

## **Final narrative report**

MOZ160551T, Focussed Contribution to  
Health System Strengthening in  
Mozambique - GTAF Phase III

Mozambique

Delegation Agreement/ Subsidy N °: TA/GTAF3

(Besluit van de Vlaamse regering van 16 juni 2017)

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## 0 Abbreviations

*Draw up an (alphabetical) list of all abbreviations used in the Results Report (see examples below)<sup>1</sup>*

AE	Aid Effectiveness
CF	Common Fund
CCS	Conselho Coordenador da Saúde – Coordination Council for Health
DAF	Direção de Administração e Finanças – Department for Finance and Administration in the MoH
DAC	Departamento de Apoio e Controlo – Department for Internal Control
DPC	Direção de Planificação e Cooperação – Department for Planning and Cooperation
DNT	Direcção Nacional do Tesouro – National Directorate of Treasury
DTF	Document Technique Financier
Enabel	Belgian development agency
EU	European Union
GoM	Government of Mozambique
GTAF	Grupo de Trabalho de Auditoria e Finança – Working Group for Audit and Finance
HFS	Health Financing Strategy
HPG	Health Partners Group
HS	Health Sector
IFE	Inquérito Fundos Externos – External Funds Survey
ITA	International Technical assistance
JLCB	Joint Local Consultative Body
MEF	Ministry of Economic and Finance
MISAU/ MoH	Ministério da SAUde / Ministry of Health
MoE	Ministry of Education
MoU	Memorandum of Understanding of the CF PROSAUDE
MTFF / CFMP	Medium Term Financial Framework (Cenário Fiscal de Médio Prazo)
M&E	Monitoring and Evaluation

<sup>1</sup> Do not forget to delete all instructions in italics provided for your convenience in this template.

PEFA	Public Expenditure and Financial Accountability
PBF	Performance Based Financing
PES	Plano Economico e Social – Social and Economic Plan
PFM	Public Financial Management
PHCSP	Primary Health Care Strengthening Programme – The WB-GFF financed programme
PM	Procedural Manual of the MoU of the CF PROSAUDE
PS	Permanent Secretary
P4H	Providing for health - Global network for health financing (P4H)
RENAMO	REsistência NAcional de MOçambique – National Resistance of Mozambique, the main opposition party
RNPF	Reunião Nacional de Plano e Finanças
SD	Service Delivery
SHA	Satelite Health Accounts
SISTAFE	SISTema de Adiministração Financeira do Estado – Law that defines the System for the Financial Administration of the State
e-SISTAFE	The Integrated Financial Management Information System
SMART	Specific, Measurable, Achievable, Relevant, Time-bound
SPO	Subsistema de Planificação e Orçamentação – Subsystem for Planning and Budgeting
TA	Technical Assistance
UGEA	Unidade GESTora das Aquisições – Unit for the Management of Procurement
URESS	Unidade da REforma do Sector da Saúde – Unit for the Reform of the HS
UTP	Unidade Técnica do PROSAUDE
WB/GFF	World Bank / Global Financing Facility

## 1 Intervention form

<b>Title of the intervention</b>	<b>Focussed Contribution to Health System Strengthening in Mozambique - GTAF Phase III</b>
<b>Code of the intervention</b>	MOZ 170571T
<b>Location:</b>	Mozambique: Maputo, provinces and districts
<b>Total budget</b>	694.950,00 €
<b>Partner institution</b>	Ministry of Health - MISAU
<b>Start date of the Specific Agreement</b>	9/08/2017
<b>Start date of the intervention/ Opening steering committee</b>	01/11/2017
<b>Expected end date of execution</b>	31/01/2021
<b>End date of the Specific Agreement</b>	31/01/2021
<b>Target groups</b>	<b>Ministry of Health, specifically the Directorate of Administration and Finance (DAF); The Health Partners Group (HPG); and the health sector.</b>
<b>Impact<sup>2</sup></b>	To contribute to the strengthening of the health system in Mozambique, with sustained added value.
<b>Outcome</b>	To contribute to the improvement of the Public Financial Management of the Ministry of Health, especially of the Common Fund PROSAUDE
<b>Outputs</b>	GTAF, within the Health Partnership Cooperation Framework maintains a pro-active, constructive and scientific technical platform and dialogue with MoH;
	The development partnership in the health sector promotes a comprehensive dialogue in health policy and planning by taking into account PFM aspects;
	MoH's yearly action plans foresee measures for further strengthening of PFM aspects in the sector
	PROSAUDE III has the capacity to properly deal with PFM issues;
	Actual and future reforms in the health sector ensure that financial management, and PFM strengthening strategies based on a sound monitoring system are taken into account.
<b>Total budget of the intervention</b>	694.950,00 €

