since 2015 more focused on CMAM supply chain governance.

- Development and implementation of new financial systems and standards, indicators, and reports that met GF conditions
- Improved and sustained monitoring of GF indicators, analysis of indicators, and sharing of results
- Timely disbursement of funds
- Routine submission of completed GF reports to the Minister of Health for review and action
- Improved transparency and accountability
- The major part of the recommendations from the 2012 audit resolved (see also CMAM, DAF, and M&E)

Remaining challenges include the fact that the new manuals in use and supported by FORSSAS STTA—the *GF Financial Operations Manual* and the *Finance Control Plan*—are operationalized but not yet approved officially at MISAU (per MISAU, they are awaiting GF approval); and the indicator “number and percent of Global Fund PUDRs” demonstrates some late submissions (the PUDRs were submitted past deadline, March 15, 2016, due to delays in preparation of financial information for activities conducted during the second semester of 2015). Both technical and financial reports need to be submitted on time to receive full approval. The continued delays in financial reporting indicate that there is still need for support.

A general opinion among all the informants was that FORSSAS gave a lot of added value and there was a good on-job-training, however: *“The people here will not be able to guarantee sustainability of the knowledge. When FORSSAS leaves, it will leave a big emptiness... There are capable people in MISAU but they cannot do it all by themselves.”*

Acquisitions Executive Management Unit—UGEA

FORSSAS supported UGEA partly with one short-term technical expert and partly with two embedded local advisors through MB Consulting. The main FORSSAS support and activities were analysis of gaps and review of UGEA’s performance against leading practices, legal requirements, and donor compliance; strengthening standard reporting requirements; design and implementation of an improved electronic and hard-copy archiving/filing system including development of an Archiving Design Protocol; setting up a data collection system aligned with the national M&E system; selecting priority procurement processes and assisting UGEA to implement and measure change, with a special focus on GF Round 8 in the early phases; development and definition of indicators and targets; and development of training materials for the evaluation of bidder qualifications.

FORSSAS provided day-to-day operational support for some routine operations as well as capacity building, including OTJ training, monitoring the status of tenders in process, helping to ensure compliance with MISAU dispatches, supporting execution of the Procurement Plan, reporting results, and providing operations support.

The **major achievements** of FORSSAS contributions include development of procurement guidelines for MISAU to address existing challenges identified by UGEA staff. The guidelines were approved by the Permanent Secretary, Procurement Special Advisor, and UGEA Head and

were distributed formally to all MISAU Directorates; development of a detailed checklist²¹ listing the requirements for submitting a procurement request with a description and example listed for each requirement, communicated to all MISAU directorates to increase awareness and help alleviate challenges (quote from a MISAU department: “*Check-list is still used as it should [be]*”); FM improvement through DAF—including mapping of the payment processes for DAF and four major cost centers including UGEA; an improved M&E process related to the agreements; and an integrated tender M&E tracking tool with *Repartição de Contratos* to calculate and establish baseline for the full procurement cycle time, still in use.

Among on-going challenges are that:

The procurement cycle is now shorter but still needs improvement; and lack of ability to interpret the new procurement law. Additional help is needed for procurement planning, as only DAF staff understand this system. The archive system still has significant backlogs and gaps in documentation.

One more component which didn't have expected success is the electronic archive system... maybe that could have been moved forward. “
– Line staff MISAU
“UGEA needs help to improve the archive system. It is urgent.”
– Beneficiary, mini-survey

Department of Human Resources (DHR)

FORSSAS supported one full-time equivalent technical advisor in DHR for 3.5 years. Of note, DHR has a total of 11 TAs from various partners (including two based in provinces). The other TAs worked in training and HR management. The FORSSAS Advisor specialized in financial aspects of HR and built the capacity of HR staff in planning (budgeting) and tracking of expenditures for the Health Sector Strategic Plan (PESS); calculating the budget impact of HR interventions, particularly salaries, benefits, and allowances; and HR staffing absorption and placement.

Highlights of FORSSAS-supported activities include developing a database to determine personnel costs of the national health system per the PESS and national HR plan, based on actual salaries, benefits, allowances, career progressions of provincial staffing, and location and other costs. The TA supported DHR to develop the Placement (Colocação) Database and Absorption Plan. The placement database is now routinely updated with actual provincial, district, and facility data on every HR position in the country. This database allows matching staffing needs with newly contracted professional staff to determine placement. Significantly, the new placement database also matched new placements to one of their top three personal preferences, in addition to geographic need, thus increasing the likelihood of successful retention of these staff at these locations. Eighty percent of newly placed staff were placed in one of their top three choices.

FORSSAS also provided budget information based upon actual staffing data for the Absorption Plan, which identified the budget needed for all contracted professionals during their gap periods until they were absorbed into the civil service. Gap period salaries are paid for by PROSAUDE and other donors, including USG partners. In Mozambique, it takes approximately one year for graduates of public and private training programs to become formally employed in the civil service. FORSSAS TA also developed and supported DHR staff to utilize a tool that calculated

²¹ *Requisitos to Ministério da saúde (MISAU)* to submit a purchase request.

the budget impact of various salary allowance scenarios for health professionals, including physicians, dentists, and others. This tool calculated different budget scenarios used to negotiate annually with the Ministry of Economics and Finance (MEF) the actual budget for HR in the national health system.

Strengthened cost data contributed to MISAU's successful advocacy with the MEF to increase the HR budget for 2012–15 to pay for a 25% increase in the numbers of health workers, from 38,164 to 48,163.²² FORSSAS TA supported the DHR in calculating the cost of salary increases for doctors, dentists, and other health professionals in 2015 legislation that increases these health workers' salaries. FORSSAS TA supported the DHR to supply M&E, but FORSSAS did not complete the SOPs and staff job descriptions. The CMAM Directorate expressed the need for TA to continue for at least six months. Much of the capacity in Finance and Procurement has been built, but there are a number of outstanding activities, such as finalization of a customized *Financial Procedures Manual* for CMAM and training staff in accountability for donor funding and internally collected income. CMAM also needs support in procuring one additional Primavera module and training two people to manage the system. It also needs additional support in linking suppliers to contract processes, tracking payment procedures, and controlling payments. It has been using Excel spreadsheets, but these should be integrated into their software tools.

Ministry of Gender, Children, and Social Action – MGCAS

FORSSAS support to the MGCAS helped achieve better health outcomes through developing a sustainable training program producing qualified social welfare workers adequate to meet national needs and to work at all levels of the health system. Previous training courses in the social sector had been implemented in 2003–04 and were thus very out-of-date, particularly in terms of HIV and pedagogical approaches. The changed socioeconomic and health context in the country required updated and broader skills for social workers at all levels. Developing effective social workers and child educators is a national policy and strategy per the Human Resource Strategy for MGCAS. The main part of FORSSAS support to the MGCAS consisted of support for a high-quality, competency-based social work curriculum, training of trainers (TOT), supporting training courses at MISAU institutes, and training of social workers (TAS, *Técnicos de Acção Social*) and early childhood educators (EIs, *Educador de Infância*). The curricula elaborated by FORSSAS/Deloitte STTA experts were competency-based and are considered greatly strengthened, per USAID, MGCAS, DPGCAS (Direcção Provincial de Género, Criança e Acção Social, Provincial Directorates of Gender, Children, and Social Action), and training institute KILLS. An external evaluation is in process regarding the achievements of 2012-2014 TAS courses. Official Ministry of Education (MOE) approval/recognition of the Social Worker curriculum occurred after some delays, as the MOE had not previously had competency-based curricula. FORSSAS also built DPGCAS capacity in the area of social welfare management, first in Sofala and Niassa and then expanded to Tete, Manica, and Zambézia, in response to a direct request from MGCAS. In each of these DPMGCAS, FORSSAS performed a needs assessment with MGCAS²³ to determine training needs and subsequently subcontracted with IFAPA (*Instituto de Formação em Administração Pública e Autárquica*) to carry out short courses in IT, HR, accounting, planning, workplace health, and other areas in Beira and in Lichinga. These were considered very effective by DPGCAS staff (although they have not maintained their computer skills, due to lack of computers).

²²Human Resources Annual Report/ Anuário Estatístico Saúde 2012, 2015.

²³ Using *Modelo de maturidade*, a Deloitte organizational capacity assessment tool.

In collaboration with UNICEF, USAID, and the training institutes, FORSSAS supported MGCAS in developing a well-documented request to include the Training of Social Workers and capacity-building courses in their budget request in the Annual Economic and Social Plan (PES, *Plano Económico e Social*) for 2015–06.

FORSSAS contributions and their outcomes include the development of high-quality, officially approved, competency-based curriculum for TAS and EI courses²⁴ and available for use by any interested public or private training entity; high-quality, approved TOT,²⁵ establishment of a pool of motivated, capable teachers to assure sustained training of quality social workers; decentralization of TAS courses to Beira and Lichinga in 2014 (the decentralized training recruited locally-chosen residents who would return to work in their villages following the training) in addition to *Instituto de Ciências de Saúde* in Maputo (ICSM); 212 TAS graduates between 2012 and 2015; 102 TAS students scheduled to graduate in December 2016; courses already launched for 2017 in Beira and Lichinga; 19 EI (completed levels 3, 4, and 5) graduated in 2015; EI training has so far occurred only in Maputo due to lack of adequate teachers in the provinces. These training programs appear highly likely to be sustained by MGCAS, given their capacity and efforts to identify on-going funding. This training program is, lastly, an effective partnership between MGCAS and MISAU to improve care of people living with HIV and other vulnerable groups; due to the increased number of trained TAS, each district now has at least one TAS.

Country ownership: Besides the successful revision of training curricula and the increased number of social workers in the country due to FORSSAS support, the MGCAS as a ministry has gained more self-esteem and ownership. The ministry is now able to respond more efficiently to demands from the field and has changed attitudes—more value is given to prevention of social problems instead of cure, per KIIs. There are visible improvements at the province level regarding both the quality of new TAS as well as institutional capacity building.

“Regarding the increased skills among the staff the scale goes above 5! At the public sector there is now more credibility. And also DPs have their staff trained. We, with FORSSAS help, were the pioneers in this area – it was an enormous challenge, in order to visualize the competencies, we were the first (very proud).”

– MGCAS staff

“The last evaluation we did, it was done on the ground. They (social workers) were developing programs with high quality. All that they learned has been implemented on the ground. We have the results/marks/grades from them. This is tangible evidence.”

– Beneficiary

“In Niassa, they opened their eyes and now they are asking support from the government, they rehabilitated the whole DP and turned 360 degrees, they succeed in seeing the whole situation. At the province assembly the department of gender was the only one not getting any criticism, they are doing the things as they should.”

– Implementing Partner

²⁴ In the approval and certification of the courses, the program collaborated with PIREP (*Programa Integrado da Reforma do Ensino Profissional*).

²⁵ Employees at the MGCAS, teachers at the ICS or at universities.

On-going challenges include: Factors such as low status in MOH cadres, delays in certificates and promotion and low salary levels still demotivate recently trained social workers. Monitoring the newly trained workers to verify their situation and performance is difficult due to lack of funds at all levels. An evaluation on the present job situation as well as on the performance of those working is in a planning process at the MGCAS.

“There is need to see that the social workers really succeed in changing their careers (getting promotion), otherwise there is no motivation. The problem is that there has to be consensus between the MGCAS, Ministry of Labor, and Ministry of State Administration in order to qualify and promote the workers. And until 2018 there will not be new employments.”

– Donor

“We would like to see that those who are trained would be supervised by us – we would like to carry out monitoring, at least once a year to each province. To see how those who have jobs are doing. We don’t really know. There have been delays in the nomination – and those who are not nominated are not working. So there is waste of money. There is no budget for us to monitor.”

– MGCAS

These FORSSAS (and USAID) successes are particularly notable considering that the budget for MGCAS remains the lowest of all ministries. Increased state budgetary commitment for sustaining and growing the social welfare workforce to meet demands will require increased advocacy and partnerships with MISAU and the MEF.

Cross-cutting Constraints to Improved MISAU and MGCAS Performance

Contextual factors affect organizational performance in Mozambique. Regardless of capacity, MISAU performance is constrained by a range of external or contextual factors, including:

1. **The health labor market:** There is an extreme shortage of qualified workers in Mozambique. The shortage is aggravated by donor and NGO recruitment of the most qualified staff, paying salaries often ten times higher than MISAU salaries. Thus, the MISAU workforce is characterized by constant departures of the best staff, and frequent turnover and rotation in all departments, particularly among those in highest demand, such as IT or HIV clinicians.
2. **Poor motivation:** Many staff remaining feel underpaid and are poorly motivated. When MISAU line staff work side-by-side with LTTA experts who may be paid many times higher than they are paid, line staff (and supervisors) frequently expect LTTA personnel to do the “heavy lifting.”
3. **Civil service bureaucracy:** There are few incentives or disincentives to reward or penalize good or bad performance. Excellent managers can and do effectively motivate staff despite the difficult environment. However, leaders and managers in MISAU and at other levels of the government are also significantly underpaid, by factors of 10, compared to NGOs or the private sector, thus undermining their motivation. There is also a strong culture of “free riders.”
4. **Corruption** Mozambique is currently ranked 112 of 168 countries on the 2015 Corruption Perception Index of Transparency International. The difficulties of addressing embedded corruption should not be underestimated. Efforts to improve transparency and accountability in financing and procurement not only face bureaucratic inertia but also threaten many people’s family support as well as the power of vested

interests. Thus, prolonged effort on all parts is needed to improve transparency and accountability.

5. Dependence on donor funding: Funding for many salaries and programs may be affected by external constraints, thus contributing to program uncertainty.

Q3: To what extent has FORSASS contributed to the establishment and institutionalization of a national health finance strategy and to GRM resource planning and tracking?

Current low government health funding at 24% of total health expenditures constrains the health system. Donor funding at 58% attempts to fill gaps. Out-of-pocket expenditure is estimated at 5.6% of total health expenditures, but data are limited. Government budget for health is only 8% of the total budget, far below the 15% recommended by the Abuja Declaration. This percentage has been decreasing over the last few years. According to respondents, this could be due to lack of adequate information from MISAU, specifically an effective health financing strategy, to put their case forward. Health financing strategies define national sources of financing for health, such as new dedicated taxes as well as required legal pooling and protection of funds, thus they need the engagement of national budget-makers and legislators beyond MISAU.

FORSSAS aimed to support MISAU to develop an effective health financing strategy; align the allocation of health funds (from both state and donors) with health needs; and align actual budget execution with planned budget on the basis of sound evidence. However, this would need effective advocacy from higher levels of government for increased resources, which did not happen, as well as effective resource planning and tracking.

Resource Planning

The Mozambique Health Financing Strategy (HFS) is unfinished; it did not develop beyond a draft that lists multiple revenue-generating options, without endorsement of any specific options or approaches. The process did bring together donors and MISAU planners to have a broader understanding of the potential benefits of an effective health financing strategy.

Key gaps in the HFS are that

- Neither policy makers nor citizens participated or adequately discussed the political and economic implications of user fees, sin taxes, cell phone or resource-extraction taxes, or other options to finance the health system.
- There are no data and thus no compelling technical arguments to support any options, such as the population's willingness to pay user fees.
- Key technical studies by donors have not been completed.²⁶

Coordination of the HFS: FORSSAS provided technical, advisory and secretarial support to the Technical Working Group (GTF, *Grupo Técnico de Trabalho*) as well as support to DPC, the MISAU lead for the GTF. FORSSAS supported biweekly meetings, periodic workshops, development of terms of reference for the different committees and entities, development of

²⁶The World Bank pledged to do a fiscal space analysis but this was never done. WHO promised to provide an investment case but never did. The third one expected is a health insurance study; UNICEF did some fiscal space analysis and FORSSAS analyzed and harmonized several background documents.

certain study briefs (such as the situation analysis, health insurance landscape, and NHA studies), and worked with World Bank, UNICEF, and WHO to prepare background technical briefings. During the last three years there were about 20 meetings held to develop the HFS, each of which was attended by an average of 10–20 people. Most of the participants were junior to mid-level technicians from MISAU and donors.

FORSSAS developed the Terms of Reference for the GTF consortium comprising WHO, the World Bank, and Swiss Cooperation. GTF's advisory responsibility included review of progress toward development of the HFS and engagement of a technical advisor to help draft it. After other donors failed to appoint an appropriate TA provider, FORSSAS engaged ThinkWell and its own STTA experts to undertake this role.

The Minister and Permanent Secretary did not get involved and the Director of DPC was not very active. The role of the advisor of the Minister on Health Insurance was minimal. *"If you don't follow time lines, you lose the energies of the people. Three years is too much"; ... "the previous DPC director was not engaged at all,"* said a donor. *"I don't know whether the Minister is sensitized enough to appreciate the importance of HFS,"* said another donor. *"DPC needs to know the right advocacy messages to [bring to] the stakeholders,"* said another donor.

Developing an HFS is a high-level policy activity, involving multiple donors and other ministries. Without high-level leadership, key decisions were not raised or addressed and the process was delayed. While FORSSAS routinely informed and invited the MEF, its participation was minimal. The lack of MEF engagement limited serious discussion of revenue-generating options.

The draft has been discussed by neither the policy makers at the ministerial committee level nor the periphery at the provincial, district, and civil society levels, although such plans have been proposed. CSOs have raised some contentious issues regarding user fees previously; thus, the difficult consensus building has not started.

Even if there were political consensus on key revenue-generating mechanisms, there would need to be structures to legally pool funds as well as a legislative framework to assure specific health taxes and other pooled funds remain dedicated to health financing and not vulnerable to competing priorities.

The process of developing an HFS has sensitized DPC to the potential advantages of and opportunities for better resource planning. HFS is being used as a negotiating tool for increased government and donor funding. The World Bank's Global Financing Facility has funds to invest and the GRM is interested in health insurance for civil servants. To move forward, donors would need to support the Minister of Health to effectively advocate for strengthened health financing system at the national level.

Resource Planning and Budgeting:

FORSSAS strengthened the new annual PES database for the Human Resource Directorate (DRH) to allow for monitoring of budget execution.²⁷ Per central and provincial KIs and project documents, FORSSAS has built the capacity of certain DPC, DHR, and DAF staff to cost and track PESS expenditures per activity in certain cost centers, using this database to facilitate budget planning, execution, and reporting. The information feeds into PESS planning and costing

²⁷By aligning all activities to budget line items and expenditure management tool to link expenses to the PES and budget.

and helps in ascertaining the balance of funds in the budget for a given activity. FORSSAS also supported

- DPC in the analysis of expenditure projections for operating budgets, investments, and revenues by cost center in preparation for the 2015–17 Medium-Term Expenditure Framework (MTEF).
- DPES (the Department of Planning and Health Economics) in assessing the provincial MTEF to provide comments and recommendations for improvement.
- Development of the One Health Tool Institutionalization Plan.²⁸

FORSSAS accompanied this with a series of trainings within MISAU, including a workshop at the central level on development of the PES and MTEF. DAF is now able to check whether an activity is in the PES and whether there is still money in the budget to spend for that activity.

FORSSAS advisors institutionalized the costing tool for use during strategic planning cycles, creating stronger links between health program needs and MISAU budgets. They also successfully lobbied the MEF to separate budgets in e-SISTAFE by disease programs (per GF OIG audit requirements), creating improved linkages between budgeting and financial expenditure tracking.

While FORSSAS has supported certain improvements in resource planning,²⁹ there remain major gaps in planning, budgeting, and budget execution. There is no adequate link between planning and budgeting, as shown by the lack of coordination between the PESS and the PES. There are no planners at MISAU who can link the PES and Annual Plans at all levels (provincial, district, and central level). Donors have expressed concern about resource planning and allocation in the context of decentralization. Although some funds are now managed by districts and municipalities due to gradual transfer of responsibilities to the periphery, there is no capacity at the local level to effectively plan for these resources.

There is a need to work more proactively and collaboratively with the new Directorate of Planning and Budgeting under the MEF.

It would be helpful to build a pool of expertise at MISAU with high-level skills in resource planning and tracking. These experts would then be the core team to oversee such activities as health sector strategic planning and linkages with annual plans at all levels, HFS, NHA, analytical skills, and use of data for decision making.

While FORSSAS embedded LTTA in the Department of Planning, other major constraints included significant weakness and understaffing in the department and lack of engagement by the DPC.

Resource Tracking: FORSSAS supported data collection and analysis for the second National Health Accounts for 2012–13, which were completed and are being used, although it has not yet been adopted by GRM. FORSSAS supported MISAU in completing the National Annual Health

²⁸The plan describes the steps required to effectively institutionalize the use of the One Health tool and PESS costing results for programmatic and operational decision-making

²⁹ In such areas as support for annual planning and support supervision, alignment of provincial plans with the PESS, building the capacity of DPC to cost and track PESS expenditures per activity in the cost centers, integration of HIV, malaria, and TB into e-SISTAF to track expenditure of these programs, and producing customized reports.

Statistics Report 2009–13 and the Provincial Annual Health Statistics Report 2009–13 for 11 provinces. There is a lot of missing data in the current NHA report for 2012–13, including private sector (response rate was 10%) and donors (only 64% of the 28 responded). Out-of-pocket (OOP) expenditure is not being captured by the household survey; therefore, the OOP of 5.6% seems to be significantly underestimated. The third NHA round, supported by Abt Associates, is about to begin.

DPC is using NHA data to review the methodology for financial resources allocation to provinces. The allocation formula is being reviewed to include poverty index, service delivery points, and population distribution.

While NHA is incorporated into the annual planning of MISAU and has a budget line, there is no established unit in MISAU with adequate numbers of qualified planners or economists to take on the work load. “NHA is a complex process and DPC still needs help. While DPC has the capacity to collect NHA data, they do not have the capacity to analyze the data,” said a senior DPC official. WHO has in the past trained a few DPC, DAF, and NIH staffs in NHA; however, with turnover these skills have left MISAU. One of the prerequisites of institutionalization of NHA is having a critical mass of trained staff to plan and undertake periodic NHA studies and inform decision making.

MISAU has increased awareness that it needs NHA information to compare with other countries and to influence health financing policies and strategy. There is also advocacy from the central level to disseminate the NHA report to the province and district level. The provinces are now aware of the importance of NHA. The findings have been widely shared with stakeholders.

Q4: To what extent has the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?

The project design was appropriate to achieve many, but not all, priority objectives and goals of the project.

A key aspect of the project design—central level TA in the context of urgent external priorities and pressure on MISAU to improve accountability and transparency—was very effective. The combined pressures of GF audits, PFMRAF, and visible procurement challenges were effectively leveraged with quality central-level TA to make certain MISAU core operational functions more accountable and transparent. As a result of intense TA in DAF, CMAM, and DPC, core financial, procurement, planning, and M&E operations are more accountable and transparent in 2016 than in 2012. UGEA had limited improvement as well.

MISAU units—DAF, UGEA, CMAM, DPC, and DHR—were appropriate primary beneficiary units to strengthen core operating functions of FM, procurement, resource planning and tracking, M&E, and HR, per the RFA. Given the current centralized structure of MISAU, no reforms could be implemented at the provincial level without change occurring first at MISAU. Full institutionalization will require broader implementation and additional work at provincial levels.

HFS strategy and resource planning was constrained by the lack of high-level involvement of the policy makers in MISAU and the MEF. FORSSAS and health donors routinely informed and attempted to engage MEF further. Leadership by MISAU and engagement of ministries outside of

MISAU would significantly facilitate work in health financing, civil service (HRH), and participatory governance.

Other objectives of FORSSAS—making government more participatory with a performance-based culture—were harder to achieve with a central MISAU-based TA project and without the same political pressures for reform. Technical advisors can “advise” but by themselves have little leverage. Nonetheless, the greatest constraint to needed reform is probably less lack of technical capacity than lack of political will.

The central-level TA project design was effective in building capacity and improving efficiency, transparency, and accountability in DAF, CMAM, M&E/HIS, DHR, and UGEA, and to a lesser degree in Planning.

Project Approach:

Deloitte’s programmatic, technical, and managerial approach significantly contributed to the achievement of FORSSAS results, with both successes and challenges.

Deloitte’s programmatic, technical, and managerial approach to individual and organizational capacity building and performance improvement is described in its proposal, work plans, and other project documents. This approach was further assessed by the evaluation team in KIIs, the mini-survey, and the document review. Certain features of the approach were repeatedly raised by different KIIs and are discussed here as both challenges and successes to achieving results.

SUCCESSES

Effective integration of LTТА into MISAU unit teams for individual capacity building and sustainable improvement in organizational performance: Donors, stakeholders, and MISAU management and line staff in benefitting departments strongly praised FORSSAS for: the expertise of the long-term technical experts, the style of teamwork, and the use of tools and systems to operationalize improvements. KIIs identified various procedures, tools, processes, and other work products that FORSSAS technical advisors had supported and that had been implemented (see Annex VI on mini-survey results). Staff and managers appreciated that FORSSAS advisors were trusted team members who wore the MISAU hat. Donors, DPS staff, and national implementing partners (IPs) noted that FORSSAS staff promoted MISAU accomplishments and were trusted by MISAU team members. Effective

Figure 4. Routine Work Processes

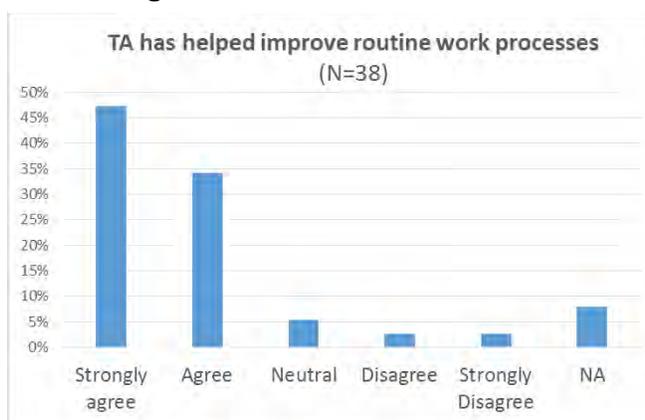
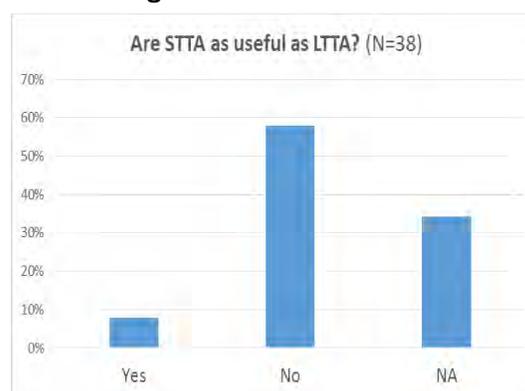


Figure 5. STТА vs LTТА



capacity building and organizational performance depends on highly effective teams, which FORSSAS helped develop.

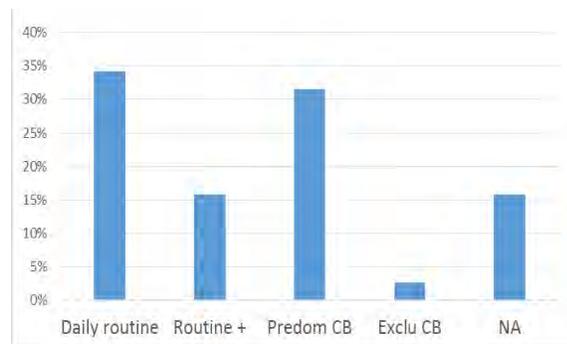
STTA vs LTTA: The results of the mini-survey and KIIs show a strong preference for an embedded technical advisor as opposed to STTA. However, many KIIs also appreciated the technical contributions of certain STTA experts who undertook the assessment of CMAM procurement. Some STTAs had high expertise and were very useful, while others were junior, with less expertise, and without Portuguese or other communication capability, according to CMAM. Per CMAM, STTAs drained resources away from the project. The long-term technical advisors in CMAM were generally technically strong and well-integrated and accepted. CMAM was greatly satisfied with their work.

STTA and LTTA have different advantages and disadvantages. Perfectly matched STTA can provide state-of-the-art expertise exactly appropriate to the situation; however, the challenge of perfectly matching STTA capacity to the needs at the right time is much greater. LTTA provides more time for integration and adaption to the context. Most performance improvements occur in steps and require significant time and support for implementation. For technically complex situations, STTA may be extremely helpful. For steady progress, LTTA may have better value.

Substitution vs Capacity Building: Per KIIs, the mini-survey, and document review, all FORSSAS LTTA did OTJ capacity building to improve organizational and system performance. All FORSSAS LTTA planned for and actively transitioned responsibility for new work processes to MISAU staff. Many, but not all, significant capacities and work were successfully transitioned. Early in the project, FORSSAS staff supported routine work duties (gap-filling or substitution) as there were critical needs and backlogs constraining basic work, let alone time to understand constraints. In addition to filling gaps and integrating LTTA into teams, substitution also helped inform FORSSAS LTTA on actual job / process constraints.

Deloitte used the substitution experience as an entry opportunity to collaboratively redesign and improve basic processes. Once initial backlogs were caught up and basic processes were improved, FORSSAS LTTA advisors continued to have key roles in work units; however, these were new roles above and beyond previous work functions. Certain FORSSAS experts supported multiple work units in fulltime capacity-building roles. With different success in different departments, they advocated for additional counterparts to take on responsibility for new work processes whose capacity they could build. *“In many cases, the role of the technical assistance personnel will include a mix of transactional and advisory functions. This is generally not a static situation. An advisor may start out by performing some gap-filling duties and gradually move toward a more advisory role.”*³⁰

Figure 6. TA’s Role in Routine Work vs Capacity Building



³⁰ Guidelines for Technical Assistance “Ministry of Foreign Affairs of Denmark” June 2009 p. 11.

Emphasis on **sustainable performance improvement**: FORSSAS TA worked to continually “operationalize and institutionalize” improvements by systematically assessing current work processes, identifying gaps and opportunities for improvement, and reassessing the work progress, much like Plan-Do-Study-Act (PDSA) cycles. FORSSAS implemented tools, work procedures, databases, job aids, forms, flow charts, SOPs, dashboards, manuals, and data collection systems, among others.

FORSSAS improved staff motivation and engagement: In an institution often described as “unmotivated,” hierarchical, with frequent turnover, enthusiasm to continue to improve performance with FORSSAS was noteworthy and widespread from line staff and supervisors, per all sources of data.

FORSSAS increased transparency and accountability. The objectives of FM and procurement procedures, accurate costing and resource tracking, and performance M&E are to recognize both good and bad performance in order to take action. FORSSAS support helped MISAU address GF OIG audit findings and PFMRAF weaknesses.³¹

Strong financial expertise. Deloitte has core technical expertise in FM and operations systems and organizational capacity development, emphasizing tools, systems, and databases.

Mini-Survey comments:

We would like technical support to remain as it contributed greatly to improving the quality of our work in strategic terms... If possible re-hire the consultants that are already here with us... The consultants are welcome because they bring the added value to the institution... We would like technical support to remain as contributed greatly to improving the quality of our work in strategic terms... We wish that FORSSAS could give more TA to MISAU... I wish the FORSSAS would continue with this support not only to the MISAU, as there has been progress... I wish that FORSSAS could work in all Provincial health departments to help manage funds... I regret the end of the FORSSAS project because it greatly helped improve my Department... The TA in our department was too short... It was too little time, but appeared to be a lot... I learned a lot in a little time. For this, I'd like FORSSAS to continue. ...It is always good to have people with expertise to help in the improvement of processes and to contribute to our institutional growth.

CHALLENGES

FORSSAS spending was more strongly front-loaded than planned.

From an award budget of \$19.99 million, the initial budget had \$5.33 million for Year 1 (27% of the total) and \$5.14 million for Year 2, with spending planned to decrease each year. In fact, FORSSAS spent \$5.50 million in Year 1 and \$6.58 million in Year 2, a combined 60% of the award total. FORSSAS managers state they increased activities in Years 1 and 2 in response to explicit and urgent requests from both MISAU and USAID.

HR Department support, CMAM M&E support, and the Business Case Analysis for Mosquito

Net Distribution had not been proposed or budgeted in the proposal and were added to FORSSAS work plans per USAID request without formally addressing the budget implications. There were also various activities in the RFA and agreement (democracy and governance, performance-based financing, and DPC internship, among others) that were cancelled by mutual agreement and without formally addressing the budget/project implications. In separate Klls, both the AOR and the Chief of Party (COP) from Year 1 reported discussions regarding the budget impact of the expanded scope of work and that possible contract modification would

³¹ The current status of all GF findings has not been updated since GRM submitted a report in 2014 to GF outlining its response to GF findings. The 2015 GOM report to GF on the status of audit findings has not been released.

occur later as the project approached its ceiling. The USAID AOR acknowledged that FORSSAS served as a “catch-all” for unanticipated MISAU or central-level urgent needs in Year 1.

Documents available to the evaluation team show that USAID/Mozambique was substantially involved in the work and budget planning and explicitly approved the increased budgets and new activities before obligating funds to implement the work plans. Indeed, the proposed budget for the Year 1 work plan anticipates even more rapid spending, \$7.25 million. Even though the budget was explicitly approved, the evaluation team saw no records that discussed the early spending (most significantly, that of Year 2) in the context of the planned five-year LOP.

After a change in the AOR, the LOP was shortened to four years. Spending in Year 3 was \$3.86 million and estimated spending for Year 4 was \$3.36 million. Total spending for the project was approximately \$600,000 less than the initial award budget.

FORSSAS and Deloitte were perceived as having more of a contractual orientation or approach than one typical of a cooperative agreement IP.³² Deloitte does usually work on contracts and its business model is seen as highly determined by costs and indirect rates, per several KIIs from diverse organizations. Particular activities, such as TA, were alleged to have higher indirect rates than, for example, operating expenses or capacity building of local partners.

FORSSAS was described as “managed from HQ, not from Maputo.”³³ FORSSAS HQ, one field staffer, and USAID staff noted that Years 1 and 2 work plans were developed and overseen more by HQ than was typical. Per Deloitte, this occurred because FORSSAS HQ staff had been active technically in HS 20/20 and thus brought current field and technical knowledge. USAID raised concerns that the FORSSAS Maputo office did not have proper delegation of financial authorities; however, FORSSAS emphasized that because the project was nearly exclusively TA, there were not enough local expenditures to justify creating local FM capacity or procedures.

Frequent change in project leadership and USAID management: In four years, there were three COPs plus a gap of six months without a COP, during which time the project was managed by HQ. Reasons for COP turnover varied. During the same time, the USAID AOR changed three times. Per KIIs with USAID and FORSSAS current and past staff, there appears to have been greater mutual communication, partnership, and confidence in early project years than in later.

FORSSAS’s work with its proposed local sub-partners did not occur. FORSSAS did not sign a sub-agreement with Kula, and its sub-agreement with MB was very limited. The evaluation team gathered differing information from KIIs, but did not have access to any documentation regarding the discussions and the lack of agreement. The team’s assessment is that Deloitte and the local partners could not agree on a billing procedure that would both provide documentation required by Deloitte (for USAID reimbursement) and adequately reimburse the local partners for indirect costs. FORSSAS did have successful sub-agreements with IFAPA and with Instituto das Ciências de Saúde in Beira and with Centro de Formação in Lichinga.

FORSSAS worked with the appropriate units to achieve urgent results per the RFA. The entities that FORSSAS worked with were those needed to address urgent priorities of the RFA, particularly the critical issues of poor procurement, the OIG GF report, and the PFMRAF

³² Mentioned by USAID, other IPs, some Deloitte staff.

³³ Raised by multiple sources at USAID and 1 source at FORSSAS.

reports. For instance, per the RFA, p. 19, IRI was defined as: “Governance: Increased effectiveness in health governance to achieve a more responsive, participatory, transparent and accountable health system through **improved planning management and budget execution.**” As planning, management, and budget execution functions within the Mozambique health system are overseen by the MISAU Departments of Planning and Cooperation and the DAF, these entities were the appropriate levels of implementation of FORSSAS. Many of the improved operating processes, such as financial procedures, have also been implemented by provincial and district health offices. Restricted by the shortened LOP, FORSSAS had only limited time and resources to support provincial implementation (such as Manica implementation of the FM manual). Additional time and budget would have supported implementation of the FM manual in more provinces. Thus, the front-loading of the budget during the early years may have limited institutionalization in later years. Some project activities, particularly the HFS, would have been facilitated by more active engagement of other ministries rather than simple coordination.

Project resources were adequate for strengthening central-level core operations in FM, procurement, HRH, and M&E.

The extent to which Deloitte successfully implemented the project: The most broadly agreed-upon project achievements are these:

- FORSSAS increased FM efficiency, accountability, and transparency by defining efficient financial processes, developing FM standards, and implementing FM SOPs, although implementation of the new SOPs at DPS level was only initiated, with national training, due to shortened LOP. On-going supervision of FM procedures at DPSs was never institutionalized.
- FORSSAS contributed to addressing the GF 2012 audit, including improvements in CMAM and UGEA procurement, and strengthening the national HIS to report on HIV, TB, and malaria service delivery indicators and disease-specific expenditures.
- FORSSAAS contributed to more robust and transparent procurement rules and procedures for CMAM and UGEA.
- FORSSAS contributed to increasing the quality and quantity of data to support the PESS, particularly the HR component, thereby increasing financing for a larger health workforce.
- FORSSAS contributed to increased HR engagement and retention of professional health staff through strengthening HR financial data and personnel databases and supporting legislation to increase physician salaries with better data.
- FORSSAS contributed to strengthened social welfare services by supporting a social worker training program and strengthening the capacity of MGCAS.
- FORSSAS supported MISAU to train, oversee, and support DPS and districts to transition to SISMA.

Project objectives that were less significantly achieved include these:

- The discontinuation of internal audits at CMAM after capacity was built and responsibility transferred from FORSSAS to CMAM is concerning. Lack of funding to

support IAs ultimately reflects CMAM management priorities rather than FORSSAS achievement.

- The national health financing strategy remains a draft without key political decisions about mechanisms to increase public health resources. Advancing with the HFS will require high-level, multi-sector political commitment more than TA.
- Institutionalization of NHA will require MISAU political will to reallocate resources from other areas to increase the quantity and quality of planners, data collectors, and economists in DPC and MISAU.
- Full institutionalization of the FM SOPS down to DPSs did not occur due to the shortened LOP because of the modification. Such institutionalization will require significant support to DPSs, including additional time, GRM prioritization, budget, and continued TA.

Constraints:

- While robust systems are critical to increasing accountable and transparent governance, higher authorities can still direct line staff to bypass these systems. Technical advisors cannot themselves hold governments accountable when systems are bypassed.
- Mozambique's health sector shares the country's generalized capacity deficiency. Mozambique ranks 180th of 188 countries in the 2015 Human Development Index (HDI). This is an improvement from the country's 2012 ranking of 185, but Mozambique remains very near the bottom for each component of the HDI.³⁴ Only 6% of adults are literate, with an average of 3.2 years of school. Institutional weaknesses exacerbated individual capacity deficits in Mozambique's health sector. Such deficits will take time to correct.
- Functional weaknesses in Mozambique's health sector have been widely recognized, with the 2012 GF audit one of the more conspicuous reports, as is USAID's review of the PFM of MISAU. The GF audit noted that in the past MISAU had not provided adequate support for donor-provided TA, specifically noting that providers of supply chain TA had limited access to CMAM facilities. Addressing these significant weaknesses will take time and investment.

Q5: Value for Money: Address value for money of FORSSAS and key activities.

Cost estimates for selected FORSSAS activities:

The implementation of FORSSAS addressed so many areas, across so many disciplines and administrative units, that a sensible discussion of costs requires some disaggregation. The FORSSAS Results Framework consists of 4 Intermediate Results (IRs) and 19 sub-IRs (one of which, "Support citizen representation/strengthen D&G [Democracy and Governance]," was cancelled and received very little funding). Most of the sub-IRs are, in principle, suitable

³⁴ UNDP, Human Development Report 2015.

candidates for a cost discussion. Some sub-IRs, though, include components of important activities that span other sub-IRs.

For example, in reviewing FORSSAS activities, the award (and the Evaluation Questions) give sufficient prominence to addressing the recommendations of the 2012 GF audit report that it is sensible to treat that as a separate process. Addressing deficiencies identified in the GF audit includes sub-IRs 1.1 (“Support DAF’s financial management procurement and governance capacity”), 1.3 (“Support CMAM in financial management”), 3.1 (“Improve capacity in Department of Projects and the Global Fund Unit to meet donor requirements”); and 3.2 (“Strengthen Department of M&E at MISAU”), working with DAF, CMAM, and the MISAU M&E unit in addition to the GFU.

In practice, of course, there is no sharp distinction between a generalized strengthening of FM practices (at DAF, CMAM, and the GFU) and complying with the recommendations of the GF audit.

Even disaggregating to sub-IRs, or parts of sub-IRs, does not result in simple, monolithic processes. Extracting 75% of IR 1.1 (“Support DAF’s financial management procurement and governance capacity”) as “Development and implementation of the Financial Management SOPs and Manual” (with the remaining 25% related to the GF audit), still presents a rich mix of tasks. As a country-owned capacity-building endeavor, development of the Manual and the SOPs required a participatory approach, from an initial mapping of all current financial processes in multiple departments and developing improved procedures through drafting of the documents, development of job aids, multiple trainings, development and monitoring of compliance indicators, follow-up of all noncompliant procedures, and follow-up with central-level and provincial-level supervision and mentoring.

FORSSAS, like other USAID projects, was not required to, and did not, routinely maintain financial records associating expenditures with specific activities, but was able to provide estimates of expenditures for activities. It is important to keep in mind: (a) that these are estimates, and (b) each “activity” is, in practice, a set of events spanning years and involving numerous individuals. Table I shows the estimated life-of-project costs for selected FORSSAS activities.

Table I. Estimated Life-of-Project Costs for Selected FORSSAS Activities

FORSSAS Activity	Estimated Four-Year Cost
IR 1.1 (partial): DAF: Development and implementation of central and provincial financial management manuals	\$870,000
IR 1.1 (partial), 1.3, 3.1, & 3.2 (partial): Support GFU and other units in response to GF audit recommendations	\$1,900,000
IR 1.4: Strengthen CMAM procurement capacity	\$1,570,000
IR 1.5: Support to UGEA	\$600,000
IR 2.1: Support development of Health Financing Strategy	\$1,209,000
IR 2.2: Support National Health Accounts	\$600,000
IR 4.2: Support education programs at MMAS/MGCAS	\$4,500,000
IR 4.5: Strengthen the MISAU Human Resources Department	\$835,000

These activities, in the aggregate, account for \$11.8 million of spending over four years, 61.5% of total FORSSAS spending.

Assessment of FORSSAS aggregate costs:

It is important to recognize the limits, as well as the scope, of a value-for-money analysis. It might be tempting to consider whether costs are reasonable, but an evaluation is not an audit. USAID regulations, consistent with broader USG regulations (for example ADS Chapter 303, Mandatory Reference 305, and 2 CFR 230) require that payments be “allowable, allocable and reasonable.” Where USAID staff closely involved with the project has already made a determination that a cost was reasonable, it would require an exceptional situation for an evaluation to say otherwise.

Examination of FORSSAS spending leaves little to dispute with respect to input costs. In the FORSSAS budget, as realigned January 5, 2015, 74.25% of the budget is for labor and indirect costs. The FORSSAS implementer, Deloitte Consulting LLP, (Deloitte) has a generally open, competitive hiring process, which is subject to USAID oversight. Indirect costs are governed by a Negotiated Indirect Cost Rate Agreement (NICRA) between Deloitte and the USG. The NICRA is generally not subject to negotiation for a specific award, and USAID policy discourages pressure on awardees to accept a lower rate.

The cost of the TA process itself also leaves little to dispute, with FORSSAS providing a mix of short-term and long-term technical advisors, and with relatively small amounts spent on other inputs. (The key role of the STTA, within FORSSAS, was to provide expert review of recipient entity functioning and to develop work plans for the entire LOP, thus impacting overall project success. See discussion of TA work quality and results throughout the document.) In addition to TA provided as labor, some advisors were provided through contracts with other entities.

Even though the input costs independently are reasonable, the structure of the expenditures bears some discussion. In the 2015 budget realignment, the most substantial budget category change was a reduction in “contractual” expenses from \$1.57 million to \$274,000. This reflects the use of local partners (MB Consulting and Kula) at a much lower rate than originally budgeted. There were significant program and activity changes in the Years 1 and 2 work plans from the award and in the modification, and notably reduction, of the LOP from 5 to 4 years, in order to stay within the original award budget.

Of the labor expense, STTA accounted for \$3.01 million, 39.9% of the labor total, with another \$365,000 in expenses. More than two-thirds of the STTA cost was incurred in the first two years of the project (\$2.15 million labor, \$269,000 expenses).

Cost structure of selected FORSSAS activities:

As noted above, nearly all of FORSSAS TA cost was incurred for labor and related expenses. The principal exception was MGCAS training, which included a very large component of expenses for student and instructional support and travel. These were necessary components for developing a sustainable, national professional training program, per the USAID award.

For activities other than MGCAS training, the most significant structural difference in estimated costs is the amount of STTA. IR 4.5, “Strengthen the Human Resources Department within MISAU,” was conducted entirely with LTTA—one technical advisor. At the other extreme, support of NHA production was largely STTA, more than 80% of estimated cost. Both of these approaches are defensible in context, but both provide examples for consideration of the issues

involved in choosing among alternative approaches. Estimated total costs and STTA costs are set out in Table 2.

Strengthen the Department of Human Resources within MISAU: Support for MISAU’s HR Department (DHR) was added during the first year of FORSSAS. FORSSAS placed one long-term technical advisor, specializing in the financial aspects of HR management, in the DHR. This TA complemented 11 TAs supported by other partners, two of whom are based in provincial offices. The particular requirements of this added sub-IR, the skills of the advisor placed in the DHR and the presence of complementary technical advisors from other donors combined to allow the work to proceed without any STTA.

Support and institutionalize NHA and other resource tracking and utilization activities: Support for producing an NHA report illustrates the tension between building capacity and accomplishing urgent tasks. NHA production is inherently a time-bound task requiring skilled personnel. To be useful for policy analysis and guidance, an NHA must be reasonably current, and the previous NHA in Mozambique was for 2008.

The GRM had no staff dedicated to NHA production, low capacity among staff potentially available, and no clear assigned responsibility for the NHA. FORSSAS was obliged to simultaneously solicit engagement by GRM leadership and, in the absence of that engagement, lead the process and use STTA to perform urgent tasks. FORSSAS conducted multiple trainings to improve understanding of NHA, but with low GRM engagement the NHA remained donor-driven, with heavy reliance on STTA.

Table 2. Estimated Four-Year Costs and Estimated STTA Expenses for certain FORSSAS Activities

FORSSAS Activity	Est'd Four-Year Cost	Est'd STTA Expense
IR 1.1 (partial) DAF: Development and implementation of central and provincial financial management SOPs and manual	\$870,000	\$ 226,000
IRs 1.1 (partial), 1.3, 3.1 & 3.2 (partial): Support GFU and other units in response to GF audit recommendations	\$1,900,000	\$ 637,000
IR 1.4: Strengthen CMAM procurement capacity	\$1,570,000	\$ 465,000
IR 1.5: Support UGEA	\$600,000	\$ 166,000
IR 2.1: Support development of the Health Financing Strategy	\$1,209,000	\$ 222,000
IR 2.2: Support National Health Accounts	\$600,000	\$ 491,000
IR 4.2: Support education programs at MGCAS	\$4,500,000	\$ 344,000
IR 4.5: Strengthen MISAU Human Resources Department	\$835,000	

Development and implementation of central and provincial financial management SOPs and Manual: As noted above, developing and implementing financial SOPs and manuals was a large part, but only a part, of IR 1.1, and entailed a rich mix of undertakings. Intended as a country-owned capacity-building endeavor, the Manual and SOPS were critical steps in actually improving the accountability and transparency of MISAU PFM. Developing the SOPs required a participatory approach from an initial mapping of process to defining improved financial procedures through drafting of the documents, job aids, initial training, implementing the new financial procedures, monitoring compliance with the new SOPs, and follow-up supervision and mentoring.