<sup>2</sup> Impact regards the general objective; outcomes regard the specific objective; output regards the expected result

## 2 Self-evaluation of performance

### 2.1 Relevance

	Performance
Relevance	A

In 2020, fifteen years have passed since the *Paris Declaration*; the PD's principles remain relevant, yet commitments towards its implementation need to be reaffirmed in donors' practices. Efforts to improve Aid coordination mechanisms and dialogue fora, remain important as well as challenging.

*Mozambique's public health institutions have suffered for many years from a highly fragmented financing structure, where the financing and management systems of the National Budget worked together with externally funded projects, the Common Fund and the collection of user fees for health care services* (Lawson, et al., 2020). All aid modalities are used in the HS. Estimates suggests that roughly (only) half of the resources to sector are channelled through the Government Systems.

The sector also shows a strong inertia in approving important strategic documents such the *Health Financing Strategy* (not yet approved after more than four years of discussion). In this setting, translating priorities – results of regular monitoring activities – into appropriate actions duly financed for improving Service Delivery is one of the difficulties that keeps generating tensions in the dialogue between partners.

The WB/GFF' *Primary Health Care Strengthening Programme (PHCSP)*, addressed some of the environ sticky points by introducing a more focused PBF mechanism, yet the programme shows difficulties in its implementation, and its execution rates appears slow.

The mechanism for dialogue proposed in PROSAUDE's Manual of Procedures, proved to alleviate some of the tension as it carved a space for dialoguing around financial needs for specific priorities.

- 3.1. The project was clearly embedded in national policies and in the Donor's strategy and its *commitments to Aid Effectiveness*. The intervention aimed at improving partners' relationships (between Donors and MoH) for all issues aiming at improving PFM. Therefore, the specific focus of the project was relevant for the implementation of the aid effectiveness agenda. (score A).
- 3.2. In the changing reality the logic held true. The intervention was considered a staple in the dialogue mechanism and is anchoring dialogue on PFM in the relevant forum (GTAF). The ITA focused more on emphasising all the advantages of a well-functioning PFM system for organising and programming SD in the HS. It promoted the use of information (financial information to be integrated with other data) to substantiate proposal. During the life of the project, the integration of information becomes an essential part of the intervention, to bridge (financial) input and execution with the production of SD. PFM (and its improvements) is to be presented as one of the tools in the manager's toolkit, showing its relevance to the needs of target group. (score B).

## 2.2 Effectiveness

	<b>Performance</b>
<b>Effectiveness</b>	B

- 3.1. The project contributed to long-term outcomes, although at a slow pace. Improvements in the PFM processes are, by nature, slow and require continuous underpinning. The group of actors that had a stake in the PFM consolidation process involved players beyond the *boundary partners* of the project. The definition of the outcome allowed capturing improvements in this complex, slow-moving environment.

During the life of the project, PROSAUDE lost financial weight and after a period of adaptation to this new reality, consolidated its reference role in the HPG. The institution of the common funds was, at the same time, the result of Aid Effectiveness agenda and the core mechanism for enforcing its principles.

During 2019 and 2020, DPs were also involved in revising the SWAp's structure to ensure better coordination and effectiveness. This process revealed underlying fragility such as the limited leadership (on both sides) and limited traction of the contents of dialogue on the forums. In 2020 a new minister was sworn in. The development of the response to COVID 19, brought the partners together and gave new impulse to the dialogue fora. Whilst the effectiveness of the fora is yet to be assessed, the environment was conducive for strengthening collaboration. In December 2020 the new structure was approved.