More than a third of the STTA expenses occurred in the first year of the project and spending tapered rapidly in the second and third years. This pattern reflects a startup with substantial amounts of STTA for the process of mapping and development of central and then provincial manuals, transitioning to primary reliance on LTTA to continue training, mentoring, and developing additional materials, including job aids. It is a point worth emphasizing that the activity, summarized as the manuals, was much more than delivering printed materials; the activity, and the cost, included defining improved procedures, implementing these improved procedures, inclusive development of the manuals, concentrated training to allow implementation of the processes described in the manuals, and continued supervision to assure compliance and support to address arising situations not covered in training.

Support GFU and other units in response to GF audit recommendations: When FORSSAS began, GF disbursements to Mozambique had been suspended because of a wide range of procedural deficiencies reported in a 2012 GF OIG audit. Urgent initial tasks included support for GF applications as well as action on the audit recommendations. This activity includes, in addition to support for the GFU and the Department of Projects, a portion (25%) of support for DAF, for CMAM FM assistance, and for MISAU's M&E Unit.

Cost allocation for the CMAM assessment calls for an explanation. The comprehensive Current State Analysis made recommendations covering procurement, audit, finance, and warehousing. For discussion of activity costs, the CMAM STTA costs are prorated between IR 1.3 (as part of the response to the GF audit) and IR 1.4 (Strengthen CMAM procurement capacity). The STTA expense was substantial (\$1.02 million), nearly all of which (89%) was spent in the first two years; however, the STTA report, which was found useful by CMAM, MISAU, and donors, guided the work plan for the entire LOP.

For this aggregate activity, 62% of the four-year estimated spending occurred in the first two years, climbing from 28% in the first year to 34% in the second before declining to 20% in the third. To facilitate a quick response, FORSSAS engaged local staff assigned to the GFU, with a transition to GF support during Project Year 2. Estimated STTA spending was even more strongly front-loaded, reflecting the urgency of the initial situation and completion of the CMAM assessment (with a prorated allocation of expenses). STTA expense was minimal during Project Years 3 and 4.

Strengthen CMAM procurement capacity: From the outset, FORSSAS was sensitive to a concern that organizational changes disrupt current operations even when intended to improve future operations. To address this concern, FORSSAS provided temporary procurement support, freeing CMAM staff to spend time on system development.

As noted in the GFU/GF audit cost discussion, estimated STTA costs for the CMAM assessment are prorated between that activity and this one. The STTA expense was substantial (\$1.02 million), nearly all of which (89%) was spent in the first two years.

An alternative aggregation could treat all CMAM support (including the assessment) as a single activity, combining IRs 1.2 "Support CMAM in supply chain governance," 1.3 "Support CMAM in financial management," 1.4 "Support CMAM in procurement capacity," and 1.6 "Support CMAM organizational planning." This would have the advantage of organizational simplicity but obscure the significance of CMAM in the GF audit recommendations. The four CMAM sub-IRs had a combined estimated cost of \$3.87 million, of which \$1.02 million was STTA, nearly all incurred in the first two years.

Support development of the Health Financing Strategy: FORSSAS provided support and coordination for MISAU in developing the Mozambique HFS. In the early stages, FORSSAS advisors supported DPC in the creation and then coordination of a health financing task force. The task force was launched in November 2013, with membership from multiple units within MISAU, the MEF, and international donors. After the task force was launched, FORSSAS, in addition to providing support for coordination and management, developed three analytical reports presented to the task force. In 2015 FORSSAS engaged a long-term technical advisor to coordinate HFS development, and another to assist DPC in drafting the HFS.

FORSSAS costs for HFS development were widely dispersed, with contributions from LTTA experts embedded in DPC, home office staff involved in writing the analytical reports, and LTTA personnel and independent contractors specifically engaged to assist in HFS development.

Support education programs at MGCAS: Support for MGCAS education programs is the largest activity, using nearly a quarter of total project estimated expense. The structure of spending for this activity is unique among the FORSSAS sub-IRs, with substantial payments to GRM institutions and local vendors. Among the activities examined here, IR 4.2 estimated costs stand out arithmetically for uniformity across project years and for the low level of STTA expense. Across the four project years, percentages of the total estimated costs were 25.9%, 26.1%, 21%, and 26.9%; STTA was 7% of the estimated total.

This activity funded one long-term advisor, one local advisor, and a relatively small amount of STTA. The remaining, larger, costs involved developing new, competency-based courses, delivery of the courses for new social workers and early childhood educators, and provision of short training courses, based on a needs assessment, for provincial staff.

The substance of the activity fits squarely within IR 4 and corresponds closely to illustrative activities in the RFA. Course development involved substantial expenses for expert consultants to design curricula, including creating the assessments and tests, competency units, modules, and guidelines, and expenses for training trainers. The training for social workers and early childhood educators is a residential program, per the MISAU training model for health professionals, that lasts one year; costs included payment to the providing MISAU educational institutions for classrooms, equipment and supplies and student support, for trainers to conduct the courses, and for local vendors for food for the students. The costs were reduced as of 2014 when the training was decentralized to Beira and Lichinga.

Other activity costs were for short capacity-building courses for staff and managers in the Provincial Directorates of Women, Gender, Children, and Social Action. The short courses, based on a needs assessment, addressed a variety of topics as diverse as accounting, HR management, and workplace health.

Support for UGEA: FORSSAS support for UGEA combined input by advisors embedded in other units, STTA, and embedded local advisors engaged through partner MB Consulting.

For reasons largely beyond the control of FORSSAS, UGEA support had a delayed start, and delivery of support was troubled before it was discontinued in the budget adjustment following project Year 2. The MISAU Permanent Secretary (PS) would not meet to discuss UGEA support until January 2013. The PS did not, of course, explain the delayed availability to discuss strengthened procurement procedures.

After reaching agreement on the scope of work, FORSSAS staff, with STTA support, reviewed prior assessments and audits conducted for UGEA's current state, interviewed key contacts, and

prepared recommendations to identify weaknesses. FORSSAS support combined analysis of opportunities for improved performance, advisory support for senior management, and mentoring UGEA staff.

A tangible result of FORSSAS assistance is a set of procurement guidelines approved by the PS and distributed to all MISAU departments. The guidelines explain the documentation required for procurement and are intended to reduce delays caused by procurement requests with inadequate documentation.

V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Value-for-money assessment of selected FORSSAS activities:

A discussion of value-for-money requires some reference to the substance and results of the activities. The description here of activity processes and results is highly summarized; FORSSAS efforts, accomplishments, and challenges are discussed at length above.

The absence of plausible comparators for capacity building has been discussed often. For example, in a 2003 guide published by the MEASURE Evaluation project, the authors noted the difficulty of making comparisons: “Since capacity measures are not easily quantified, and identifying similar organizations or systems to facilitate comparison (as in a case-control study) is difficult, experimental designs are not feasible or practical for capacity measurement.”³⁵

Discussions of sustainability in this report focus foremost on whether FORSSAS-supported activities will continue after FORSSAS ends. However, discussions of sustainability should also recognize that any individual or organization requires continuing support, that Mozambique will continue to have a generalized skill deficiency for some time, and that individuals with enhanced skills are typically free to change jobs. It is not reasonable to expect that any enhanced capacity will persist indefinitely without further support, or that all individuals involved in capacity building will continue in the same role, or even in the same organization.

Central and provincial financial management SOPs and manuals:

Other donor representatives provided glowing praise for the SOPs and manuals, saying the manuals and related training are “an exceptional result, really good value” and “what TA should be—sustainable.” Within MISAU, the manuals and related procedures are consistently praised. Sustainability is enhanced by the large number of people trained in their use; 434 staff, from all provinces, were trained in use of the manual and SOPs; however, implementation in all provinces did not occur within the shortened LOP.

The activity, summarized as the manuals, was much more than delivering printed materials; the activity and the cost included development and implementation of more accountable and transparent financial procedures, inclusive development of the manuals, concentrated training to allow implementation of the processes described in the manuals, continued supervision to monitor compliance with SOPs, and support to address arising situations not covered in training.

The manuals provide MISAU with consistent procedures centrally and throughout the provinces. It is, perhaps, easy to assume that uniform FM procedures existed before, and were widely known; *neither is true*. The development of the manuals with SOPs, their embrace by MISAU staff and senior officials, and the spreading use of the procedures is an important advance. It allows

³⁵ LaFond, Anne, and Lianne Brown. 2003. *A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries*. MEASURE Evaluation Manual Series, No. 7 Carolina Population Center, University of North Carolina at Chapel Hill.

improved analysis of financial operations and greatly contributes to greater transparency and accountability.

FORSSAS support to DAF, especially the central and provincial manuals and related training, has remarkably high value for money.

Support to GFU and other entities in response to the Global Fund audit:

The GF audit, and the resulting suspension of disbursements, looms large in the affairs of Mozambique and in the expectations of FORSSAS. The deficiencies noted in the GF audit were serious and numerous.

A necessary precursor to many of the improvements was the CMAM assessment. The assessment addressed CMAM broadly, and, as noted above, for this exercise the cost was prorated between two activities: this one, embracing responses to the GF audit, and the following one, addressing CMAM procurement capacity as a separate topic. The CMAM assessment, discussed further below, in the CMAM activity, was a high proportion of the cost but was indispensable in guiding further assistance at CMAM.

Other donors and other USG projects, of course, also provided assistance to implement the audit recommendations, making a clear separation of the FORSSAS contribution impossible. Nonetheless, GF disbursements resumed and FORSSAS TA was generally praised for its contribution to capacity building.

Overall, FORSSAS support to responses to the 2012 GF audit recommendations had high value for money.

Strengthen CMAM procurement capacity:

The deficiencies at CMAM were clearly severe and of long standing. The severity and longevity of CMAM deficiencies are important features in considering the significance of improvements and costs. CMAM leadership stated that the initial current state assessment by FORSSAS, conducted by short-term technical advisors, was comprehensive and helpful to CMAM in improving its systems.

FORSSAS supported development of a wide variety of tools, process improvements, and individual skill enhancement, described at length above. These contributions range from a digital procurement information system to support for a weekly technical working group on systems strengthening, as well as a platform for CMAM and partners to discuss performance improvements.

The STTA assessment of CMAM was conspicuously expensive and the subject of significantly mixed commentary. The mix of skill levels among the short-term advisors was more criticized than the expense. Multiple sources alleged the presence of inexperienced, non-Lusophone advisors and alleged that this group, even though less expensive than the more senior short-term advisors, contributed little or no value. Detailed analysis of the internal workings of STTA teams is beyond the scope of this evaluation, and it is difficult to identify an important lesson or conclusion.

The most expensive part of the STTA was consistently praised for the high value of its contribution. Even if the harsh allegations about junior STTA advisors are true, it does not detract from the value of the work. It would not be surprising if the senior team members had

more appreciation of the contributions by junior team members than did outside observers. Where there is concern about the cost of STTA, it would be reasonable for USAID staff to inquire, even afterward, about the role and contributions of the short-term advisors.

Viewed in light of the severe and long-standing deficiencies at CMAM, FORSSAS support for increased capacity is reasonably good value for money. The changes in procedure and the improved tools and training make it likely that the tools will continue to be used and the procedures followed.

Support to UGEA:

FORSSAS support for UGEA was relatively short-lived, ending in 2015, and with relatively low total estimated expenditure. Of the expense, a small portion was STTA. A significant result of the FORSSAS support is a set of procurement guidelines still in use throughout MISAU, as well as job aids that UGEA staff still use.

FORSSAS support for UGEA illustrates the value of seemingly minor tools for process improvement, the challenges of encouraging greater use of local partners, and the difficulty of managing rapid adjustments in funding.

Overall, support for UGEA provided fair value for money. FORSSAS support improved internal processes of an important unit, and the process improvements have persisted since FORSSAS withdrawal.

Support development of the Health Financing Strategy:

Development of the HFS began in November 2013 with the formation of a health finance task force, led by DPC. FORSSAS staff supported the initial formation and function of the task force. Beginning in mid-2015, FORSSAS provided a full-time technical advisor to coordinate HFS development and additional, separate dedicated advisors to support DPC in HFS development.

Multiple sources concur that HFS development was conducted as a technical process, with little engagement at the policy/political level. In addition to a lack of political engagement by GRM, the HFS was hindered by the failure of other donors to provide supporting analytical studies. Reflecting the lack of both political engagement and analytical background, the document presents some options without comment and omits some alternatives regarded as controversial within MISAU or within GRM. GRM apparently intends to present the current HFS draft to a variety of community organizations to build political buy-in.

Support for the HFS is largely a failure—but not a failure of FORSSAS. FORSSAS, by nearly all accounts, provided sound technical advice and coordination, and MISAU technical staff were strongly involved. The GRM and donors did not engage at a policy level, and it seems likely that the HFS will flounder without stronger diplomatic engagement. Even though the result can fairly be described as a failure, FORSSAS support for HFS development was fair value for money; the failure was not on the part of FORSSAS.

Support National Health Accounts:

Production of an NHA report with data for 2012–13 was begun in 2013, with completion planned for 2014. In fact, the report was completed late in 2015 but has not yet been formally approved by GRM. Even though not formally adopted, the NHA is being used by MISAU and other donors. A donor representative described it as a “*nice piece of work, very useful.*”

In part because of the overall weakness in DPES and the low level of engagement by relevant GRM leadership and in part because FORSSAS was shortened by a year, there is very little institutionalized capacity for the next NHA. Another NHA report is in process, with TA provided by another USAID project.

FORSSAS support for NHA development is fair value for money. Technical advisors cannot be expected to force policy decisions by the host government. In Mozambique, institutionalized capacity for NHA production would require more commitment by the GRM and diplomatic support from donors.

Support education programs at MGCAS:

Support for MGCAS education programs is the largest activity, absorbing nearly a quarter of total project estimated expense. The structure of this spending is unique among the FORSSAS IRs and sub-IRs, with substantial payments to GRM institutions and local vendors. Personnel expenses for this activity were one-long term advisor, a relatively small amount of STTA, and one local advisor. The remaining, larger, costs involved the delivery of training for new social workers (TAs) and early childhood educators (EIs).

FORSSAS supported training for 314 TAs and 19 EIs; the EIs were educators trained through three sequential courses of instruction.

These professional training programs and training capacity building at MGCAS are especially likely to be sustainable in light of the investment in extensive training infrastructure (curriculum tools and materials, MISAU training institutes, official approval, TOT, national focus, identified MGCAS funding, and an official MISAU cadre and career path, etc.). Students were selected from every province and after completing the courses returned to their home provinces for job placement. For in-service staff training, staff already in provincial offices are more likely to remain than Maputo staff. The TOT results in course instructors who can deliver, and have delivered, subsequent courses as a result of the skill enhancement. The development of a high-quality, professional training program, with “branches” in multiple provinces, whose graduates have already found placements in local provincial and district health departments and have already been providing services in maternal and child health, HIV, and other areas for over a year, is a major accomplishment.

Education support for MGCAS provides very good value for money and is very likely to continue to produce needed social workers and child educators, given that MGCAS and other donors have already committed ongoing funding to TAS and EI training. The activity has resulted in better-trained TAS and EIs in every province, a cadre of instructors capable of teaching additional students in future courses, and provincial staff with enhanced skills.

Strengthen the MISAU Department of Human Resources:

Strengthening MISAU to improve health outcomes requires, almost axiomatically, not only improved human resources but improved use of human resources. With FORSSAS support, DHR developed a database tool to calculate the cost of health system personnel based on actual salaries, benefits, allowances, career progressions of provincial staff, and locations. FORSSAS also supported development of a database tool to place newly contracted professionals by matching staffing needs with skills and preferences of the new staff. Analysis made possible by

these tools strengthened MISAU advocacy with the MEF to substantially increase the budget for MISAU personnel.

FORSSAS strengthening of the MISAU HRD provides very high value for money. Processes and tools developed with FORSSAS support allow more efficient placement of staff and improved analysis of staff placement and budgeting. The tools and processes are likely to persist.

RECOMMENDATIONS

- **Activities that require significant political/policy decisions by GRM, donors, or both donors should get high-level advocacy.** The HFS was developed largely as a technical process, with little engagement at the policy/political level within GRM, MISAU, MEF, and donors. To advance the process, USAID and USG, aligned with other donors, should engage GRM counterparts at a level appropriate for the decisions required. Similarly, an institutionalized process for producing regular National Health Accounts will require appropriate diplomatic engagement to house the functions within GRM institutions and dedicate sufficient staff.
- **Project design should anticipate evaluation and include an implementer obligation to maintain the financial records necessary for planned value-for-money evaluation questions.** Particularly in projects that address a wide range of topics, sound evaluation of results and costs is likely to require records beyond the minimum usually required. Evaluation will be enhanced if the implementer is aware of a need to document actions and costs for component activities.
- **Health sector projects should be more actively coordinated, with other donors, and between central and provincial activities.** The newly-established health sector reform unit within MISAU is intended to coordinate all health-reform-related projects. USAID should work with other donors to facilitate this coordination by a GRM entity. Providing technical and financial support to this unit and to the minister will enable USAID to put such issues as HFS high on the MISAU agenda.
- **Funding decisions should be well-documented and shared, especially when approved spending deviates significantly from the planned budget.** During the first year, when FORSSAS was intended as a five-year project, spending was more than 25% of the project total and went up in the second year to 33% of the total, for combined two-year spending of 60% of the five-year budget. Spending was reduced in the following years, and the project life reduced to four years. The rapid increase in spending, with expanded activities, and rapid reduction in spending (with Year 3 expenditures 40% below Year 2), created management challenges; the reduction also led to disappointment in agencies that had come to expect assistance. The activities and spending were approved by USAID, but the evaluation team did not see any documents explaining project impact. USAID should encourage or require documented explanations for funding decisions, with more detailed reasoning required if the approved funding deviates significantly from the planned budget.
- **For future procurements, match central level activities with provincial activities to improve institutionalization of reforms.** USAID and IPs should work more closely with provincial level administration to provide a more supportive, responsive, and flexible bottom-up approach adapted to the needs on the ground, so

that reforms are fully scaled-up. Central reforms should ensure that work planning, resource allocation, and logistics begin at the province or district and move up to the headquarters, rather than strictly from the top down.

- **Of recommendations in the 2012 GF OIG audit, 22 were critical and 12 important;** while IPs can provide TA to help respond to the audit findings, it would be helpful if USAID and donors additionally requested updates from GRM on milestones toward responses to the 2012 GF audit recommendations. This will enhance transparency and the accountability of MISAU in managing donor funds.
- **USAID should adopt a more responsive, participatory, facilitative approach with MISAU.** USAID's engagement with MISAU regarding FORSSAS was inconsistent. The DPC requested closer interactions with USAID in order to build stronger relationships and a better understanding of MISAU's needs, concerns, and preferences.
- **USAID should consider designing a health systems governance strengthening project, involving other ministries whose government functions directly affect MISAU and health system performance, such as civil service and planning and economics.** Such ministries are MEF and the Ministry of Public Service. This will ensure increased understanding, appreciation, and support of MISAU's needs.

ANNEX I. SCOPE OF WORK

Assignment #: **216** [assigned by GH Pro]

Global Health Program Cycle Improvement Project -- GH Pro
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: 2/23/2016

Last update: 4/26/2016

Revised Final: 05-11-16

Eval Questions modified: 05-26-16

Refer to the USAID [How-To Note: Developing an Evaluation SOW](#) and the [SOW Good Practice Examples](#) when developing your SOW.

I. TITLE: FORTALECIMENTO DOS SISTEMAS DE SAÚDE E ACÇÃO SOCIAL EM MOÇAMBIQUE (FORSSAS) FINAL EVALUATION

II. REQUESTER / CLIENT

USAID Country or Regional Mission

Mission/Division: Mozambique / Commodities Security & Systems, Integrated Health Office

III. FUNDING ACCOUNT SOURCE(S): (CLICK ON BOX(ES) TO INDICATE SOURCE OF PAYMENT FOR THIS ASSIGNMENT)

3.1.1 HIV

3.1.2 TB

3.1.3 Malaria

3.1.4 PIOET

3.1.5 Other public health threats

3.1.6 MCH

3.1.7 FP/RH

3.1.8 WSSH

3.1.9 Nutrition

3.2.0 Other (specify):

IV. COST ESTIMATE: **\$300,000** (NOTE: GH PRO WILL PROVIDE A COST ESTIMATE BASED ON THIS SOW)

V. PERFORMANCE PERIOD

Expected Start Date (on or about): May 23, 2016

Anticipated End Date (on or about): November 30, 2016

VI. LOCATION(S) OF ASSIGNMENT: (INDICATE WHERE WORK WILL BE PERFORMED)

Mozambique

VII. TYPE OF ANALYTIC ACTIVITY (CHECK THE BOX TO INDICATE THE TYPE OF ANALYTIC ACTIVITY)

EVALUATION:

Performance Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

Assessment

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

Other Analytic Activity (Specify)

PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

Note: If PEPFAR funded, check the box for type of evaluation

Process Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)

Outcome Evaluation

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an

intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

Economic Evaluation (PEPFAR)

Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. BACKGROUND

Project being evaluated:

Project Title:	Fortalecimento dos Sistemas de Saúde e Acção Social em Moçambique (FORSSAS)
Award/Contract Number:	AID-656-A-12-00002
Award/Contract Dates:	July 2012 – July 2016
Project/Activity Funding:	\$19 million
Implementing Organization(s):	Deloitte Consulting LLP (prime) with local partners MB Consulting and Kula
Project/Activity AOR/COR:	Eugene Cooper

Background of project/program/intervention:

In July 2012, USAID awarded the Fortalecimento dos Sistemas de Saúde e Acção Social em Moçambique (FORSSAS), also known as, the Health and Social Welfare Strengthening (HSWSS), to Deloitte Consulting LLP. This is a \$19 million, four-year project, implemented by Deloitte in collaboration with local partners MB Consulting and Kula, and Government of the Republic of Mozambique (GRM) counterparts in the Ministry of Public Health (MISAU) and the Ministry of Gender, Children, and Social Action (MGCAS). The aim is to strengthen the management and functioning of Mozambique’s health and social welfare system to improve health outcomes for Mozambique’s citizens. The project targets improvements in the GRM and donor health sector funds management, human resource limitations, resource allocation decisions, and the use of timely and accurate data for decision-making.

Figure I below shows the intermediate results (IRs) and the sub-IRs that is guiding project implementation. The key result areas for FORSSAS are: 1) Increased effectiveness in health governance, 2) Improved management of health sector financing, 3) Strengthened management and operations capacity, and 4) Improved management and retention of health and social welfare staff. The capacity building approach employed by FORSSAS at the initiation of the project support improvements at three levels – individual, organizational, and systemic - rather than focusing only on building individual skills and knowledge. The improvements at the organizational and system level were expected to create greater efficiency that will reduce the human resource gap and reduce dependence on individuals in order to maintain improvements that have been introduced.

The following provides a brief summary of FORSSAS’ implementation focus over the years towards achieving its key results and achieving IRs:

- IR I - **increasing effectiveness in health governance**, FORSSAS supports Ministry of Health (MISAU) and USAID strategic goals to strengthen capacity within

procurement, internal audit, and financial management functions. This includes financial management and procurement strengthening components for MISAU and the Central Medical Stores (CMAM), including activities under the Acquisitions Executive Management Unit (UGEA).

- **IR2 - Improved management of health sector financing**, FORSSAS is supporting MISAU to improve management of health sector financing. Project activities help improve rational allocation of resources, budgeting, planning and management of funds.
- **IR 3 - Strengthened management and operations capacity**, FORSSAS works with MISAU to strengthen its management and operations capacity by supporting its Global Fund (GF) Unit, Department of Planning and Cooperation (DPC), and Department of Monitoring and Evaluation (M&E) to improve planning and performance management processes.
- **IR 4 - Improved management and retention of health and social welfare staff**, FORSSAS support better health outcomes through increased availability of qualified health and social welfare workers at all levels of the system. These work streams are directly linked to national policies and strategies including MISAU's National Plan for Health Human Resources Development (2008-2015) and the Human Resource Strategy for MGCAS.

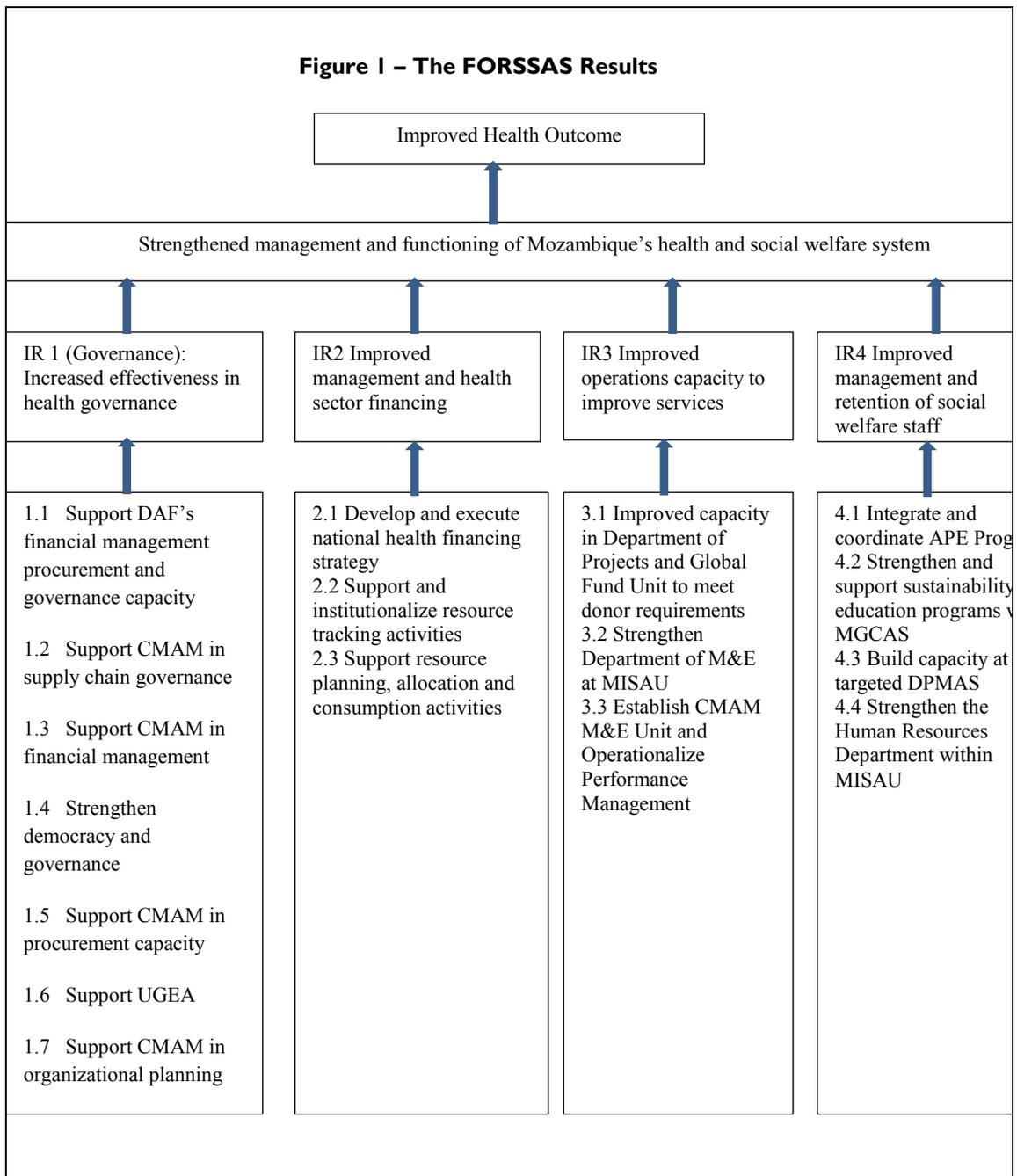
In support of the four intermediate results, several activities have been implemented through FORSSAS the last three years. Activity examples supported by FORSSAS include:

- Customizing CMAM internal audit methodology for provincial level and down;
- Implement activities to enhance district administration use of M&E tools;
- Define and implement Public Financial Management (PFM) Standard Operating Procedures (SOPs) for Central, and Provincial Ministry offices;
- Finalized CMAM Terms of Reference for internal regulations;
- Trained CMAM staff on procedures to close an account in Primavera;
- Supported DPC in their daily data quality operations by monitoring the GF's action plan and overseeing the implementation of data quality recommendations from the GF and XIV Annual Joint Evaluation (ACA XIV); and
- Provided support to Department of Human Resources (DRH) in the implementation and institutionalization of the budget planning tool for the Economic and Social Plan (PES) 2015 and PES 2016.

The FORSSAS project ends in July 2016. This document is a Statement of Work (SOW) for procuring the services of an external evaluation team to conduct an end of project performance evaluation of project activities implemented between July 2012 and present.

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.



What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

Mozambique: national coverage

IX. SCOPE OF WORK

- A. **Purpose:** Why is this evaluation or analysis being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose is to determine over the last four years FORSSAS success in achieving results in governance, health financing, operations capacity, and human capital among institutions supported by the project.

B. Audience: Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The primary audience of this performance evaluation will include USAID staff, MISAU, the FORSSAS implementing partners, beneficiaries from institutions that directly participated in activities implemented by FORSSAS, PEPFAR staff, and the general Mozambique and the international development community at large interested in health system strengthening program outcomes.

C. Applications and use: How will the findings be used? What future decisions will be made based on these findings?

The evaluation findings will serve as a valuable source of data to inform the design and approach of follow-on activities.

D. Evaluation/Analytic Questions & Matrix:

- a) Questions should be: a) aligned with the evaluation/analytic purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation/analytic questions. **USAID policy suggests 3 to 5 evaluation/analytic questions.**
- b) List the recommended methods that will be used to collect data to be used to answer each question.
- c) State the application or use of the data elements towards answering the evaluation questions; for example, i) ratings of quality of services, ii) magnitude of a problem, iii) number of events/occurrences, iv) gender differentiation, v) etc.

This evaluation will focus on answering four key questions. These questions will guide the final evaluation design, including the scope of data collection and subsequent analysis that will be conducted by the evaluation team. The four questions to be answered by the evaluation are the following:

	Evaluation/Analytic Question	Research Methods	Application or Data Use
I	<p>To what extent have activities implemented by FORSSAS resulted in improved financial management, organizational planning, procurement capacity, and business process and systems among health institutions in Mozambique, including the MISAU, CMAM, and UGEA?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which the project design and approach were appropriate in responding to the achievement of the stated objectives and goals of the project. 		

	<p>For example, identify the entities that FORSSAS worked with the best entities that made a difference; and whether project activities implemented at the appropriate level.</p> <ul style="list-style-type: none"> • The extent to which the financial management systems implemented through FORSSAS are being operationalized. • The extent to which adequate resources were available for achieving project results. If not, identify the gaps and how did these affect the results. • The extent to which FORSSAS successfully transferred knowledge to staff. • The extent to which the institutions that benefited from FORSSAS inputs are continuing to produce better results through knowledge transfer in their required planning, procurement, and financial management functions. • Value for money: The extent to which the investment by FORSSAS is reasonable and appropriate for the results achieved under question 1. 		
2	<p>To what extent has FORSASS contributed towards the establishment and institutionalization of a national health finance strategy, and GRM resource planning and tracking?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which was there was coordination between Deloitte, MISAU, Ministry of Economy and Finance, and other related government entities in the development and implementation of this strategy. • The extent to which there is any visible operational evidence of improvements in the resource planning and tracking M&E system. 		

	<ul style="list-style-type: none"> • Value for money: The FORSSAS investment in these components of FORSSAS and whether it was appropriate for the achievement of the stated objectives. 		
3	<p>To what extent has the capacity of individuals—at CMAM, the GF Unit, Department of Administration and Finance, and DPC, —to perform key required tasks improved as a result of the training and systems established by FORSSAS?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which the GF Unit has been strengthened and its capacity to respond to the terms of agreements made between the GRM and the GF. • The extent to which embedding personnel to provide technical assistance in the ministries makes a difference or was more beneficial to the capacity of staff, compared to a technical assistance approach that is based on short term technical assistance (STTA) visits by experts. • The role that FORSSAS played in in the creation of CMAM as a directorate and process effectiveness. • The performance of staff after FORSSAS support. • Examine the quantity and quality of human capital improvements in health as a result of targeted training activities implemented by FORSSAS at the central, provincial, and district levels. • The extent to which the performance management systems are in place is functioning and continue to be utilized. • Value for money: Examine the cost per outcome in human capacity improvement in light of regional and/or international experience. • Sustainability: The extent to which the capacity created is likely to be 		

	sustained by the beneficiary institutions.		
4	<p>To what extent does the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which Deloitte successfully implemented the project • Deloitte’s performance in terms of value for money. 		

- E. **Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/analytic questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

General Comments related to Methods:
The evaluation data collection and analysis is expected to apply a mixed method approach, utilizing both qualitative and quantitative methods. Data should also be collected using primary and secondary sources. The Evaluation Team will use their best judgment in proposing appropriate quantitative and qualitative methods that can be applied in answering the evaluation questions. However, the following illustrative examples are provided to stimulate thinking and guide the decision making process in the final design of the evaluation methods by the external evaluator.

■ Document and Data Review (*list of documents and data recommended for review*)

Documents and data will be reviewed prior to primary data collection and may provide the team with a historical narrative of FORSSAS implementation, while contributing background information in the development of primary data collection tools by the evaluation. The evaluation team will review of documents and data that were produced on the project by Deloitte, and its partners, throughout the implementation period of FORSSAS, as well as other applicable national reports and data. These documents may include:

- FORSSAS Project Design Document
- FORSSAS workplans
- FORSSAS quarterly and annual reports
- Documents related to technical aspects of FORSSAS implementation.
- FORSASS PMP and indicator monitoring data
- Mozambique DHS 2011 (Portuguese) (http://dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry_id=61&c=Mozambique&Country=Mozambique&cn=&r=1)
- Mozambique DHS 2011 (Portuguese) ERRATUM
- Mozambique AIS 2009 (Portuguese)
- Mozambique AIS 2009 HIV Key Findings (English)
- Audit Reports
- Public Financial Management (PFM) Standard Operating Procedures (SOPs)
- CMAM internal audit methodology

- CMAM Terms of Reference for internal regulations

■ **Secondary analysis of existing data** (*This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses*)

Data Source (<i>existing dataset</i>)	Description of data	Recommended analysis
FORSASS Monitoring Data	Data collected by Deloitte as part of the project monitoring and information system	Through these data the evaluation team may be able to conduct secondary analysis of key output indicators that may contribute to the analysis of primary data that will be collected by the team
FORSASS expenditure data	FORSASS maintains spending data. If possible the dataset or an Excel file will be shared with Evaluation Team	

■ **Key Informant Interviews** (*list categories of key informants, and purpose of inquiry*)

Key Informant interviews will be expected to provide insights into the programmatic, technical, management, and operations of FORSSAS over the last four years. Depending on the respondents, and the design of the data collection instrument, these interviews are also likely yield evidence of results that were achieved by FORSSAS in governance, financial management, operational transparency and accountability, and human capital strengthening. Using a structured questionnaire comprising primarily of open ended questions, the assessment team could conduct in-depth interviews with stakeholders who will serve as key informants. These may include appropriate respondents from:

- FORSSAS staff (Deloitte and partners)
- USAID Health staff
- MISAU offices that FORSSAS supported
- other ministries who participated in FORSSAS activities or knowledgeable about the project
- other health institutions such as the GF
- Other appropriate informants identified by the Evaluation Team and/or USAID

■ **Focus Group Discussions** (*list categories of groups, and purpose of inquiry*)

The evaluation team may also conduct a series of focus group discussions (FGDs) with groups of respondents that have directly participated in the FORSSAS activities either as an implementer, or recipient of the expected benefits derived from the FORSSAS activities. Each FGD may be comprised of 8-10 respondents. For example, individual FGDs may include discussions with Community Health Workers, budget and financial officers, M&E officers, etc. If feasible, FGDs should also be conducted with respondents at the district and provincial levels. Data collected through FGDs will contribute to answering questions on the results and challenges experienced by FORSSAS during implementation.

□ **Group Interviews** (*list categories of groups, and purpose of inquiry*)

Optional: Some of the key informant interviews can be clustered, as long as there are no power differentials, and all respondents feel comfortable in voicing their opinions within the group. (See list and description above under KII.)

Client/Participant Satisfaction or Exit Interviews (list who is to be interviewed, and purpose of inquiry)

--

Facility or Service Assessment/Survey (list type of facility or service of interest, and purpose of inquiry)

--

Cost Analysis (list costing factors of interest, and type of costing assessment, if known)

Cost analysis of specific inputs, outputs, and outcomes with regard to evaluation questions 1-3, using cost-effectiveness analysis where possible or at least cost per output and cost per outcome. In addition, a general overview of FORSSAS value for money is requested.

Survey (describe content of the survey and target responders, and purpose of inquiry)

Mini-surveys of respondents, using structured questionnaires, administered online (i.e., Survey Monkey) and/or face-to-face, to help inform the elements of human capital strengthening in question 3 above. For example, as part of the FORSSAS activities, over 434 health professionals across the central and provincial levels in the country's standardized finance systems, participated in a five (5) week-long provincial workshops were conducted in Zambezia, Nampula, Tete, Cabo Delgado, and Niassa Provinces. These could potentially be respondents to a survey.

Observations (list types of sites or activities to be observed, and purpose of inquiry)

--

Data Abstraction (list and describe files or documents that contain information of interest, and purpose of inquiry)

--

Case Study (describe the case, and issue of interest to be explored)

--

Verbal Autopsy (list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)

--

Rapid Appraisal Methods (ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)

--

Other (list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry)

--

If **impact evaluation** –

Is technical assistance needed to develop full protocol and/or IRB submission?

Yes No

List or describe case and counterfactual”

Case	Counterfactual

X. HUMAN SUBJECT PROTECTION

The Evaluation Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this evaluation. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community attendance. During the process of this evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

XI. ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

USAID estimates the qualitative analysis should not take more than 40% of teams efforts and time, and the quantitative should also be represented during the planned in-brief sessions and in the report in a very clearly manner, including the economic analysis results.

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program's achievements against its objectives and/or targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data, standardized finance system data, DHS, AIS, HMIS data, etc.) will allow the Team to triangulate findings to produce more robust evaluation results.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XII. ACTIVITIES

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include FORSSAS proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as GRM documents related to FORSSAS’s work and survey data reports (i.e., DHS and AIS). This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW
- Clarify team members’ roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID’s approval
- Develop a preliminary draft outline of the team’s report
- Assign drafting/writing responsibilities for the final report

Briefings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:

- **Evaluation launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**, as part of the TPM. This briefing may be broken into two meetings: a) at the beginning of the TPM, so the Evaluation Team and USAID can discuss expectations and intended plans; and b) at the end of the TPM when the Evaluation Team will present an outline and explanation of the design and tools of the evaluation. Also discussed at the in-brief will be the format and content of the Evaluation report(s). The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- **Evaluation Workplan and Protocol** will be submitted to USAID/Mozambique at the close of the TPM that includes:
 - Evaluation matrix
 - Methods
 - Sampling frame and sample for each method, including sites to be visited, list of key informants, and target FGD respondents

- Data collection tools with statement to obtain oral consent, where appropriate. All data collection instruments will be reviewed and approved by USAID prior to use by the team.
- Data analysis plan
- Timeline for field work and deliverables
- The Team Lead (TL) will brief the USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** and **handout** (maximum of two pages) with key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (**Note:** *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)
- **Stakeholders’ debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be deemed sensitive by USAID. The Evaluation Team will prepare a **PowerPoint Presentation** and **handout** (maximum of two pages) with the key findings, issues, and recommendations.

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

Evaluation/Analytic Report – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

1. Team Lead will submit draft evaluation report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. GH Pro will share USAID’s comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
5. GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
6. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

The Evaluation Report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USIAD separate from the Evaluation Report.

XIII. DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Deliverable / Product	Timelines & Deadlines (estimated)
<input checked="" type="checkbox"/> Launch briefing	May 23, 2016
<input checked="" type="checkbox"/> In-brief with Mission	June 8-10, 2016
<input checked="" type="checkbox"/> Workplan & Evaluation Protocol	June 13, 2016
<input checked="" type="checkbox"/> Data collection tools	June 13, 2016
<input checked="" type="checkbox"/> In-brief with FORSSAS	June 13, 2016
<input checked="" type="checkbox"/> Routine briefings	Weekly
<input checked="" type="checkbox"/> Out-brief with Mission with Power Point presentation & handout	July 6, 2016
<input checked="" type="checkbox"/> Findings review workshop with stakeholders with Power Point presentation & handout	July 7, 2016
<input checked="" type="checkbox"/> Draft report	Submitted to GH Pro: July 20, 2016 GH Pro submits to USAID: July 26, 2016
<input checked="" type="checkbox"/> Final report	Submitted to GH Pro: August 17, 2016 GH Pro submits to USAID: August 22, 2016
<input checked="" type="checkbox"/> Raw data (cleaned datasets in CSV or XML)	August 17, 2016
<input checked="" type="checkbox"/> Report Posted to the DEC	September 30, 2016
<input type="checkbox"/> Other (specify):	

Estimated USAID review time

Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? 10 Business days

XIV. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Evaluation/Analytic team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.
- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise related to the
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activities

List the key staff needed for this analytic activity and their roles. You may wish to list desired qualifications for the team as a whole, as well as for the individual team members.

The evaluation team will consist of at least 4 individuals, with 8 to 10 years participating in evaluation teams evaluating USAID projects. The Evaluation Team shall be comprised of at least one international evaluation consultant with experience leading evaluations in Mozambique or the Southern Africa region. The team should also include at least 1 to 2 local Mozambican experts as team members.

Key Staff 1 Title: Evaluation Team Lead

Roles & Responsibilities: The team leader will be responsible for (1) providing team leadership; (2) managing the team's activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between the USAID and the evaluation/analytic team, and (5) leading briefings and presentations. The Team Leader will have the primary responsibility for ensuring the final deliverables are completed in a timely manner and are responsive to the Scope of Work and USAID comments. She will provide quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- Advanced degree in the social sciences with a strong focus on international development
- Minimum of 10 years in international health and development, including a proven track record in evaluation leadership, coordination, and implementation limited resource settings
- Demonstrated experience leading health sector project/program evaluation or other analytic activities, utilizing both quantitative and qualitative s methods
- Experience in design and implementation of evaluations
- Experience implementing and coordinating others to implements surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience in data management
- Able to provide leadership and oversight for qualitative and quantitative evaluation methodologies
- Strong data interpretation and presentation skills
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully communicating with senior US and host government officials, civil society partners, and other leaders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Proven ability to deliver a quality written product (Evaluation Report and PowerPoint)
- Experience and expertise leading evaluations of development projects focusing on health, HIV/AIDS, organizational development, capacity building, or related program focus areas
- Experience working in the region, and experience in Mozambique is desirable
- Familiarity with USAID
- Familiarity with USAID policies and practices
 - Evaluation policy
 - Results frameworks
 - Performance monitoring plans

Key Staff 2 Title: Health Systems Strengthening (HSS) Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise on health systems strengthening (HSS), covering the six building blocks to HSS. Assist in 'value for money' data collection and analyses, as well as other program areas as needed. She will participate in evaluation planning, data collection, data analysis, and report writing.

Qualifications:

- Expertise working with health system strengthening in developing countries, with a firm understanding of the six building block for HSS
 - i. leadership/governance
 - ii. health care financing
 - iii. health workforce
 - iv. medical products & technologies
 - v. information and research
 - vi. service delivery
- Experience in individual and organizational capacity development related to health system strengthening
- Experience in stakeholder engagement
- Experience in conducting USAID evaluations of health programs/activities
- An advanced degree in public health, or related field
- At least 5 years' experience in USAID health program management, oversight, planning and/or implementation
- Able to work well on a team
- Good interpersonal communication skills
- Good writing skills, specifically technical and evaluation report writing experience
- Proficient in written and spoken English
- Able to work using Portuguese is desirable
- Experience in conducting USAID evaluations of health programs/activities

Key Staff 3 Title: Economist/Evaluation Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing expertise on expenditure/costing related to program development and implementation, as well as play a lead role in evaluation methodology and data analyses oversight. He will participate in planning and briefing meetings, data collection, data analysis, development of evaluation presentations, and writing of the Evaluation Report. Along with the Team Lead, provide quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. He and the Team Lead will train all engaged in data collection, insuring highest level of reliability and validity of data being collected. He is the lead costing analyst, as well as lead on quantitative analyses. Working closely with the Team Lead, he will ensure that data analyses are done to meet the needs for this evaluation. He will work closely with all members of the Evaluation Team to collect and analyze data needed to determine 'value for money', as well as address other evaluation questions. He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- Advanced degree or equivalent in health economics or a related field
- Experience in expenditure studies related to project development and implementation, and other 'value for money' related exercises.
- Demonstrated expertise in designing research instruments and methodologies related to costing and expenditures

- Previous experience in conducting economic analysis research and/or expenditure studies
- At least 10 years of experience in USAID M&E procedures and implementation
- Experience in design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing and coordinating others to implement surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data
- Experience in data management
- Able to analyze quantitative data, primarily descriptive statistics
- Able to analyze costing/expenditure data
- Experience using analytic software
- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- Familiarity with USAID M&E policies and practices
 - Evaluation policies
 - Results frameworks
 - Performance monitoring plans
- Excellent interpersonal skills, including experience successfully interacting with 1) USAID and their implementing partners (IPs); and 2) host government officials; 3) civil society partners; and 4) other stakeholders
- Proficient in English. Proficiency in Portuguese is preferred.
- Good writing skills, specifically technical and evaluation report writing experience

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

Local Logistics and Evaluation Assistant (1 local consultant) will have at least 4 - 6 years' experience coordinating events and travel, both international and within Mozambique. Based in Mozambique, s/he will manage all in-country travel, logistics, and other duties as assigned by the team leader and USAID/Mozambique. S/he will support the Evaluation Team with all logistics and administration to allow them to carry out this evaluation. The Logistics/Evaluation Assistant will have a good command of English and Portuguese. S/He will have knowledge of key actors in the health sector and their locations including MOH, donors and other stakeholders. To support the Team, s/he will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and insure business center support, e.g. copying, internet, and printing. S/he will work under the guidance of the Team Leader to make preparations, arrange meetings and appointments. S/he will conduct programmatic administrative and support tasks as assigned and ensure the processes moves forward smoothly. Furthermore, the Evaluation Assistant will participate in data collection, data managements and data interpretation as assigned by the Team Lead. S/He may also be asked to assist in translation of data collection tools and transcripts, if needed, as well as perform other duties as assigned.

Local Evaluation Coordinators (2 local consultants), based in Mozambique, s/h will assist the Evaluation Team with data collection, analysis and data interpretation. The Evaluator Coordinators will join the Evaluation Team on site visits as determined by Evaluation Team Lead. S/He should have basic familiarity with health topics, HIV is desirable, as well as experience conducting surveys interviews and focus group discussion, both facilitating and

note taking. S/He will assist with all aspects of data collection (programmatic and costing), data management, and data interpretation. Furthermore, s/he will assist in translation of data collection tools, interviews and transcripts, as needed. The Local Evaluator will have a good command of English and Portuguese. S/H will report to the Team Lead, assist the Team and the Logistics Coordinator, as needed, and do other duties as assigned.