The ITA adjusted to the changing reality, and the events along the period did not affect the performance indicators selected to measure the outcome (external aid registered on budget).

In 2020 the government started the process to revise and extend the Strategic Plan for the Sector (PESS). The ITA participated actively in the editing of chapters for strategic objectives that require a functioning PFM system to be achieved.

The revised PESS is expected to pave the path Mozambique envisages to take to address the health challenges amongst which resources mobilisation, management and allocation are key aspect of PFM that could give a positive spin the reforms. (Score B).

- 3.2. The action adapted its strategies and activities to produce the desired outputs responding to changing external conditions. A new promising stream of work was identified. It consists of applying *Business Intelligence* techniques to Public Expenditure. It seems to meet the beneficiaries' needs and can be of benefit to the dialogue by generating large and coherent information for informed, strategic decision-making process for the allocation of resources. The ITA engaged in capitalising the broader PFM reforms agenda into the sector. This is expected to allow progress in terms of outputs and outcomes. Risks and assumptions within the project outreach, were managed in a proactive way. (score B).



## 2.3 Efficiency

	Performance
<b>Efficiency</b>	B

- 2.1. The project consisted of the provision of TA to the GTAF. The ITA was contracted and deployed in Mozambique on November the 17th 2017. The ITA was immediately operative, since he was already knowledgeable of the sector and of GoM-Donors' dialogue's dynamics. The ITA and the RR proposed the donor to finance the PEFA evaluation of the sector. The PEFA evaluation permitted to gauge the evolution of the PFM system and was part of the PROSAUDE PFM Study plan. (Score A).
- 2.2. Most activities were implemented even during the State of Emergency declared in 2020. Some activities needed to be cancelled without harm to the outputs. Relevant PFM-related documents routinely issued, trigger parts of activities of the project. In addition, specific analysis and elaborations were done to draw broader conclusions and steer the activities for the following period. Delays were caused by delays in delivering relevant documents and reports and were managed and integrated in the routine of the work of GTAF. (score B).
- 2.3. Output delivery was, to a large extent in accordance with plan. The greatest part of the first year of GTAF III was used to lay the foundation around GTAF II results and prepare the terrain to accelerate the progress of the reforms suggested during the II phase. The second year consolidated the regular an effective follow-up of what has been called the Integrated Plan for Improving PFM – consisting in two legs: (i) the PEFA action plan and (ii) the action plan stemming from the financial audits undertaken in the last 6 years in the sector – was established. In 2020, the project financed and completed the PEFA Evaluation complemented with an Action Plan for strengthening the system. Finally, the project identified and addressed the beneficiary's need to use and analyse all data produced in the sector (financial and sector specific). (score B).

## 2.4 Potential sustainability

	Performance
<b>Potential sustainability</b>	B

Along the period of the project, the ITA was never a gap-filler as he provided assistance to GTAF easing dialogue between MoH and DPs. GTAF is anchored in DAF with the understanding that PFM is dealt with there. The ITA had influence in many of PFM processes. Yet many of the PFM problems originate in departments where the organisation of service delivery is planned. The ITA engaged, with partial success, in establishing channels for information sharing and collaboration.


- 4.1. The ownership of the process requires it to be underpinned until the flow of information is consolidated and the MoH recognises the advantages of information sharing. Until then the sustainability constitutes a problem. (score C).

- 4.2. The Implementation is based on a strong involvement of the Director of DAF, Chair of the GTAF. The Direction is strongly involved in all stages of implementation and is committed to continue producing and using results. Yet the yielding of results is not guaranteed, because of silos *de-facto* structures and the political economy dynamics, that circumscribe the Director of DAF's influence. All considered, likeliness of further sustainability is good, yet there is room for improvement. (score B).
- 4.3. DAF was generally supportive. Yet, the MoH showed no interests in implementing the Decree 10/2015, aiming at re-structuring and unify the planning, budgeting and execution functions. These competences remain coordinated by two departments. This defines the real boundaries of the project's space of influence, and it is a source of concern for its longer term of sustainability. During the life of the project the ITA worked to broker collaboration among the two departments. (score B).
- 4.4. Intervention was embedded in institutional structures and has contributed to improve the institutional and management capacity. (score A).