As needed, the Evaluation team will hire a **translator(s)** that is fluent in Portuguese, English and local languages to accompany the evaluation team during data collection, if evaluation team members are not themselves fluent in Portuguese.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.

- Yes – If yes, specify who:
 Significant involvement – If yes, specify who:
 No

Staffing Level of Effort (LOE) Matrix (Optional):

This optional LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

- For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- Immediately below each staff title enter the anticipated number of people for each titled position.
- Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.
- Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in **days** for each Evaluation/Analytic Team member

Activity / Deliverable		Evaluation/Analytic Team				
		Eval Team Lead	HSS Specialist	Economist/ Eval Specialist	Logistics / Evaluation Asst.	Local Evaluation Coordinators
Number of persons →		1	1	1	1	2
1	Launch Briefing	0.5				
2	Desk review	7	7	7	3	3
3	Preparation for Team convening in-country				2	
4	Travel to country	1	1	2		
5	Team Planning Meeting	4	4	4	4	2
6	In-brief with Mission with prep	1	1	1	1	1
7	In-brief with project with prep	0.5	0.5	0.5	0.5	0.5
8	Data Collection DQA Workshop (testing tools& protocol orientation for all involved in data collection)	2	2	2	2	2
9	Prep / Logistics for Site Visits	0.5	0.5	0.5	2	0.5
10	Data collection / Site Visits (including travel to sites)	12	12	12	12	12

Activity / Deliverable		Evaluation/Analytic Team				
		Eval Team Lead	HSS Specialist	Economist/ Eval Specialist	Logistics / Evaluation Asst.	Local Evaluation Coordinators
Number of persons →		1	1	1	1	2
11	Data analysis	5	5	5	3	2
12	Debrief with Mission with prep	1	1	1	1	1
13	Stakeholder debrief workshop with prep	1	1	1	1	1
14	Depart country	1	1	2		
15	Draft report(s)	5	4	4	2	3
16	GH Pro Report QC Review & Formatting					
17	Submission of draft report(s) to Mission					
18	USAID Report Review					
19	Revise report(s) per USAID comments	3	2	2		1
20	Finalize and submit report to USAID					
21	508 Compliance Review					
22	Upload Eval Report(s) to the DEC					
Sub-Total LOE (per person)		45	42	44	34	29
Total LOE		45	42	44	34	58

If overseas, is a 6-day workweek permitted Yes No

Travel anticipated: List international and local travel anticipated by what team members.

Maputo, and selected sites to be determined with USAID during TPM

XV. LOGISTICS

Note: Most Evaluation/Analytic Teams arrange their own work space, often in their hotels. However, if Facility Access is preferred GH Pro can request it. GH Pro does not provide Security Clearances. Our consultants can obtain **Facility Access** only.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

USAID Facility Access

Specify who will require Facility Access:

Electronic County Clearance (ECC) (International travelers only)

GH Pro workspace

Specify who will require workspace at GH Pro:

Travel -other than posting (specify): Int'l consultants to Mozambique, and in-country travel for Evaluation Team

Other (specify):

XVI. GH PRO ROLES AND RESPONSIBILITIES

GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed

- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/analytic team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for internal distribution.

The **evaluation team** will be responsible for arranging meetings with key stakeholders and will be required to advise USAID prior to each of those meetings. The evaluation team will be responsible for procuring its own office space, computers, Internet access, printing, and photocopying. Evaluation team members will be responsible to make their own payments.

XVII. USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID’s roles and responsibilities. Add other roles and responsibilities as appropriate.

USAID Roles and Responsibilities

USAID will provide overall direction to the evaluation team, identify key documents, and assist in facilitating a work plan. USAID personnel will be made available to the team for consultations regarding sources and technical issues, before and during the evaluation process.

USAID will send letters of introduction informing key GRM staff and other high-level partners of the nature, timing, and scope of the evaluation and of the evaluation team members.

USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

Before Field Work

- SOW.
 - Develop SOW.
 - Peer Review SOW
 - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV’s for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.

- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

During Field Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

After Field Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

XVIII. ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See [How-To Note: Preparing Evaluation Reports](#))

The evaluation report will follow guidance provided in Appendix I of the [USAID Evaluation Policy](#), which states the following:

- The evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by the Technical Officer.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex in the final report.
- Evaluation findings will assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions. Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.

- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

The **Evaluation/Analytic Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)).

- a. The report must not exceed **30 pages** (excluding executive summary, table of contents, acronym list and annexes).
- b. The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- d. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. **The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.**

The report will be submitted in English in both electronic and hard copies. GH Pro will provide 5 printed copies of the Final Evaluation Reports.

The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
- Table of Contents (1 page);
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions (1-2 pages)
- Project [or Program] Background (1-3 pages)
- Evaluation/Analytic Methods and Limitations (1-3 pages)
- Findings
- Conclusions
- Recommendations
- Annexes
 - Annex I: Evaluation/Analytic Statement of Work
 - Annex II: Evaluation/Analytic Methods and Limitations
 - Annex III: Data Collection Instruments
 - Annex IV: Sources of Information
 - o List of Persons Interviews
 - o Bibliography of Documents Reviewed
 - o Databases
 - o [etc]
 - Annex V: Disclosure of Any Conflicts of Interest
 - Annex VI: Statement of Differences (if applicable)

The evaluation methodology and report will be compliant with the [USAID Evaluation Policy](#) and [Checklist for Assessing USAID Evaluation Reports](#)

 The Evaluation Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be provided to GH Pro, who will submit it to USAID. All data will be in an unlocked, editable format, with datasets in CSV or XML.

XIX. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Sandra Guiamba	Eugene Cooper	Jordan McOwen
Title:	Program Development Officer	Division Chief	Monitoring and Evaluation Specialist
USAID Mission	Integrated Health Office, USAID/Mozambique	Commodities Security & Systems, USAID/Mozambique	Integrated Health Office, USAID/Mozambique
Email:	sguiamba@usaid.gov	ecooper@usaid.gov	jmcowen@usaid.gov
Telephone:		(258) 2135 2016	+258823329100
Cell Phone:	(258) 823 304 156	(258) 82 307 3352	

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

	Technical Support Contact 1	Technical Support Contact 2
Name:	Lily Asrat DrPH MPH	
Title:	Senior Evaluation Advisor	
USAID Office	USAID, Office of HIV/AIDS	
Email:	aasrat@usaid.gov	
Telephone:	571 551-7192	
Cell Phone:	571-451-6079	

XX. REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

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Reorganized FORSSAS Evaluation Questions	
Original SOW location:	Proposed location and rationale:
Q1 —“To what extent have activities implemented by FORSSAS resulted in improved financial management, organizational planning, procurement capacity, and business process and systems among health institutions in Mozambique, including the MISAU, CMAM, and UGEA?”	Q1 and 2: Question unchanged, but will be discussed with Q3, as individual and organization performance are inter-related.
Q1 Sub-questions:	
IA: Project Design and approach	Q4: Question unchanged but will address comprehensive FORSSAS Project design and implementation issues.
IB: Financial management systems operationalized	Q1 and 2
IC: Adequate resources	Q4
ID: Successful knowledge transfer	Q1 and 2
IE: Continued production of better results	Q1 and 2
IF: Value for money	Q5: Discuss V4M methodology, constraints broadly and for particular activities.
Q2: “To what extent has FORSSAS contributed towards the establishment and institutionalization of a national health finance strategy, and GRM resource planning and tracking?”	Q3: Unchanged. Will come after original questions 1 and 3.
Q2 sub-questions:	
2A: Coordination with MOEF:	Q3: included.
2B: Visible evidence of improve resource planning and tracking M&E system	Q3: included
Q3: “To what extent has the capacity of individuals—at CMAM, the GF Unit, Department of Administration and Finance, and DPC, —to perform key required tasks improved as a result of the training and systems established by FORSSAS?”	Q1 and 2: Question unchanged, but will be discussed with Q1, as individual and organization performance are inter-related.
Q3 sub-questions:	
3A: GFU improvement	Q1 and 2
3B: Embedding LTTA vs STTA	Q1 and 2
3C: CMAM Directorate and process effectiveness	Q1 and 2
3D: Staff performance after FORSSAS support	Q1 and 2
3E: Quality/quantity of human capital improvements	Q1 and 2
3F: Performance management systems	Q1 and 2
3G: Value for Money	Q5: Discuss V4M methodology, constraints broadly and for particular activities.
Q4: “To what extent does the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?”	Q4: Question unchanged, but will also include project design and approach, adequacy of resources, TA implementation, and Deloitte’s performance as consortium leader.
Q5: Value for Money	Discuss V4M methodology, constraints broadly and for particular activities.

ANNEX II. EVALUATION METHODS AND LIMITATIONS

The evaluation was conducted by a team of five consultants between May 23 and August 22, 2016. It covers the period from project inception from September 2012 to June 2016. The evaluation team used multiple sources of data for a mix of qualitative and quantitative data collection and analysis approach, with information to support evaluation of FORSSAS gathered from documents, key informant interviews, site visits to beneficiary offices and workplaces, a mini-survey and their own direct observation. (See Annex II for list of KIIs, Annex III for documents and Annex IV for mini-survey). The evaluation design represents an appropriate response to the evaluation purpose and objectives within the constraints inherent in the implementation context, budget, and timeline.

Key informant interviews were held with program leadership, the USAID AOR and program management team, MISAU officials and donors. Interviews were held individually and in groups. All informants were advised that their responses were voluntary and confidential. A list of persons interviewed appears in Annex II, and Interview guides appear in Annex V. During all interviews, but particularly of beneficiaries, evaluators asked to see work products, job aids, data bases or other “evidence” of FORSSAS work.

A mini-survey was administered to line staff in MISAU offices, to query about long-term technical assistance (LTTA), their roles and responsibilities, FORSSAS LTTA contributions and staff opinions about LTTA vs short-term technical assistance (STTA). Supervisory staff provided a self-administered survey plus a self-sealing envelope to line staff that worked with FORSSAS LTTA. The survey included written instructions, including assuring participants their responses were confidential and the survey was voluntary. See Annex IV. The response was 38, an approximate yield of 76%.

The evaluation team requested and received expenditure data from FORSSAS. Data from key informants was coded thematically and compared across different sources. Quantitative data from mini-survey and other sources was analyzed using excel, interpreted and displayed using tables, graphs and charts.

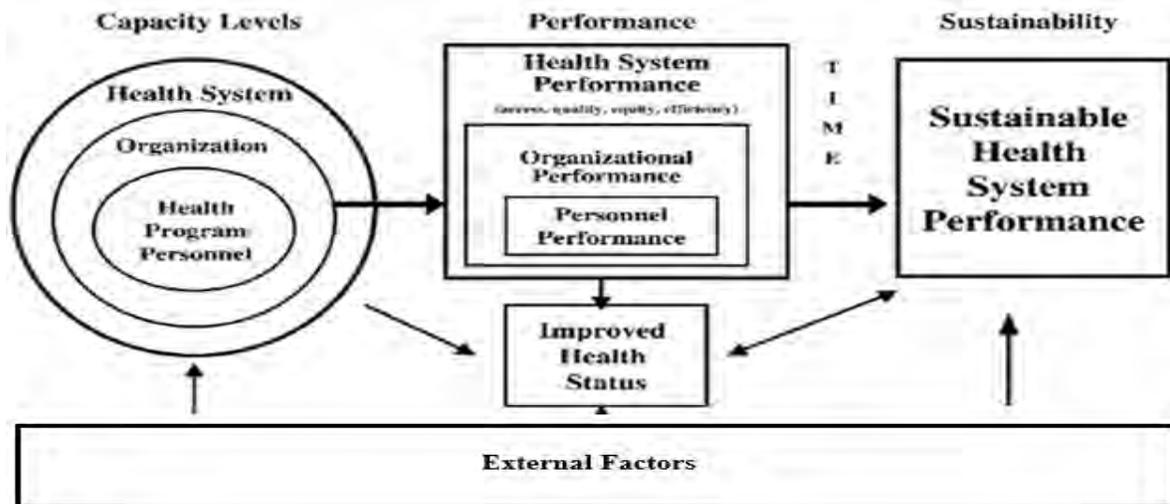
Limitations: While FORSSAS records a range of activities, achievements and costs disaggregated by IR, they do not, are not required to, and could not reasonably be expected to maintain records of activity-based costs. Cost data provided by FORSSAS are good faith estimates.

The mini-survey was administered during the last week of FORSSAS TA project work and beneficiary departments were actively lobbying USAID to extend FORSSAS TA. Thus, there may be some bias in staff responses to overstate FORSSAS contribution.

Conceptual Framework to Evaluate Capacity Building:

The evaluation team's conceptual framework regarding capacity building and performance improvement is based on "Measuring Capacity in the Health Sector: a Conceptual Framework".³⁶

Adapted from: LaFond, A., L. Brown, K. Macintyre. Measuring Capacity in the Health Sector: a Conceptual Framework. *Int J Health Plann Mgmt* 2002; 17:



Capacity (of individuals and organizations) is a necessary component for performance; capacity, alone, is insufficient to assure improved performance. Just training individuals or providing equipment does not assure performance. While capacity does not always lead to performance, one would expect that – as a group – organizations with the greater capacity will tend to have better performance. The term “capacity” covers a broad range of skills. There is not a single scale to measure all human capacity. Without precise definition of what type of capacity, it is hard to describe or measure. Directly assessing successful knowledge transfer and/or improved individual capacity of OTJ training, for example, is difficult in an end-of project evaluation, if there are no baseline measures and specific capacities are not precisely defined.

However, observable performance improvement in department functions implies some measure of improved capacity. Organization performance is demonstrable and describable. In KIIS, mini-survey and review of work products/tools, etc, the evaluators sought evidence of improved organization performance, in particular, systematized performance that did not directly result from the current labor of FORSSAS LTTA. The evaluation team looked for evidence of operationalization or institutionalization of systems, tools, motivation, feedback, and/or work processes, not directly dependent on the LTTA's input. The evaluation team hypothesized that such operationalized performance is more likely to be sustained beyond FORSSAS's immediate departure.

³⁶ LaFond, A., L. Brown, K. Macintyre. Measuring Capacity in the Health Sector: a Conceptual Framework. *Int J Health Plann Mgmt* 2002; 17:

EVALUATION MATRIX

	Evaluation/Analytic Question	Research Methods	Application or Data Use	Target audience
I	<p>To what extent have activities implemented by FORSSAS resulted in improved financial management, organizational planning, procurement capacity, and business process and systems among health institutions in Mozambique, including the MISAU, CMAM, and UGEA?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> The extent to which the project design and approach were appropriate in responding to the achievement of the stated objectives and goals of the project. For example, identify the entities that FORSSAS worked with the best entities that made a difference; and whether project activities implemented at the appropriate level. The extent to which the financial management systems implemented through FORSSAS 	<p>Structured interviews, Key, and</p> <p>Data review: All FORSSAS KPIs, including outcome and output objectives, results, and activities</p> <p>Data extraction from secondary sources: DHIS,</p> <p>Document review: Annual Work Plans and Reports, Performance Monitoring Plans (PMPs), Policy Guidelines</p> <p>Structured interview, doc review, secondary data source review, survey line staff</p> <p>Structured key informant interviews</p>	<p>Qualitative analysis, content theme analysis, quantitative data analysis using point rating system.</p> <p>Data triangulation and correlation with quantitative survey data</p>	<p>USAID management, implementing partners</p> <p>Government of Republic of Mozambique (GRM) Ministry of Health MISAU, (CMAM, and UGEA, DPS ,DAF, M&E, HR) staff, MGCAS, other health donors, MB-Consulting</p>

	<p>are being operationalized.</p> <ul style="list-style-type: none"> • The extent to which adequate resources were available for achieving project results. If not, identify the gaps and how did these affect the results. • The extent to which FORSSAS successfully transferred knowledge to staff. • The extent to which the institutions that benefited from FORSSAS inputs are continuing to produce better results through knowledge transfer in their required planning, procurement, and financial management functions. • Value for money: The extent to which the investment by FORSSAS is reasonable and appropriate for the results achieved under question 1. 	<p>Review of FORSSAS data, line staff structure interview, chief interview, site visit</p> <p>Structured interview with FORSSAS staff, beneficiaries, review project documents, doc rev, data base review, Informant interview, trainee interview/mini-survey of line staff</p> <p>Structured interviews with entities during and after FORSSAS inputs, other informant interviews, secondary data review, collected data, process review.</p> <p>Interviews, doc review (including financial data, project reports). Literature review.</p>		
2	<p>To what extent has FORSASS contributed towards the establishment and institutionalization of a national health finance strategy, and GRM</p>	<p>Document review, KIs review data bases.</p> <p>Structured interviews with</p>	<p>Data triangulation and correlation with quantitative survey data</p>	<p>Donors of interest, DAF, DPC, UEGA , DPES WHO, GRM, FORSASS, Instituto Nacional da Saude, GTF for NHA, Donors: PROSAUDE, Other</p>

	<p>resource planning and tracking?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which was there was coordination between Deloitte, MISAU, Ministry of Economy and Finance, and other related government entities in the development and implementation of this strategy. • The extent to which there is any visible operational evidence of improvements in the resource planning and trackingM&E system. • Value for money: The FORSSAS investment in these components of FORSSAS and whether it was appropriate for the achievement of the stated objectives. 	<p>NHA and HFS TWGs</p> <p>Document review, structure interviews,</p> <p>Document review, structure interviews review budgets, documents, structured interviews</p>	<p>Qualitative analysis: content analysis, themes, depth to support</p>	<p>Partners: CHASS-SMT, Unicef (for MGCAS), Ministry of Economy and Finance, Ministry of Planning and Development, Implementing partners: Instituto Superior de Ciencias de Saude, IFAPA,ThinkWell</p>
3	<p>To what extent has the capacity of individuals – at CMAM, the GF Unit, Department of Administration and Finance, and DPC – to perform key required tasks improved as a result of the training and</p>	<p>Key informant interviews</p> <p>Interviews, doc reviews, secondary data review</p>		<p>GF Unit, DPC, FORSSAS, CCM,</p> <p>Donors: PROSAUDE and MGCAS donor focal points, Global Fund Mozambique advisor in Geneva; LFA in Maputo,</p>

<p>systems established by FORSSAS?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p> <ul style="list-style-type: none"> • The extent to which the GF Unit has been strengthened and its capacity to respond to the terms of agreements made between the GRM and the GF. • The extent to which embedding personnel to provide technical assistance in the ministries makes a difference or was more beneficial to the capacity of staff, compared to a technical assistance approach that is based on short term technical assistance (STTA) visits by experts. • The role that FORSSAS played in the creation of CMAM as a directorate and process effectiveness. • The performance of staff after FORSSAS support. • Examine the quantity and quality of human 	<p>Mini-survey of line staff, structured interview questions</p> <p>Key informant interview, doc review</p> <p>Mini-survey of departments supported by FORSSAS (during and after)</p> <p>Secondary data review, key informant interview.</p> <p>Review of docs, structures interview, secondary data</p> <p>Review docs, interview, lit review</p> <p>Review docs, key informant interviews, secondary data</p>		<p>CCM for GF (UNAIDS)</p>
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	<p>capital improvements in health as a result of targeted training activities implemented by FORSSAS at the central, provincial, and district levels.</p> <ul style="list-style-type: none"> • The extent to which the performance management systems are in place is functioning and continue to be utilized. • Value for money: Examine the cost per outcome in human capacity improvement in light of regional and/or international experience. • Sustainability: The extent to which the capacity created is likely to be sustained by the beneficiary institutions. 	<p>Review docs, key informant interviews, secondary data</p> <p>Review docs, key informant interviews, secondary data</p> <p>Review docs, key informant interviews, secondary data</p>		
4	<p>To what extent does the programmatic, technical, and managerial approach of Deloitte, as the lead implementing partner, contributed to the achievement of the FORSSAS results?</p> <p>In answering this question, the evaluation team will, among other issues, address the following:</p>	<p>Doc review, interviews, secondary data</p>	<p>Qualitative analysis: content analysis, themes, depth to support</p>	<p>MB Consulting, KULA, USAID, Donors: PROSAUDE and MGCAS donor focal points</p>

	<ul style="list-style-type: none"> • The extent to which Deloitte successfully implemented the project • Deloitte's performance in terms of value for money. 			
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ANNEX III. PERSONS INTERVIEWED

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
MAPUTO						
USAID	Team		8th June 2016	Nancy Fitch, Regan Whitworth, Ritva Parviainen, Dercio Parker	Meeting	Donor
USAID	Team		14 th June 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen, Lily Bunker?	Meeting	Donor
USAID	Team		6 th July 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	PP presentation	Donor
USAID	Eugene Cooper Elias Cuambe	Agreement Officer Technical Representative, former AOR	June 15, 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine	KII	Donor
USAID	Eddie Kariisa	Acting Division Chief of Health Systems and Commodity	22th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
USAID	Leah Hasselback and Benedito Chauque	CMAM	22th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
USAID	Nune Pal Lourenço Manganhila Thyrsa Person Charles Githaiga	Finance analyst Finance analyst Finance analyst, FMO/Acting Controler	27 th June 2016	Regan Whitworth	KII	Donor

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
USAID	Dionisio Matos	MGCAS advisor	28 th June 2016	Ritva Parviainen	KII	Donor
USAID	Karen Turner	Former AOR	28 th June 2016	Nancy Fitch	KII skype	Donor
FORSSAS	Team		10 th June 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	Meeting	Implementing Agency
FORSSAS	Team		13 th June	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen, Lily Bunker	Meeting	Implementing Agency
FORSSAS	Team		17 th June 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen, Lily Bunker	Meeting and KIIs	Implementing Agency
FORSSAS	Deolinda David	Finance Management leader	17 th June 2016	Nancy Fitch	KII	Implementing Agency
FORSSAS	Team		7 th July 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	PP presentation	Implementing Agency
FORSSAS	Santiago Goicoechea	Senior Manager Monitor Deloitte DHR FM + HFS working group	17 th June 2016	Nancy Fitch, Regan Whitworth, Jennifer Katekaine	KII	Implementing Agency
FORSSAS	Antonio Langa	Performance Monitoring and M&E Specialist	17 th June	Jennifer Katekaine	KII	Implementing Agency
FORSSAS	Maria Pahigiannis	Program director	20 th June 2016	Jennifer Katekaine	KII	Implementing Agency
FORSSAS	Chiara Gargano, Carolina Pereira	MGCAS advisor Training coordinator	20 th June 2016	Ritva Parviainen	KII	Implementing Agency

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
FORSSAS	Dimitri Peffer	Former Program Director	22 nd June 2016	Nancy Fitch	KII	Implementing Agency
FORSSAS	Ibrahim Shehata	Home Office Project Director	28 th June 2016	Nancy Fitch	KII skype	Implementing Agency
FORSSAS	Sandy McGunegill	Former APE coordinator	28 th June 2016	Ritva Parviainen	KII	Implementing Agency
FORSSAS	Paulo Guambe, Salomao Lourenço	DAF Advisor DAF advisor	29 th June 2016	Ritva Parviainen	KII	Implementing Agency
FORSSAS	Maria Pahigiannis	Program Director	12 th July 2016	Ritva Parviainen	KII	Implementing Agency
MISAU	Dra Marina Karageanis Dr Antonio Mulhovo	National director of Planning and Cooperation National Director of DAF, Elias Cuambe, USAID	16 th June 2016	Nancy Fitch, Jennifer Katakaine, Ritva Parviainen	Meeting	Beneficiary
MISAU	Dr Antonio Assane	National Director of CMAM	21 st June 2016	Regan Whitworth, Jennifer Katekaine	KII	Beneficiary
MISAU	Ilda Martins	Director Administration, Finance and Human Resources CMAM		Regan Whitworth, Jennifer Katekaine	KII	Beneficiary