## 2.5 Conclusions

- The health sector benefits from the support of a variety of DPs. Donors deliver aid through various aid modalities. Estimates suggests that about half of the resources to sector are channelled through the Government Systems. The rest is channelled through other implementors, limiting coordination and favouring fragmentation. This adds up to the difficulty the sector lives with a chronical inadequacy of systems and practices of translating priorities into appropriate actions duly financed for improving Service Delivery.
- GTAF is the forum where DPs and MoH deal with issues related to Public Financial Management. The ITA provided TA to the works of the group easing the dialogue. It did not fill a gap in the MoH structure; it was functional to the dialogue. DAF has the chairmanship of the group with the general understanding that PFM is concerned with compliance with financial management rules, yet lot of the PFM problems originates in departments where the organisation of service delivery is planned and where PFM tools are considered either not relevant or not appropriate. The ITA was engaged, with partial success, to show how PFM tools can assist management and the decision-making process. In addition, it tried to broker information sharing to avoid silo working structure and foster a holistic view of the sector planning and outcomes.
- The common fund PROSAUDE was, the result of the effort to increase Aid Effectiveness and the main agent to promote its agenda. PROSAUDE lost financial weight yet it become a reference in the HPG. In 2020, DPs concluded the revision of the SWAp's structure to ensure better coordination and effectiveness. The process took more than 2 years revealing limited leadership (on both sides) and limited traction of the contents of dialogue. The emergency caused by COVID19 helped partners come together. The ITA was reactive and adjusting to the changing reality.

- During the last 18 months, the ITA addressed the counterpart need to get more acquainted with techniques for data analysis. The ITA proposed the use of BI for tracking budget data and possibly linking with other sources of information. The ultimate objective is to provide the largest possible set of information for a strategic decision-making process.
- The Health Sector PEFA Evaluation complemented by an Action Plan for improving the sector systems, was concluded in December 2020. The evaluation showed that processes under Sector direct control are those that showed consistent progress in the period.

National execution officer	Intervention Manager Enabel
	

## 3 Assessment of the intervention strategy

### 3.1 Evolution of the context

#### 3.1.1 General and institutional background

After 5 years of political tension during the first half of 2018, the President and the late leader of RENAMO, the second largest party, agreed to stop guerrilla-warfare in exchange of a constitutional reform for direct elections of Provincial Governors and decentralised government.

2019 was the year of Presidential Elections. For the first time provincial governor were directly elected. The result was a *landslide* for the incumbent president and party and applies at all levels, President, National Assembly, Provincial Assemblies and Provincial Governors. The EU mission highlighted: *"A lack of public trust was observed in the impartiality of the national police forces, who were often perceived as more supportive of the ruling party and not managing properly the election related incidents and complaints"*.

The first steps the sector took towards decentralisation revealed the unwillingness to change praxis and structures. The sector created the *Serviços Provinciais da Saúde*, structures directly linked to the central government withholding all relevant competences. *Direções Provinciais da Saúde*, the bodies under the Provincial Government were left with the responsibility to organise the Primary Health Care (PHC), with the relevant detail that DPSs do not have any link with the in the institutions that have the responsibility of PHC.

The Budget 2020 was proposed and approved only after the new Government was sworn in. This together with the creation of SPS, introduced significant delays in 2020 execution.

In March, the Country entered in its State of Emergency to limit the spread of the new corona virus. The Ministry and Partners concentrated in financing and organising the response. The emergency situation made more evident all the fragilities and the dysfunctionalities in the system. Aid coordination, management of aid-in kind, mechanisms for proper recording for transparent use of the funds, use of PFM systems. The project worked to bring the attention to systemic solutions that could be permanently integrated as good practices. Some of the boundary partners perceived the relevance of the proposals and hopefully will be soon capitalised.