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
MISAU	Jaime Fraqueza, Ernesto Sambo	CMAM Procurement		Regan Whitworth, Jennifer Katekaine	KII	Beneficiary
MISAU	Dr. Sergio Sana Dra. Branna	Deputy directors of CMAM		Regan Whitworth, Jennifer Katekaine	KII	Beneficiary
MISAU	Lucrecia Venancio	Head of Department for M&E		Regan Whitworth, Jennifer Katekaine	KII	Beneficiary
MISAU	Dr. Daniel Simone	Head of Planning Department DPES	23rd June 2016	Nancy Fitch, Jennifer Katekaine	KII	Beneficiary
MISAU	Dra Marina Karageanis	National director of Planning and Cooperation	23rd June 2016	Nancy Fitch, Jennifer Katekaine, Ritva Parviainen	KII	Beneficiary
MISAU	Dra Carla Matos	Global Fund Unit coordinator	23rd June 2016	Ritva Parviainen	KII	Beneficiary
MISAU	Dr Antonio Mulhovo	National Director DAF	23rd June 2016	Regan Whitworth	KII	Beneficiary
MISAU	Henario Amaricio Siteo	Deputy Director of DAF	23rd June 2016	Regan Whitworth	KII	Beneficiary

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
MISAU	Dra Anabela Campira Dr Zeferino Jossias Siteo Dra <u>Maria Dumangane</u>	Head of department of Internal Control Head of department for Finance	23 rd June 2016	Regan Whitworth	KII	Beneficiary
MISAU	Dr Macassa Mr Fernandes	Head of UGEA Program assistant	23 rd June 2016	Regan Whitworth, Ritva Parviainen	KII	Beneficiary
MISAU	Dra Cidalia Baloi	Head of HIS – health information system	24 th June 2016	Nancy Fitch, Ritva Parviainen	KII	Beneficiary
MISAU	Dra Celia Gonçalves	Former Director for Planning and Finance	27 th June 2016	Nancy Fitch, Ritva Parviainen	KII	Beneficiary
MISAU	Dr Mazivila	Head of HR	28 th June 2016	Nancy Fitch	KII	Beneficiary
MISAU	Dr Martinho Dgedge, Dr Paulino	General Inspector	30 th June 2016	Nancy Fitch, Regan Whitworth, Ritva Parviainen	KII	Beneficiary
MGCAS	Dr Felix Timoteo Matusse	Head of Department for Policy and Social Assistance	17 th June 2016	Ritva Parviainen	KII	Beneficiary

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
MGCAS	Dr. Pita Alfandega, Dra. Celia Moiana	HR department Head of Training	20 th June 2016	Ritva Parviainen	KII	Beneficiary
MGCAS	Dr. Graciano Langa	Deputy director of Social Action	20 th June 2016	Ritva Parviainen	KII	Beneficiary
MGCAS	Dra Tania Vaz	Head of HR	29 th June 2016	Ritva Parviainen	KII	Beneficiary
OTHER PARTNERS and DONORS						
Ministry of Economy and Finance	Dra Odeisse de M. Daniel	National Directorate of Planning	22 nd of June 2016	Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	KII	Partner
Global Fund Geneva	Dra Kirsi Viisainen	Mozambique adviser	19 th June 2016	Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	KII	Donor
Embassy of Italy	Ferruccio Vio		20 th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
Embassy of Belgium	Alberto Musatti	Adviser for GTAF – Public Finance management for health	21 st June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
WHO	Silvia Bignamini	M&E Officer	22 nd June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
Ireland Embassy	Diarmuid McClean		23 rd June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor
German GFA-Group	Dra Ute Sunderbrink	LFA in Maputo	24 th June 2016	Regan Whitworth, Jennifer Katekaine, Ritva Parviainen	KII	Partner
Instituto de Ciências de Saúde em Maputo	Sr Joaquim Jaime	Responsible for MGCAAS training courses	24 th June 2016	Ritva Parviainen	KII	Partner
Irish Aid	Jonas Chambule	Health Program Advisor	27 th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Donor

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
Think Well	Caroline Phily	Health Financing	27 th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Partner
MB Consulting	Mariam Bibi Umarji	Senior Consultant	28 th June 2016	Regan Whitworth, Jennifer Katekaine	KII	Partner
UNICEF	Gerson Nombora	MGCAS advisor	29 th June 2016 phone	Ritva Parviainen	KII	Donor
Country Coordinating Mechanism for GF	Leucipo Gonçalves, Baslucas Alfredo Nhar	Executive director Oversight Specialist	30 th June 2016	Ritva Parviainen	KII	Partner
Swiss Cooperation	Georgina Bonet-Arroy		4 th July 2016	Regan Whitworth	KII	Donor
SOBALA PROVINCE						
Provincial Directorate of Health /DPS	Dra Priscila	Medical Chief	21 st June 2016	Nancy Fitch, Lily Bunker	KII	Beneficiary
Provincial Directorate of Health /DPS	Graziela Joaquim	CMAM Head of Provincial Warehouse in Beira	20 th June 2016	Nancy Fitch, Lily Bunker	KII	Beneficiary
Provincial Directorate of Health /DPS	Dr. Aluiso Gonzaga Pio	Head of Department - Planning DPS	20 th June 2016	Nancy Fitch, Lily Bunker	KII	Beneficiary

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type meeting / KII	Type of Organization
Provincial Directorate of Health /DPS	Fatima Julia, Afonso Mutondo, Rainha Joao Macamo; Leandro Andriano,	M&E department at DPS Statistics/SIS at DPS	21 st June 2016	Nancy Fitch, Lily Bunker	KII	Beneficiary
Provincial Directorate of MGCAS / DPGCAS	Atanasio	Human Resources officer	20 th June 2016	Nancy Fitch, Lily Bunker	KII	Beneficiary
Instituto de Ciencias de Saude	Dr. Victor Vasco Filimone Endereco, Natalia Gloria, Januario Joao Jose Mahenga Matangue	-Head of Accounting; Assistant Academic Director Administrator	20 th June 2016	Nancy Fitch, Lily Bunker	KII	Partner
IFAPA	Georgina Alfredo Chamasse Raposo Manual Andrade	Director Technical Officer, Training Assistant Director of Training	21 st June 2016	Nancy Fitch, Lily Bunker	KII	Partner

ANNEX IV. SOURCES OF INFORMATION

LIST OF KEY DOCUMENTS

PUBLICATIONS OF MINISTRY OF HEALTH

- 40 Anos de Saude 1975-2015 (Powerpoint);
- 40 Anos de Saúde em Moçambique 1975-2015;
- Anuário Estatístico Saúde 2015;
- Apresentação Anuário Estatístico 2015;
- CMAM – Funções dos Papeis Financeiros da CMAM Como Unidade Gestora Executora, MARÇO 2013;
- Estimated Resource Needs and Impact of Mozambique’s Plano Estratégico Do Sector Saúde, 2014–2019, April 2014 – Results from the OneHealth Project;
- Health Sector Strategic Plan PESS 2014-2019;
- Health Sector Financing Strategy, *Draft 3 – Final, Maputo May 2015*;
- HIV in the 2009 Mozambique – INSIDA;
- Inquérito Nacional de Prevalência, riscos comportamentais e informação sobre o HIV e SIDA em Moçambique – INSIDA 2009;
- Inquérito Demográfico de Saúde 2011;
- Informação Estatística Sumária Nacional (2008-2012);
- Informação Estatística Sumária Nacional (2009-2013);
- Informação Estatística Sumária Nacional (2010-2014);
- Indicadores do QAD Saúde desempenho 2012 e 2013 por Província;
- Mozambique National Health Accounts 2012, November 2015;
- National survey on Prevalence, behavioral risks and information about HIV and AIDS (INSIDA 2009);
- PESS draft 2013-2017, MISAU version 09.03.2013;
- Plano Estratégico do Sector da Saúde PESS 2014-2019, Ministério Da Saúde;
- Plano Estratégico 2010 – 2014, REVISÃO 03 (Agosto de 2010) Do Plano Estratégico 2010 – 2014, Ministério Da Saúde, Instituto Nacional De Saúde (INS);
- Relatório de Revisão do Sector de Saúde, Ministério da Saúde, Setembro 2012;
- Resumo das Principais Funções e Responsabilidade dos Papéis Financeiros na Administração Financeira do Estado;

Province leaflets 2008-2012

- Perfil Estatístico Sanitário – Cabo Delgado
- Perfil Estatístico Sanitário – Gaza
- Perfil Estatístico Sanitário – Inhambane
- Perfil Estatístico Sanitário – Manica
- Perfil Estatístico Sanitário – Maputo
- Perfil Estatístico Sanitário – Nampula
- Perfil Estatístico Sanitário – Niassa
- Perfil Estatístico Sanitário – Sofala
- Perfil Estatístico Sanitário – Tete
- Perfil Estatístico Sanitário – Zambezia

Province leaflets 2014

- Tabelas Brochura Província CABO DELGADO 2010-2014;
- Tabelas Brochura Província NAMPULA 2010-2014;
- Tabelas Brochura Província NIASA 2010-2014;

Perfis de Província

- Província de Cabo Delgado
- Província de Gaza
- Província de Inhambane
- Província de Manica
- Província de Maputo
- Província de Nampula
- Província de Niassa
- Província de Sofala
- Província de Tete
- Província de Zambezia

Poster perfis Províncias 2014

- Poster Perfil da Província de Gaza (duplicate - in docx and pdf format);
- Poster Perfil da Província de Inhambane (duplicate - in docx and pdf format);
- Poster Perfil da Província de Manica (duplicate - in docx and pdf format);
- Poster Perfil – Informação Estatística Sumaria (duplicate - in docx and pdf format);
- Poster Perfil da Província de Maputo (duplicate - in docx and pdf format);
- Poster Perfil da Província de Sofala (duplicate - in docx and pdf format);
- Poster Perfil da Província de Tete (duplicate - in docx and pdf format);
- Poster Perfil da Província de Cabo Delgado (duplicate - in docx and pdf format);
- Poster Perfil da Província de Nampula (duplicate - in docx and pdf format);
- Poster Perfil da Província de Niassa (duplicate - in docx and pdf format);
- Poster Perfil da Província da Zambezia (duplicate - in docx and pdf format);

Retroinformação e Balanço

- Balanço Retroinformação_ MARÇO_2016;
- Guião Balanço e Retroinformação;
- Percentagem Distritos Informação Completa Dentro do Prazo 2016;
- Garbage in, Garbage out: How basic tools and attainable two-ways communication can promote more dependable health systems data;
- Procedimentos para o processo de monitoria do indicador 28 do QAD 2014 e 31 do QAD;
- Procedimentos Rev 18 Abril 2015;

DOCUMENTS OF MINISTRY OF GENDER, CHILDREN AND SOCIAL ACTION – together with FORSSAS

- Avaliação das necessidades para Assistência Técnica a nível da Direcção Provincial da Mulher e Acção Social de Sofala e Niassa (Powerpoint);
- Avaliação do Processo de Ensino e Aprendizagem do 1º ano dos cursos Médio Profissionais de Técnico de Acção Social e Educação da Infância – Baseado em Competências (Powerpoint);
- Avaliação final dos cursos pilotos de nível 3 de Educação da Infância e de nível 5 da Acção Social;

- Avaliação do Impacto dos cursos de TAS nível 5 – período 2012 a 2014, relatório preliminar; COWI;
- Criteria for each progressive stage;
- Certificado Vocacional (5) em técnico de Acção Social;
- Estudo sobre as qualificações actuais e necessárias de educadores da infância e de técnicos de acção social: Relatório Final;
- El student questionnaires;
- Estratégia Para Realização Dos Cursos De Nível Médio Técnico De Acção Social Nível 5 E De Curta Duração Com O Ifapa Para Os Quadros Das DPMAS;
- Ficha de Avaliação – Docente;
- Ficha de Avaliação Docente – TAS;
- Ficha de Avaliação Final curso de formação Educação da Infância (Nível 4);
- GHS/NTDCP Capability Maturity Model;
- Histórico lista estudantes TAS;
- Histórico do Apoio Institucional ao Ministério do Género, Criança e Acção Social (MGCAS)
- Manual para formadores;
- Plano de Desenvolvimento das Capacidades Niassa;
- Plano de Desenvolvimento das Capacidades Sofala;
- Proposta De Estratégia para Implementação do Curso Profissional de Nível Médio de Longa Duração (Acção Social Nível 5), e do Curso de Curta Duração Com Ifapa Em Colaboração Com As Dpmas De Niassa E Sofala (Powerpoint);
- Questionário alunos El;
- Questionário alunos TAS;
- Relatório da Avaliação das necessidades para Assistência Técnica a nível da Direcção Provincial da Mulher e Acção Social de Niassa;
- Relatório da Avaliação das necessidades para Assistência Técnica a nível da Direcção Provincial da Mulher e Acção Social de Sofala;
- Relatório de Viagem – Relatório da Avaliação das Necessidades para Assistência Técnica a nível da Direcção Provincial da Mulher e Acção Social de Sofala, Julho 2013;
- Relatório de Viagem – Relatório da Avaliação das Necessidades para Assistência Técnica a nível da Direcção Provincial da Mulher e Acção Social de Niassa, Julho 2013;
- Strengthening the Social Welfare System in Mozambique through Competency-based Course Development (in docx and powerpoint) SA National Conference on Orphans, Vulnerable Children and Youth Presentation Deck, Durban May 2013;
- TAS student questionnaire;

GOVERNMENT PUBLICATIONS

- Defining and Measuring pharmaceutical systems strengthening;
- Evaluation of Development Cooperation Initiatives in the Health Sector in Mozambique;
- PES 2013 - FORSSAS Supported Activities;
- HSS USAID's vision for Health system strengthening 2015-2019;
- Independent Evaluation Budget Support in Mozambique – Final Report Volume I – 2014;
- Mozambique Country Strategy 2010-2013;
- Mozambique Health and Nutrition sector programme support – DANIDA; Mozambique's budget expenditure rises to US\$6.315 billion in 2015;
- Measuring the economic impact of Commonwealth Scholarships: Identifying Methodologies for Cost Benefit Analysis and Value for money;
- Republic of Mozambique: Country Strategy Paper 2011-2015 – African Development Bank;

- Plano Estratégico Nacional de Resposta ao HIV e SIDA, 2015 – 2019, Maputo, 2015; Conselho Nacional de Combate ao HIV/SIDA
- Plano Económico e Social 2013, Província de Manica;
- Proposta De Plano Económico e Social para 2016, Maputo, Dezembro de 2015; Versão Aprovada pela Assembleia da República;
- Systems Strengthening in the Uruguay Round WB 1995;
- Systems thinking for health systems strengthening - 2009;
- The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action;
- UNICEF Annual Report 2014 – Mozambique;
- Value for Money: Current Approaches and Evolving Debates;
- Value for Money – State of the Practice;
Why differentiating between health system support and health system strengthening is needed;

FORSSAS – list of documents

FORSSAS PMP Indicators results April-June 2016

FORSSAS Year Four Work Plan, Transition and Institutionalization, August 2015-July 2016 (Powerpoint):

FORSSAS PMP July 2015;

FORSSAS PMP Tracking Evaluation June 2016 (Excel)

Health Systems Strengthening Program Institutionalizes Tool to Improve Data Quality and Health Decision-making in Mozambique

Mozambique FORSSAS - Health And Social Welfare Systems Strengthening

Reflecting on 2012 – 2016: Lessons learned and recommendations

Central SOPs trainings

Termos de referência para Formação – Curso Completo (5 dias) sobre Manual Financeiro Central para Técnicos de Finanças / Contabilidade da DAF, IGS, HCM, CMAM e UGEA do MISAU; Março 2014;

Formação sobre o Manual Financeiro Central; Organização da Acção de Formação, Março 2014 (Powerpoint);

Formação sobre o Manual Financeiro Central; Curso Completo para Técnicos da DAF e da Inspeção Geral da Saúde, Março de 2014 (Powerpoint);

Formação sobre o Manual Financeiro Central Estudos de Casos, Março 2014;

Case studies – six documents for the financial training;

Relatório de Acção de Formação; Formação sobre Manual Financeiro Central – Curso 1 – Maputo, de 10 a 14 de Março de 2014; Curso 2 – Maputo, de 17 a 21 de Março de 2014; Abril 2014;

Relatório de Acção de Formação; Formação sobre Manual Financeiro Central – Destinada a Técnicos dos Centros de Custo – Curso 1 – Maputo, de 9 a 11 de Setembro de 2014; Curso 2 – Maputo, de 15 a 17 de Setembro de 2014; Setembro 2014;

FORSSAS documents – google drive

- Action Memorandum 2015 – USAID;
- Administrative Approval Form and Checklist 2013;
- Boots on the ground worksheet Deloitte FORSSAS;
- Carta_USAID_Pedido_de_Apoio;
- Evaluation or analytic activity statement of work (sow);
- FORSSAS – Performance Monitoring Plan (PMP) -2012;
- FORSSAS – Progress Report – 2012 (PowerPoint);
- Health Systems 20/20 Project: Mozambique Program Strategy;

- Health Systems Strengthening – Project Appraisal Document;
- Invoice from January to February 2013 – Deloitte;
- Letter to DPC – Planning and Cooperation Directorate;
- Mozambique Health and Social Welfare Systems Strengthening – Program Description;
- Mozambique Health and Social Welfare Systems Strengthening (HSWSS)- USAID;
- Quality and Health Decision-making in Mozambique
- Request for Applications (RFA) Number 656-12-000002
Technical Proposal - Mozambique Health and Social Welfare Systems Strengthening (HSWSS) – Questions and answers;
- USAID; COMUNICADO DE IMPRENSA, Entrega de computadores para o e-SISTAFE na CMAM vai melhorar a disponibilidade dos medicamentos no país; 23 Julho 2013

Annual_Work_Plans

- Deloitte FORSSAS Budget;
- FORSSAS Detailed Work plan;
- Q2_2013.06.01 Budget MMAS FORSSAS - Food Supply for Students;

Year 1

- Project Financial Summary – Work Plan Budget – January 2013;
- FORSSAS Detailed Work plan (v8)2013-01-14;
- FORSSAS Detailed Work plan (v8)2013 02_05 DGIHO comments;
- FORSSAS Replies and comments on: “Comments compiled from USG team on 2013 work plan and PMP – FORSSAS”;
- FORSSAS – Year 1 Work Plan;

Year 2

- Deloitte FORSSAS Budget - Food Supply for Students; USAID Business Case Analysis for Mosquito Net Distribution Systems;
- Deloitte FORSSAS Year 2 Work Plan 08-05-2013; Strengthening Citizen Representation and Governance in District Health Planning;
- Year Two Work Plan Presentation-FORSSAS- Deloitte- August 2013- July 2014;
- Year Two Work Plan Presentation-FORSSAS- Deloitte- August 2013- July 2014;

Performance_Reports

- APE and Global Fund FORSSAS – 2013;
- Mozambique FORSSAS – Progress Report 2012;

FY2012

- Quarterly Financial Report – July to September 2012;
- Quarterly Technical Performance Report – July to September 2012;

FY2013

- Quarterly Technical Performance Report – October to December 2012;
- Quarterly Financial Report - October to December 2012;
- Quarterly Financial Report – January to March 2013;
- Quarterly Technical Performance Report - January to March 2013;
- Quarterly Financial Report – April to June 2013;
- Quarterly Technical Performance Report - April to June 2013;
- Quarterly Financial Report - July to September 2013;
- Quarterly Technical Performance Report - July to September 2014;
- FORSSAS Pipeline as of August 21, 2013;

FY2014

- Quarterly Technical Performance Report - October to December 2013;
- Quarterly Technical Performance Report - January to March 2014;
- Quarterly Technical Performance Report - April to June 2014;
- Quarterly Technical Performance Report - July to September 2014;
- Year 3 Work plan Narrative, August 1, 2014 – July 15, 2015; updated 24 October 2014;
- FORSSAS Year 3 Work plan, Excel

FY2015

- Quarterly Technical Performance Report - October to December 2014;
- Quarterly Technical Performance Report - January to March 2015;
- Quarterly Technical Performance Report - April to June 2015;
- Quarterly Technical Performance Report - July to September 2015;
- Year 4 Work plan Narrative, August 1, 2015 – July 15, 2016; updated 23 October 2015;
- FORSSAS Year 4 Work plan, Excel

FY2016

Quarterly Technical Performance Report - October to December 2015;
Quarterly Technical Performance Report – January to March 2016;

Accruals

2013

- Global Fund Round 8 Grant - Health Systems Strengthening - Financial Control Plan - A Concept Note;
- USAID Mail - Re: FY 13 - Quarter I Accruals;

Quarter 1 - FY 2013

- Deloitte FORSSAS Accruals-Calculation-Worksheet;
- Phoenix Obligation Report as of December 14, 2012;
- USAID Mail - RE: FY 13 - Quarter I Accruals;

Quarter 2 - FY 2013

- USAID Mail - Fwd: Quarter 2 FY 2013 Accruals Cycle - request for next funding obligation;
- USAID Mail - RE: Quarter 2 FY 2013 Accruals Cycle - request for next funding obligation
- USAID Mozambique 75% letter_2013 02 15 (2);

Quarter 3 - FY 2013

- Copy of AFRUSAID Mmabasso Data Export;
- Quarterly Accrual Worksheet;
- USAID Mail - Fwd: Accrual third quarter FY 2013; USAID Mail - RE: Quarter 2 FY 2013 Accruals Cycle;

Quarter 4 - FY 2013

- Deloitte FORSSAS Accruals-Calculation-Worksheet;
- USAID Mail - FY12 - Quarter Four Accruals/ AID-656-A-12-00002 Deloitte;

FY 2014 - Quarter 2

- Accruals_Expenditure_Q2_of_FY2014[1];

FY 2014 - Quarter 4

- MZ Accruals Report_09-15-14;
- Project Financial Summary;
- Modification of assistance;

2015

- Quarterly Accrual Worksheet;
- USAID Mail - FORSSAS FY15 Q1 Accrual Report;

Other Activity Documents

- FORSSAS meetings
- FORSSAS Org Chart 2012 (PowerPoint);
- FORSSAS Status update Jan 16th;

Democracy and Governance

- 23-1-2013 APE and Global Fund FORSSAS (Auto saved);
- Strengthening Citizen Representation and Governance in District Health Planning;
- District Level Capacity Terms of Reference;
- Test Approach—Integrated DG/IHO Activity: District Administration/Civil Society Interface Strengthened;
- FORSSAS Detailed Work Plan (v8)_2013 02_05 DGIHO comments;

CMAM

- FORSSAS – CMAM support;
- FORSSAS Talking Points - Celebração Pública da Instalação do e-SISTAFE na CMAM 25 de Julho de 2013;
- CMAM, Sector de Finanças, Arranque de Primavera (23 documents);

DAF

- Verification of the implementation of the “Action Plan for Strengthening financial management”;
- DAF and CMAM KPI – 4 technical documents (Powerpoint);
- Financial SOP manuals (2);
- Job Aid Poster and the distribution plan - Salas para Afixação de Cartazes de Conformidade Processual e Documental; 30 de Outubro de 2015;
- Pilot experience of monitoring Provincial SOPs implementation in DPS Manica (7 documents); 2015-2016;
 - Provincial SOP trainings (20 documents) including the pre and post-test; base de dados (Excel), 2014-2015;

DRH

- PESS 2013-2017 Estimativas do modelo OneHealth Recursos Humanos;

Marketing and Branding

- Donation of e-SISTAFE Computers to CMAM;
- Memo to USAID about e-SISTAFE installation;
- Cerimónia da Instalação do e-SISTAFE na Central de Medicamentos e artigos médicos;

Meeting minutes

- FORSSAS Meetings;
- FORSSAS – Progress Report Meeting;

Presentations

- Central de Medicamentos e Artigos Médicos (CMAM) Fortalecimento do Sector de Procura - Sector de Procura – Análise do Estado Actual;

Stage 2 PFMRAF FINAL OFFICIAL Reports

- Final Report CMAM (Central de medicamentos e artigos médicos) – 2013;
- Final Report Buzi District Health Directorate;
- Final Report Caia District Health Directorate;
- Final Report Nampula Provincial Directorate of Education and Culture;
- Final Report Zambezia Provincial Directorate of Education and Culture;
- Final Report Provincial Health Directorate Manica Province;
- Final Report Provincial Health Directorate Niassa Province;
- Final Report Provincial Health Directorate Sofala Province;
- Final Report Provincial Health Directorate Tete Province;
- Final Report Ministry of Health (MISAU);
- Final Report Ministry of Finance;
- Final Report PGR (Procuradoria-Geral da República);

Final Reports Portuguese

- Final Report CMAM (Central de medicamentos e artigos médicos) – 2013 (Portuguese version);
- Final Report Buzi District Health Directorate (duplicate in docx and pdf format – Portuguese version);
- Final Report Caia District Health Directorate (duplicate in docx and pdf format – Portuguese version);
- Final Report Nampula Provincial Directorate of Education and Culture (duplicate in docx and pdf format – Portuguese version);
- Final Report Zambezia Provincial Directorate of Education and Culture (duplicate in docx and pdf format – Portuguese version);
- Final Report Provincial Health Directorate Manica Province (Portuguese version);
- Final Report Provincial Health Directorate Niassa Province (duplicate in docx and pdf format – Portuguese version);
- Final Report Provincial Health Directorate Sofala Province (Portuguese version);
- Final Report Provincial Health Directorate Tete Province (Portuguese version);
- Final Report Ministry of Health (Portuguese version);
- Final Report Ministry of Finance (Portuguese version);
- Final Report PGR - Procuradoria-Geral da República - (Portuguese version);

Final Reports- Portuguese

- Final Report CMAM (Central de medicamentos e artigos médicos) – 2013 (Portuguese version);
- Final Report Provincial Health Directorate Manica Province (Portuguese version);
- Final Report Provincial Health Directorate Niassa Province (Portuguese version);
- Final Report Provincial Health Directorate Sofala Province (Portuguese version);
- Final Report Provincial Health Directorate Tete Province (Portuguese version);
- Final Report Ministry of Health (Portuguese version);

Letters for PFMRAF reports

- Letter to Permanent Secretary MISAU (Ministry of Health) CMAM (Central de medicamentos e artigos médicos) Stage II report final-Revista;
- Letter to Direcção Provincial da Saúde de Manica_Stage II report and risk mitigation workshop (I)Revista Final (I)

- Letter to Direcção Provincial da Saúde de Niassa_Stage II report and risk mitigation workshop (I)revis. Final
- Letter to Direcção Provincial da Saúde de Sofala_Stage II report and risk mitigation workshop (I) revista – final
- Letter to Direcção Provincial da Saúde de Tete_Stage II report and risk mitigation workshop (I)- rev.final

OTHER LITERATURE

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- Assessing Provincial and District Health System Capacity to Sustain HIV/AIDS Care and Treatment Services—A Literature Review, *Ilona Varallyay, Jennifer Yourkavitch, and Eric Sarriot. ICF Macro- 2010;*
- BUILDING LOCAL CAPACITY FOR DELIVERY OF HIV SERVICES IN SOUTHERN AFRICA PROJECT, BLC ORGANIZATIONAL CAPACITY ASSESSMENT TOOL USER GUIDE, September 2013;
- CHASS Evaluation , Performance evaluation of the Clinical HIV/AIDS system strengthening project in Niassa Province, December 30, 2015; AGEMA Consultoria Lda, Peter S. Wandiembe, PhD, Rosemary Barber-Madden, PhD, Esther Kazilimani-Pale, MPH, and Verona Parkinson, PhD; CHASS Evaluation , Performance evaluation of the Clinical HIV/AIDS system strengthening project in Sofala-Manica-Tete provinces; December 30, 2015; AGEMA Consultoria Lda, Peter S. Wandiembe, PhD, Rosemary Barber-Madden, PhD, Esther Kazilimani-Pale, MPH, and Verona Parkinson, PhD;
- Development and Implementation of the new Mozambique National Health Information System for M&E (SIS-MA), a systemic implementation using DHIS2 platform; Ivan Pinto Program Manager Jembi Health System NPC / MOASIS, Mozambique; Alessandro Campione Program Director Jembi Health Systems NPC / MOASIS, Mozambique; Christopher Seebregts CEO, Jembi Health Systems NPC Hon Assoc Prof, Discipline of Computer Science, UKZN;
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- Performance Management - A roadmap for developing, implementing and evaluating performance management systems, SHRM Foundation, Elaine de Pulakos, 2004;
- PEPFAR Capacity building and strengthening framework, version 2.0, 2012;
- USAID/NAMIBIA: HIV PREVENTION, CARE AND SUPPORT PROJECT MID-TERM EVALUATION OF INTRAHEALTH PERFORMANCE, Stephen C. Joseph and Regan Whitworth, June 2012;
- USAID, Evaluation learning from experience;
- USAID Note on evaluations, July 2012;
- USAID evaluation check-list;
- WHO and Alliance for Health Policy and Systems Research; Systems Thinking for Health

ANNEX V. DATA COLLECTION INSTRUMENTS

Key Informant Interview Guide #1

For interviews with management and staff of MISAU and MGCAS Line staff, CMAM, DAF, DPC, M&E, HR CMAM, and UGEA who participated in FORSSAS interventions

(For example, National director, heads of department for procurement, internal audit, M&E and planning; internal audit team

My name is/teammates are _____, we are independent consultants hired by GH Pro. USAID has asked GH Pro to evaluate the FORSSAS project. We would like your input and thoughts on the strengths and shortcomings of this program.

Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions we ask. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

Signature of interviewer _____

(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

1. Have you worked directly with any FORSSAS staff, including Technical Advisors?

If yes: Please describe the nature of your interactions with FORSSAS staff. For how long did you work with them?

2. Have you personally acquired any useful job skills as a result of FORSSAS?

If yes: Please briefly describe the skill(s) acquired.

3. To what extent are you and/or your staff able to apply knowledge, skills and competencies gained from FORSSAS training and/or TA in your work?

How useful would you say that skill/s increase has been, on a scale of 1 to 5, with 1 being “Only slightly useful” and 5 as “Extremely useful”? Probe: Is there evidence of knowledge transfer? 1, 2, 3, 4, 5

Have the skills given you any other benefits – for example more responsibility, a promotion, a salary increase? Please describe: _____

4. Did FORSSAS introduce and/or develop any new tools for your work? If yes, what are they? How have they helped you in your work? Are you still using them? Will you continue to use them after FORSSAS ends?
5. How helpful would you say that tools developed with FORSSAS' support has been to [the organization], on a scale of 1 to 5, with 1 being "Only slightly helpful" and 5 as "Extremely helpful"? 1, 2, 3, 4, 5
6. How satisfied are you with your work? Are you likely to stay where you are at present?
7. How will the end of the FORSSAS project affect your work?

Probe:

Are you able to work without Technical Advisor present?

Will you look for advice elsewhere (where?).

Does the FORSSAS TA perform important functions that might not get completed after his/her departure?

8. How is performance measured in your organization or unit?

Probe:

What measures are used for you personally?

Where does the data for that come from?

What measures are used for your [unit, department, whatever]?

Where does the data for that come from?

Probe: How was it developed?

- i. How long has this system been used?
 - ii. Did FORSSAS participate in developing it?
 - iii. Do people use it without FORSSAS support (or with some, or with a lot, or only if FORSSAS does it)?
9. Did you interact with short term Technical Advisors? From which donor or project?
 10. In your view, what are the one or two best features of having long term Technical Advisors?
 11. What are the one or two best features of short term Technical Advisors? What are the weaknesses of short term Technical Advisors?
 12. On the whole, do you think your organization would benefit more from technical advisors that are long term or short term?
 13. Are you familiar with the work of FORSSAS in your organization [other than working directly with you]?
 14. Have you seen any changes in your organization's performance in the following areas as a result of FORSSAS support?

If yes: What were the changes?

a) If Financial Management, probe:

- i. Accountability/transparency?

- ii. Changes in the internal audit unit functions?
- iii. Inventory control?
- iv. Changes in compliance to national laws and donor requirements?
- v. Knowledge skills and competences in using financial systems?
- vi. Budget autonomy (Specific for CMAM)
- vii. Financial management entity (Specific for CMAM)
- viii. Implementing the CMAM relevant recommendations of the 2012 Global Fund audit?
Go through them.

b) If Organizational Planning, probe:

- i. Budgeting and budget execution?
- ii. Improve linkages between budgeting and financial expenditure tracking?
- iii. Health data quality improvement?

c) If Procurement, probe:

- i. Tender processing systems?
- ii. Implementation of SOPs?
- iii. Compliance with procurement procedures?
- iv. Supplier performance?
- v. Efficiency and transparency?
- vi. Integration of procurement Information System (SIP), the Ferramenta Centrale (Central Tool) and Warehouse Management System (MACS)

d) Human Resources (Specific to CMAM)

- i. Alignment of organizational functions
- ii. Development of job descriptions
- iii. Revised organizational structure

e) If Business Systems and Processes, probe:

- i. Data quality improvement?
- ii. Timely and high quality reports?
- iii. Data systems integration? SISMA
- iv. Data for decision making?

f) If Monitoring and Evaluation, probe:

- i. Data quality improvement?
- ii. Timely and high quality reports?
- iii. Data for decision making?
- iv. Procedures for M&E
- v. Information Systems Integration (EPTS, other)
- vi. Accountability and monitoring of health sector programs.

15. In your view, in the area you explained above what are the two or three most significant achievements, changes or enforcements that were made with FORSSAS help?

16. How will your organization sustain these changes over time after FORSSAS interventions have ended?

Probe for examples from the categories listed above.

[Ask DAF, DPS and CMAM the next 2 questions]

17. Is your organization still using financial management systems / continuing to apply financial tools introduced with FORSSAS support?
 - i. Which are you still using, if any?
 - ii. If so, why are you still using it? If not, why not?
 - iii. For any financial tools/approaches or training FORSSAS introduced through FORSSAS, has your organization expanded its use to other parts of the organization or to other geographic regions (provinces, districts) where you work?
18. In your view, were FORSSAS tools/approaches introduced and implemented at the appropriate levels (National, Province, District) If yes, why, If no, why not?
19. Are there activities that will not be completed by FORSSAS? If you could have FORSSAS do one or two more things in [your organization], what would they be?
20. What were the two to three most significant successes with FORSSAS?
21. What FORSSAS tools or approaches have been most helpful?
22. What were the two or three most significant challenges under FORSSAS interventions?
23. Are there any forms/tools/documents or other resources of FORSSAS's work you would be able to share with me/us?
24. Is there anything more you would like us to know about FORSSAS 's work?

Key Informant Interview Guide #2

FORSSAS (In addition, use Interview Guide #1 for domain questions); Deloitte, MB Consulting, KULA, ThinkWell, IFAPA, Instituto Superior de Ciencias de Saude

My name is/my teammates are _____, and we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the FORSSAS project. We would like your input and thoughts on the strengths and shortcomings of this program.

Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

Signature of interviewer _____
(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

1. How long have you and your organization worked with FORSSAS?
2. What was the role of your organization in FORSSAS?
3. How well did FORSSAS' approach/design meet the projects goals and objectives?
4. Which FORSSAS intervention/s or activities did you or your organization participate in?
 - a) Why was the intervention and/or activity introduced?
 - b) Did the intervention/s address the organization's needs or challenges? If not, why not?
5. In your view, what tools or approaches were most helpful?
6. What were the two or three best results of your participation in FORSSAS?
7. What were the two or three greatest challenges working with FORSSAS?
8. Do you have any data or evidence related to or showing these changes that you can share? Please explain or cite the evidence.
9. Have you seen any evidence of country adoption of the models/tools/approaches? **Probe:**
Country ownership?
10. Have you encountered any unforeseen challenges during the course of implementing the project? Please explain.

Probe:

For example, your country's needs and funding?

Other unexpected changes in funding, activities, donor or ministry priorities?

Staffing changes?

11. If you could change two or three things about the structure or operation of FORSSAS, what would you change?

12. Have you seen any unexpected dividends or opportunities that arose from the project?

Questions specific about Deloitte

13. How well did Deloitte work with its subs, MB and Kula? Please give examples.

Probe:

Specific examples, good or bad

For other entities familiar with Deloitte and their role as lead implementing partner

14. What do you see to be the strongest features of Deloitte's role as lead implementing partner?

15. What two or three aspects of Deloitte's approach would you recommend changing to achieve greater results?

16. What have been the most successful Deloitte activities?

Probe:

Why? Examples?

17. What have been the least successful Deloitte activities?

Probe:

What is the biggest challenge Deloitte has with FORSSAS?

Why? Examples?

18. To what extent do you think Deloitte successfully implemented the project?

(Very successful, partly successful, minimally successful, not successful.)

Why?

19. How effectively has Deloitte collaborated with other implementing partners? Why?

20. Do you see any changes in your organization's performance that you think is a result of FORSSAS? Have your organization's capacities increased?

Probe:

Did, and if so how, FORSSAS make a difference to your organization?)

If so, how?

Key Informant Interview Guide #3

Donors, GRM, MISAU and MCGAS Directors, Multi- laterals, and Global Fund

For interviews with PROSAUDE focal point, Global Fund Unit, Global Fund Geneva representative, LFA, Country Coordinating Mechanism (UNAIDS), CHASS-SMT,(for MGCAS), Ministry of Economics and Finance, Ministry of Foreign Affairs and Co-operation, National Institute of Statistics (INE), Futures Group

(For example, Global Fund Mozambique advisor in Geneva; LFA in Maputo, CCM for GF (UNAIDS) : National director (and 2 deputies?); heads of department for procurement, internal audit, M&E and planning; internal audit team, Ex National director of Planning and Cooperation, present National director of Planning and Cooperation; DPC senior staff; (2 Deputies of the National Director?); all department heads (planning, cooperation, HIS, M&E, Projects); Global Fund Unit coordinator; line staff

My name is/teammates are _____, we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the FORSSAS project. We would like your input and thoughts on the strengths and shortcomings of this program.

Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

Signature of interviewer _____

(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

Section for Donors and GRM Questions

First two questions critical for all respondents

1. Are you familiar with the FORSSAS project?

Probe:

How did you become familiar with FORSSAS?

2. Have you ever collaborated with the project?

Probe:

If so, how have you collaborated?

For how long?

What tools or training, activities, etc., if any, was part of this collaboration?

3. What do you think is the added value of FORSSAS interventions? Please explain?

4. What tools or approaches are the most helpful, of those with which you are familiar?
5. What tools or approaches have been least helpful?
6. Has your organization expanded use of any of these tools, activities, etc?
7. Do you think this/ these models/approaches/tools are sustainable? Why or why not?

Probe:

- a) is there increased donor funding, increased government funding?
- b) Evidence of political commitment?
- c) Data collection and use?
- d) Evidence of improved transparency and accountability
- e) Improved organizational and individual capacity

8. Which ones do you think are easiest to sustain? Why?
9. Which ones more difficult to sustain? Why?
10. Has/will your organization provided funding (or allocated budget) to continue these interventions or other interventions?

Probe:

If yes: To whom (GRM)?

11. Are you satisfied with the partnerships formed between your organization, the FORSSASS project, and the local institution(s) you supported?

Probe:

If yes: Why

If no: Why not?

Health Financing Strategy, Resource planning and tracking

12. Did you participate in the development of the National Health Financing Strategy?

If yes: what was your involvement?

If no: Are you aware of the process of developing the National Health Financing Strategy?

13. How did FORSSAS contribute to the development of this strategy?
14. From what you know, was there coordination between Deloitte, MISAU, Min of Economy and Finance and other entities during development of the national HFS?

Probe:

If yes: Can you tell me about some examples of coordination? Was the coordination effective?

Follow up for Deloitte/FORSSAS involvement

15. Are you aware of or did you participate in the development and implementation of the National Health Accounts (NHA)?

Probe:

If yes: What was your involvement?

- a) Member of Technical Working Group
- b) Development of NHA tools
- c) NHA data collection and analysis
- d) Use of NHA data for financial decision making
- e) Creation of budget line or funding for continued periodic NHA

16. Do you know if there is a process for future NHA exercises?

Probe:

If yes: What entity is responsible? Are there trained routine staff and procedures to collect and analyze data?

17. Are you aware of or have you participated in planning GRM health resource use?

Probe:

If yes: What has been your involvement?

TWGs, Meetings, Donor coordination forums?

18. Are you aware of or have you participated in tracking GRM health resource use?

Probe:

What has been your involvement?

TWGs, meetings, donor coordination forums?

19. Have you seen changes in resource planning over the last few years?

Probe:

What are the changes?

Give examples; Increased Government budget allocation to health, efficiency, equity in resource allocation and use, costed plans

Did FORSASS contribute to these improvements and how?

Has Government budget allocation to health changed?

20. Have you seen changes in resource tracking over the last few years?

Probe:

What are the changes?

Can you give examples? Availability of evidence for financial decision making, resource mapping

Did FORSASS contribute to these improvements?

How?

21. What did FORSSAS contribute to developing and costing the PESS?

Probe:

Has this strengthened resource planning and tracking?

22. Have you noticed changes in alignment of SNS expenditures with the PESS?

Probe:

How important or useful are these changes for resource tracking and planning?

(Extremely, moderately, somewhat, not useful, harmful)

Section for Global Fund Specific questions

Global Fund Unit, GF Geneva representative, LFA, PROSAUDE focal point , CCM

23. Under the Global Fund grant of March 2014, MISAU was to provide, by 31 March 2014, a detailed budget and plan for “reinforcement of financial capacity at the provincial level”.

Was that budget and plan provided to the Global Fund?

Probe:

If yes: When? Can we get or see a copy?

If no: Was there a note to Global Fund and/or a communication from the GF?

24. What has been done to implement the provincial capacity development plan?

25. Under the Global Fund grant of 38 March 2014, MISAU was to provide by 30 June 2014 and annually thereafter, “a description of improvements in human resource capacity” with respect to the National HIV/AIDS Acceleration Plan.

Were descriptions of human resource capacity provided in June 2014 and June 2015?

Probe:

If yes: When? Can we get or see a copy?

If no: Was there a note to the GF and/or a communication from GF?

Is a description under development for delivery in June 2016?

If yes: Who is developing it? What documents are available now?

26. What progress has been made in implementing the 2012 Global Fund audit recommendations related to the GFU?

[Go through the 34 Recommendations one by one.]

27. Have you seen any changes in the capacity of the GF Unit at MISAU?

Probe:

If yes: What kind of changes? What are the two or three most significant changes, Are there concerns about the up-coming GF Audit in August, Capacity to respond?

28. Have you seen any changes in the performance of the GF Unit at MISAU?

Probe:

If yes: What are the two or three most significant changes?

29. In your view, to what extent is the coordination mechanism between GF Unit at MISAU, CCM, LFA and Global Fund in Geneva functional?

Probe:

What are the coordination challenges, if any?

30. To what extent has the Unit complied with all the terms of agreements made between the GRM and the GF?

Probe:

What are challenges in compliance?

How could those challenges be addressed?

Have the 34 recommendations from the 2012 audit been implemented?

31. What happens after FORSSAS support ends?

Probe:

Do you think the GFU will manage without external TA?

If not, what more is needed?

32. What lessons have you learned as a result of FORSSAS support to the Global Fund Unit?

33. What opportunities, if any does GF Unit have as a result of FORSSAS support?

Key Informant Interview Guide #4

For interviews with USAID.

My name is/teammates are _____, we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the FORSSAS project. We would like your input and thoughts on the strengths and shortcomings of this program.

Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

Signature of interviewer _____

(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

Questions about FORSSAS in General

1. What is your role with FORSSAS?

How long have you been in that role?

Has your role changed?

2. Can you give a brief summary of the history of FORSSAS?

3. What results has FORSSAS delivered?

Probe:

What were the two or three best accomplishments of FORSSAS?

4. What tools or approaches were most helpful, in your view?

Probe:

How were they helpful?

5. Have you seen any evidence of country adoption of the models/tools/?

Probe:

What are examples of adoption?

- a) Increased government budget to implementation of these tools and approaches
- b) Political commitment
- c) Data use for decision making
- d) Transparency and accountability

6. Have you encountered any unforeseen challenges during the course of the project?

Probe:

Please explain.

**[For example: Funding availability? Changes in policy priorities?
Staffing changes? Unexpected GRM desires?]**

7. Can you summarize feedback from government about the FORSSAS project or these interventions?

Probe:

How has GRM feedback evolved?

8. How well did FORSSAS' approach/design meet the project's goals and objectives?
9. If you could change two or three things about the design or operation of FORSSAS, what would you change?
10. Have you seen any unexpected dividends or opportunities that arose from the project?
11. Do you think the FORSSAS project has achieved the project goals and objectives?

Questions specific about Deloitte

12. How well did Deloitte work with its sub-partners?

Probe:

Specifically, MB and Kula

Please give examples.

Do you know of other entities familiar with Deloitte and their role as lead implementing partner

13. What do you see to be the strongest features of Deloitte's role as lead implementing partner?
14. What two or three aspects of Deloitte's role would you recommend changing to achieve greater results?
15. What have been the most successful Deloitte activities?

Probe:

In what way were they successful?

Why made these activities were more successful than others?

16. What have been the least successful Deloitte activities?
17. What has been the biggest challenge Deloitte has with FORSSAS?

Probe:

How has Deloitte addressed that challenge?

How has USAID responded to the challenge?

18. To what extent do you think Deloitte successfully implemented the project?

(Very successful, partly successful, minimally successful, not successful.)

Probe:

Please give examples or illustrations

19. How effectively has Deloitte collaborated with other implementing partners?

Probe:

Please give examples

Mini-Survey on FORSSAS Technical Assistance Support to MISAU

GH Pro is an independent consultant that has been engaged by USAID to evaluate the FORSSAS project. FORSSAS supported technical advisors in your department. We greatly appreciate your completion of a survey regarding the strengths and shortcomings of this type of support to MISAU. Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below.

The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. We may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. By completing the survey below, you are indicating your consent.

Instructions: please check or circle the best answer. Where asked, please write legibly in the spaces provided.

Please check your work unit:

Departament of Finances

- Repartição de Contabilidade e Prestação de Contas (RCPC)
- Repartição de Execução do Orçamento Corrente (REOC)
- Repartição de Execução de Projectos e Investimentos (REPI)
- Global Fund

CMAM –

- Internal Audit
- Finance Dept
- Procurement Dept
- Monitoring and Evaluation

- Executing Procurement Unit (UGEA)
- Human Resources Department

Department of Planning and Cooperation

- Health Planning and Statistics (DPES)
- Global Fund Unit
- Monitoring and Evaluation
- Health Information Systems

What is your position?

1. What is your gender? (Please circle correct response) **Male Female**

2. How long have you been in your current role?

Less than 1 year 1-2 years More than 2 years

3. Has FORSSAS placed a Technical Advisor (TA) in your department or office?

Yes No

4. Did the technical advisor work in your department?

During the last year? More than one year ago?

5. How often or how much has that technical advisor been physically present in your office in the last year?

More than half the time About half the time Less than half time

6. Mark the most accurate statement:

- The TA currently works on routine daily work activities for the unit/department at least 50% of the time, because the department usually needs help keeping up with its daily responsibilities.

OR

- The TA currently helps with routine daily work activities for the unit/department only when there are special and unusual needs (<50% of the time); otherwise the TA works to improve capacity or operations of the unit or special new activities.

OR

- The TA helped with routine activities when he/she first started but now helps predominately with “capacity building” or improving the operations of the unit.

OR

- The TA has always worked exclusively on “capacity building” of the unit and the staff.

OR

- Not appropriate or other: please explain:

7. When the TA works on routine work processes, the TA has helped to improve these routine work processes.

Agree strongly Agree Neutral Disagree Disagree strongly

8. Please see attached list and write the number(s) of specific work processes or activities that have been improved due to TA from FORSSAS. You may add other processes or activities not included on the list.

Process(es) No(s): _____, _____, _____,

Other processes or activities? _____

9. Please identify one or two new processes or activities (from the list) that your department already implemented with the support of the FORSSAS TA. (You may add other activities.)

Process(es) No(s): _____, _____, _____,

Other processes or activities? _____

10. Can you still continue to implement these new procedures after the TA has gone?

Process No: _____ Yes No Maybe

Process No: _____ Yes No Maybe

Other processes not included on the list? _____ Yes No Maybe

Why?

11. Are there procedures or new skills in process of being implemented with the TA’s support but not fully adopted?

Yes No I don’t know NA

12. Please name these new procedures that are in the process of being implemented. (from the list or you may add other activities).

Process(es) No(s): _____, _____, _____,

Other processes or activities? _____

14. Will your unit be able to successfully implement these new procedures without the help of the TA?

Yes No Uncertain N/A

15. What procedures or processes could the TA support if there were more time in the project? Please give one or two examples from the list or you may add others.

16. Please rate your opinion on the support provided by the TA to the unit:
Very helpful Helpful Slightly helpful Not helpful Very negative

17. Please, make circles on how the TA has contributed to building the capacity in your department:
On-Job-Training Formal Training SOPs Development
Others?

18. Please provide one or two examples of how the TA support improved your personal skills or capacity in your current role.

19. Have you worked with FORSSAS consultants who worked for a short time (3 months or less) with your department to improve its operations? Yes/No

20. If so, can you please describe how these short-term consultants helped improve the operations in your department?

21. In your experience, do you consider short term consultants to be as helpful as long term consultants to improving the operations in your department?

Yes No

Why?

22. Are there any other comments that you would like to make on this topic?

Muito obrigado!

Mini-survey – results

The total number of respondents was 38 of 50 surveys distributed (76%). Respondents' Work Units:

DPC: HIS – 6, GFU – 2, DPES – 2, - total 10

DHR: 6

DAF: RCPC – 6, REOC – 3, - total 9

CMAM: M&E – 2, IA – 1, DAF- 5, Procurement – 1; – total 9

UGEA: 4

Among the 38 respondents 22 were female and 16 male. Twenty-four had been in their position more than two years and six persons more than one year – those were most likely to have benefited of FORSSAS support.

**Q3. Has FORSSAS placed a Technical Advisor (TA) in your department or office?
Yes No**

To this question, 36 out of 38 answered positively.

Q4. Did the technical advisor work in your department?

A. During the last year? B. More than one year ago?

This question was slightly confusing as both answers could have been valid, and alternative B could also mean that the support had already finished, instead of answering to the period of time. However, 14 chose alternative A and 22 did so for alternative B. Presumably, 36 respondents had has TA support approximately or more than one year.

Q5. How often or how much has that technical advisor been physically present in your office in the last year?

More than half the time About half the time Less than half time

Most respondents (35/38) stated that TA was working more than half time or about half time in the office of the respondent during the last year. It was only the Human resources department which had support less than half time.

Q6. Mark the most accurate statement:

- The TA currently works on routine daily work activities for the unit/department at least 50% of the time, because the department usually needs help keeping up with its daily responsibilities.*

OR

- The TA currently helps with routine daily work activities for the unit/department only when there are special and unusual needs (<50% of the time); otherwise the TA works to improve capacity or operations of the unit or special new activities.*

OR

- The TA helped with routine activities when he/she first started but now helps predominately with “capacity building” or improving the operations of the unit.*

OR

- The TA has always worked exclusively on “capacity building” of the unit and the staff.*

OR

- Not appropriate or other: please explain:*

For this part, 13 respondents informed that TA did routine work of the unit on daily basis; according to 12 respondents, TA did predominantly capacity building, and for six persons TA did routine work only when there were special needs. Only one stated that TA did exclusively capacity building. There were six blank responses. This was underlined in the next question:

Q7. When the TA works on routine work processes, the TA has helped to improve these routine work processes.

Agree strongly Agree NeutralDisagree Disagree strongly

13 respondents agreed and 18 respondents agreed strongly that TA has helped improve routine work processes. Only 2 persons disagreed or disagreed strongly, three persons didn't answer.

Q8. Please see attached list and write the number(s) of specific work processes or activities that have been improved due to TA from FORSSAS. You may add other processes or activities not included on the list.

Process(es) No(s): _____, _____, _____,
_____, _____

Other processes or
activities? _____

(Respondents were provided department-specific lists of processes for activities that FORSSAS had supported to choose from).

Respondents identified the following:

- *Process of feedback and annual statistic report.*
- *In the area of feedback, analyze the quality of SIS information (2 comments).*
- *Analysis information from programs. Sources of data collection.*
- *Acquired capacity in data analysis and compilation.*
- *To have a clear idea how to locate technical assistance based on tools.*
- *Helped to resolve problems with tools for monitoring budget execution.*
- *Creation of data bases to improve planning and budgeting.*
- *Improve the work team via payroll and calculate impact for diverse purposes.*
- *Capacity for timely accounts.*
- *Improved excel.*
- *Develop formulas to produce reports.*
- *Produce timely reports.*
- *The support of the TA improved my personal competencies in daily practical training in accounting areas.*
- *Data base introduction.*
- *Improve process analysis. Improve expense classification.*
- *Use of advanced excel and critical data analysis.*
- *In training, use of data base and in report development.*
- *Abilities technical-professional what to know to do.*
- *Analysis of balances.*
- *One of examples is the manner to calculate indicators and how to create an indicator which was improved.*
- *Improve contract process monitoring.*
- *Trained us in procurement procedures.*
- *Improved the monitoring of contracting procurement.*
- *Training in excel table lines.*

Q9. Please identify one or two new processes or activities (from the list) that your department already implemented with the support of the FORSSAS TA. (You may add other activities.)

- Process(es) No(s): _____, _____, _____,
_____, _____

- Other processes or activities? _____

Among the new processes implemented with support of FORSSAS TA, the following were mentioned in the open question:

- *Production of statistical annual report*
- *Elaboration of management report using dashboard of WHO*
- *Proper use of advanced Excel*
- *Contributed to the improvement of the release of information on the base and realization of DE's.*
- *Advanced Excel, e-SISTAFE (Extraction of diverse reports)*
- *Elaboration of explicative notes of indicators and POP'S of M&E Department*
- *Organization of accounting archive*
- *Opening and closing of the economic exercise*
- *Elaboration of management account, improvement of skills and knowledge, organization of specific archive*
- *Design of new indicators, Review of monitoring plans and implementation of PELF*
- *Capacity-building*
- *Drafting a contraction Plan*
- *Use of basic Excel*

Q10. Can you still continue to implement these new procedures after the TA has gone?

Process No: _____ Yes NoMaybe

Process No: _____ Yes NoMaybe

Other processes not included on the list? _____ YesNo Maybe

Why?

Major part (17/38) of the respondents were sure that the new processes can be continued after FORSSAS TA has left – nine were uncertain, two said no, and ten didn't answer.

Q11. Are there procedures or new skills in process of being implemented with the TA's support but not fully adopted?

Yes No I don't know NA

Altogether 24 respondents agreed that there were procedures, six didn't, four didn't know and four didn't answer. The new competencies in process of implementation but not yet completely adopted were the following:

- *Support in the formation process of SISMA*
- *Implementation process of SISMA and annual statistics*
- *Elaboration of financial proposals; preparation of the activities to be registered*
- *Processo of retro informação to improve the data quality (2)*
- *Preparation and delivery of PUDRs*
- *To respond to management letters and other special conditions*
- *Monitoring the execution of PES in HIV, Malaria e TB using the registration of these programs in E-SISTAFE*

- *GTF, CNS, EFSS (DPES)*
- *Planning the budgeting impact; tools to place the recently graduates (2)*
- *Analysis of payroll (general) to determine the amount spent annually on salaries.*
- *Use of spreadsheet to make a budget for administrative costs*
- *Implementing the finance procedure manual (5)*
- *Production of finance reports on time and with quality (4)*
- *Capacity building of advanced Excel; Improvement of Excel tables (2)*
- *Use of job aid*
- *Use of data base for internal audit*
- *Use of Primavera to produce reports (2)*
- *Collection and use of own revenue*
- *Accountability*
- *Transition from UGB to UGE*
- *Use of e-SISTAFE accounts, management account*
- *Design of new indicators, review of monitoring plans and implementation of PELF*
- *Supports the organization of procurement in spreadsheets for audit purposes.*
- *Elaboration and monitoring procurement plan (2)*
- *Use of SIP*

Many of these new processes seem to be routine work but some of these respondents who have not yet completely adopted the processes had been working less than a year. However, it looks like that even some of those working for more than two years need still more support in their routine work.

Q12. Will your unit be able to successfully implement these new procedures without the help of the TA? Yes No Uncertain N/A

Nonetheless, the capacity to implement the new processes without the support of TA was seen possible by 18 respondents, two were negative, eight uncertain and ten didn't answer. There were altogether 31 positive comments in open question regarding the specific processes where the respondents felt secure in continuing to work without TA, 7 "maybe" answers and only two "no".

The uncertain (no-maybe) processes included tasks and comments such as:

- *Production of annual statistics*
- *Use of SIP – maybe, "because require accompaniment of the users"*
- *"Without support from TA always we will have difficulties because they supported in almost all activities of the SIS and M&E".*
- *"The technicians support us a lot. And we still need them"*
- *"TA is not any more at UGEA, left last year".*
- *"Use of data base of internal audit"*
- *"Use of Primavera to produce reports"*
- *Management account: "It was the first experience in the history of CMAM and had many technical difficulties".*

The positive affirmative comments had to do with the *retro informação* process (2): "TA transmitted the skills to the technicians at the department" and with the preparation and delivery of PUDRS: "Yes we got support on the use of the tool". According to 11 respondents, all the

processes regarding the financial management can be supported without help of TA: *"It proved to be an effective model to justify the payments made by CMAM"*; *"The payroll analysis facilitates the planning of the budget for the wages"*. Also the implementation of operational procedures (POP) and elaboration and monitoring the procurement plan were mentioned as tasks possible to be implemented without external TA.

Q13. What procedures or processes could the TA support if there were more time in the project? Please give one or two examples from the list or you may add others._____

The processes or procedures which could be supported better if there were more time:

- Annual Statistical Data analysis (2)
- Data analysis on mortality.
- Information system at pilot phase and in training
- Production of results of various plans (PES, QAD, PQG, etc.)
- Elaboration of retro informação at SISMA
- Tools for placement of the recently graduated at district level; training on budgeting the capacity building at DPSs and in districts
- Analysis of payroll
- Use of SIP and Excel
- Archive; Consultancy for archive; Archive training (4)
- Finance procedure manual (2)
- Elaboration of finance reports on time and with quality (3)
- Finance manual procedure especially for CMAM; accountability in e-SISTAFE, Primavera office extension
- Use of job aid (not defined)
- Capacity building of the newly created indicators (2)
- More exact analysis of information of data base of audit

Q14. What is your opinion about the support offered by the TA? Very useful – useful – slightly useful – not useful – very negative

All in all, the opinion of the support offered by the TA was seen as overwhelmingly positive – 24 considered it "very useful", 12 thought it "useful" and only two stated it "slightly useful".

Q15. Please, make circles on how the TA has contributed to building the capacity in your department:

On-Job-Training **Formal Training** **SOPs Development**
Others?

—

The method on how the TA contributed to capacity building of the department was responded as follows:

- Practical training – 27
- Formal training - 2
- SOP development - 4
- Other: *working in teams, training during routine work, training of focal points, TA no longer in UGEA.*
- Blank – 5

Q16. Please provide one or two examples of how the TA support improved your personal skills or capacity in your current role.

The following examples were given regarding the improvements of personal or job competencies:

- *Process of feedback and annual statistic report.*
- *In the area of feedback, analyze the quality of SIS information (2 comments).*
- *Analysis information from programs. Sources of data collection.*
- *Acquired capacity in data analysis and compilation.*
- *To have a clear idea how to locate technical assistance based on tools.*
- *Helped to resolve problems with tools for monitoring budget execution.*
- *Creation of data bases to improve planning and budgeting.*
- *Improve the work team via payroll and calculate impact for diverse purposes.*
- *Capacity for timely accounts.*
- *Improved excel.*
- *Develop formulas to produce reports.*
- *Produce timely reports.*
- *The support of the TA improved my personal competencies in daily practical training in accounting areas.*
- *Data base introduction.*
- *Improve process analysis. Improve expense classification.*
- *Use of advanced excel and critical data analysis.*
- *In training, use of data base and in report development.*
- *Abilities technical-professional what to know to do.*
- *Analysis of balances.*
- *One of examples is the manner to calculate indicators and how to create an indicator which was improved.*
- *Improve contract process monitoring.*
- *Trained us in procurement procedures.*
- *Improved the monitoring of contracting procurement.*
- *Training in excel table lines.*

Q17. Have you worked with FORSSAS consultants who worked for a short time (3 months or less) with your department to improve its operations? Yes/No

Regarding the difference with STTA vs LTTA support, the major part (28/38) had never had any work experience of FORSSAS STTA compared to five who had. Three persons didn't respond.

Q18. In your experience, do you consider short term consultants to as helpful as long term consultants to improving the operations in your department? Yes/No/Why?

When asked whether STTA is as useful as LTTA to improve operations in the department, 22 responded negatively having strong opinions for LTTA over STTA: "The STTA hardly had started when the others started." No, short-term consultants have little time for knowledge transfer". "No, you can learn little from them".

Q19. If so, can you please describe how these short-term consultants helped improve the operations in your department?

Three persons who answered "yes" gave these opinions: " Yes, because the secret is to support the most critical areas"; Yes, there are components that only experts can do." "Yes, develops the technical skills or acquire new professional skills." However, there might have been some misunderstanding between the roles of LTTA and STTA as some answered: "They helped in interpretation of the book-keeping processes and culture of accounting." The advisors for DAF and other financial management divisions were LTTA.

Q20. Are there any other comments that you would like to make on this topic

Other comments to an open question:

- *If possible – to contract again those consultants who have been here with us.*
- *Besides this evaluation the consultants are welcome as they bring value added to the institution.*
- *We wish that the TA could stay seen that it contributed a lot for the improvement of the quality of our work in strategic terms.*
- *That FORSSAS would allocate more TA at MOH*
- *I wish that FORSSAS would continue with this support not only for MOH seen that there has been progress.*
- *(I wish) that they could implement in all Province Directorates of Health in order to help in finance management.*
- *I lament that FORSSAS ends as it helped a lot in the improvement in my department.*
- *Congratulations for the idea of evaluating the TA and I think that this evaluation could be continuous and not only in this final phase of the project.*
- *It was a short time but seemed to be more. I learned a lot and in short time, so this is why I am for the continuation of FORSSAS.*
- *Yes as I referred to above, the time is not – in my opinion – very determinant, but the competencies of the consultants count more.*
- *I would like to have a consultant more active and who could dominate the procedures of contracts/agreements and would be able to transmit (that knowledge)*
- *UGEA needs support to improve the archive system. It is urgent.*
- *Contract a consultant for monitoring; electronic archive.*
- *It is always good to have persons who are more skilled in order to help in the improvement of the processes and to contribute to institutional increase*

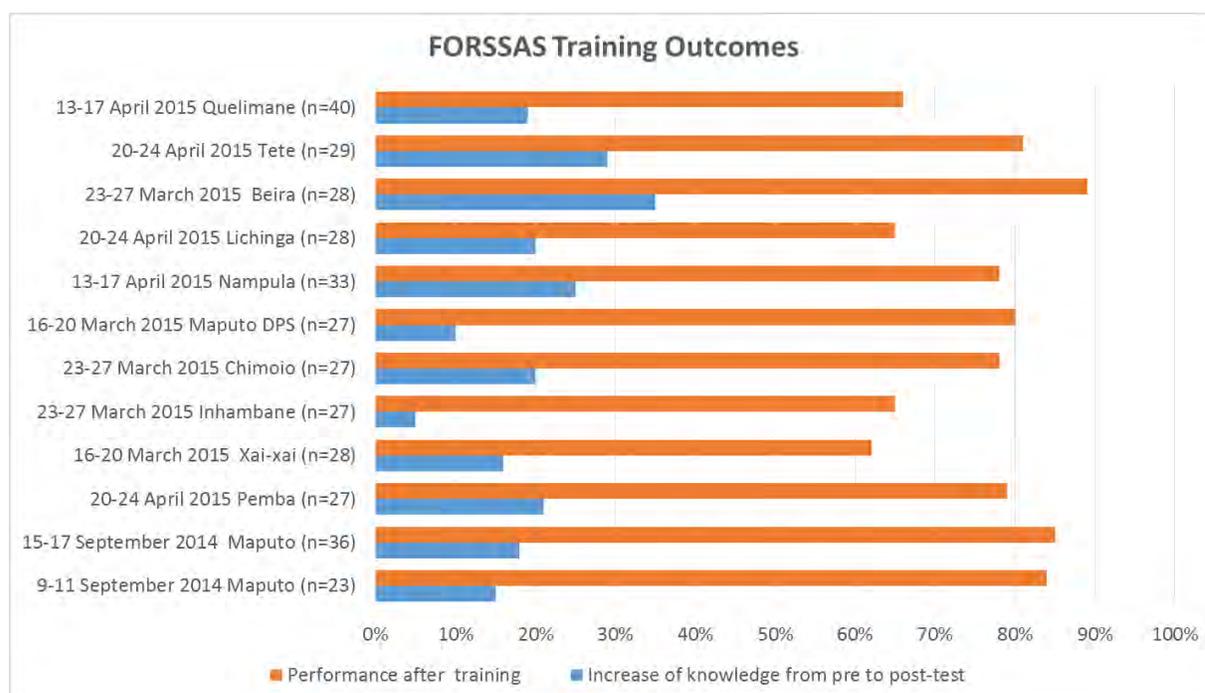
Analysing the responses it is obvious that there has been valuable and useful support of FORSSAS TA, mainly by LTTA, and this support has strongly improved the individual and institutional capacity. However, several respondents still feel some procedures could be improved given more time, such as analysis of different procedures and information, SISMA, budgeting and placement of recently graduated, accountability of e-SISTAFE and use of Primavera, and indicators. Even proper use of Excel and implementation of finance procedure manual for CMAM would need more time and support. After all, the training on the use of the manual was conducted in 2014-2015 and only during 4-5 days for each employee. Of the nine respondents on finance department, three has been working less than a year, one between on to two years and four more than two years. At UGEA archive was the one mentioned most often as for more support needed, being in line with the KIIs. Probably some of these procedures and processes could be improved inside the departments through some of the more qualified staff members.

ANNEX VI. TARGETED TRAINING TO IMPROVE HUMAN CAPACITY

FORSSAS conducted various capacity building activities and training sessions through several different methods – on-the-job training, seminars and meetings, courses and mini-courses, and formal training. FORSSAS’s two largest training activities, directly linked to IR sub-objectives I.1 and 4.2 were the national training on implementation of the Financial Management SOP Manual for MISAU and the Social Worker training program for MGCAS. Both demonstrated successful knowledge transfer and both had formal evaluations.

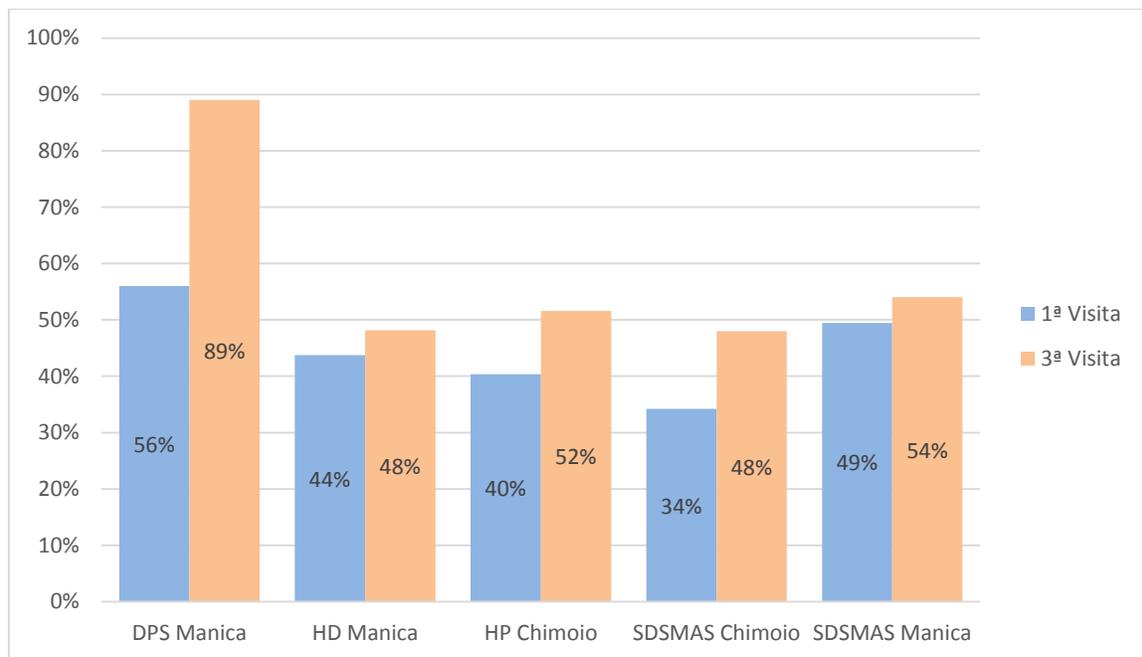
In collaboration with MGCAS FORSSAS supported the development of two professional, innovative, competency-based social work and early childhood educators training programs, approved by MOE. After review of the existing curriculum, FORSSAS supported the complete revision of the curricula for both social workers (TAS – técnico de acção social) and early childhood educators (EI – Educador de Infância) in partnership with Programa Integrado da Reforma do Ensino Profissional (PIREP), to reflect current social and health needs, addressing orphans/vulnerable children, HIV, and other Mozambique priorities. These curricula are now available for any private or public training entity, NGO or other entity.

During FORSSAS support 212 new TAS and 19 EIs were graduated and 102 more TAS are on track to graduate by the end of 2016. FORSSAS support included training of trainers in competency-based systems. The performance of the teachers and of the general teaching and learning process of the course are currently being externally evaluated. There are systems for on-going pre and post evaluation of trainees’ skills and competencies.



In collaboration with DAF, MB and FORSSAS trained 434 employees from different directorates, departments, divisions and health units on implementation of the Financial Management SOPs, using the MISAU FM Procedure Manual in multiple 5-day courses at central and provincial level during 2014-2015. Fifty-three financial advisors were also trained on updated procedural and documentation conformity for financial processes at central level during mini-courses. The performance of the participants before and after the financial training was checked in each training course, through a pre- and post-test.

The sustainability of the knowledge transfer on finance and administrative procedures was verified through a series of three follow-up supervision visits in Manica province. FORSSAS supported DAF to measure compliance with the MISAU FM Procedure Manual using a checklist. Compliance scores improved with each follow-up supervision visit, showing that on-going supervision improves compliance with the new SOPs. This experience should guide DAF to routinely supervise provincial and district facilities to improve PFM (Public Finance Management) practices in the health sector.



ANNEX VII. DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.
2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.
3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.
4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.
5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.
6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.
7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to \$5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).
8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

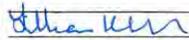
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.



Signature

Date

10 May 2016

Lilian Benker

Name

Title CEO

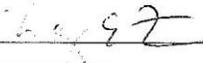
PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

	5-12-16
Signature	Date
NANCY FITCH	Consultant
Name	Title

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

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Signature

Date 3-01-2016

JENNIFER KAAHWA KATEKAINE
Name

Title HEALTH SYSTEMS SPECIALIST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

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Signature



Date

04/10/2016

Deric Parker

Name

Title

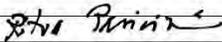
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Signature	Date 05/17/2016
Ritva Parviainen	
Name	Title Consultant

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
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ACCEPTANCE	
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	13 Apr 2016
Signature	Date
Regan Whitworth	Consultant
Name	Title

For more information, please visit
<http://ghpro.dexisonline.com/reports-publications>

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