Changing practices is a slow process. The project had to acknowledge that informal infrastructure and praxis have their own inertia. The system's inertia in embarking in changing processes is the real constraint and challenge the project had to deal with.

#### 3.1.2 Management context

The project consisted in TA to the GTAF. The ITA worked in close collaboration with the Chair of the group (the Director of DAF) that granted him support as well as independence of intervention. The ITA, being independent from a specific form of financial contribution, was able to navigate through the MoH most of the times without being perceived, as an undue interference, bridging among different directorates, facilitating information sharing and providing support to all departments that have a stake in the strengthening of PFM.

During the life of the project, there were no relevant changes in the management context. After November 2019 elections, in January 2020 the president appointed a new Minister for

Health. There were no changes in the Ministry's management. The Covid 19 triggered the emergency response. A number of working tables were established in parallel to those of the Aid Effectiveness. The parallel structure worked reasonably well. It was then hinted that it will be folded in the *regular structure* for dialogue.

December 2020 saw the positive end of two and half years of negotiations for the revision of the SWAp. This will change the Aid Effectiveness Structure in a way that working groups are not linked to a directorate; they become thematic groups; this is to respond to the need of a *strategic* discussion of topics, and to avoid falling in *de facto* silo structure of work that end neglecting cross sector issues. It is worth noticing that the new structure does contemplate the current working groups for feeding the discussion of *thematic working groups*. This might negatively affect the already reduced participation in future GTAF works.

#### **3.1.2.1 Partnership modalities**

The project financed, through the *Studies* budget line the PEFA assessment of the Health Sector 2019. The PEFA assessment was part of the PROSAUDE III Multi-annual plan for audits, studies and assessments (ref. Procedural Manual PROSAUDE III par 7.1.1).

For granting enough resources for the *Evaluation* the ITA sought for a financing agreement with the Swiss Development Cooperation (SDC). It was signed in November 2019 with the specific object of financing the assessment in 70-30% shared contribution.

The assessment was finalised in December 2020. It provided a snapshot of the PFM system and practices in the sector. The comparison between the Sector Evaluation and the National PEFA – when finalised – will provide insights on sector specific performances. The comparison with the PEFA assessment 2015, provided the evolution over time. The PEFA Evaluation was complemented by an Action Plan to address sector specific bottlenecks in the next period.

The agreement with SDC, in addition to ensure enough resources, granted PROSAUDE partners' ownership of the results of the assessment.

#### **3.1.2.2 Operational modalities**

The operational modalities were appropriate for the expected results. The change of the context, namely the change of the structure of the SWAp, did not affect the Aid Effectiveness working Groups' Structure. The Emergency Response to Covid 19 resulted in a new set of for a for dialogue and discussion with mixed results. The ITA actively participated in those where PFM issues were more relevant.

### **3.2 Significant changes to the intervention strategy**

No changes in the strategy were needed.

## 4 Achieved results

### 4.1 Performance of outcome



#### 4.1.1 Achieved indicators

Project Outcomes indicators				
Progress indicators/markers	Base value	Final target	Final value attained	Comments
MOZ160551T - Effective restoration of all phases of expenditure	The seven phases of expenditure are not separated or performed	All phases of expenditure are performed enhancing budget control	The indicator was not met.	Although the eSISTAFE has a new module for managing procurement (MPE), and therefore correctly book resources against budget appropriation, the use needs to be rolled out to cover all G&S expenditure.
MOZ160551T - Increase in the % of external funds inscribed on-budget health sector	<b>36.3</b>	<b>45%</b>	<b>44.9%</b>	Source BER QIII - The final target can be re-evaluated when the BER QIV is published.
MOZ160551T - PFM Assessment (PEFA 2019) mentions progress	PEFA 2015 was the baseline	PEFA 2020 - Report mentions progress compared with 2015	The PEFA assessment mentions that, the Sector improved in areas under its control,	The PEFA assessment mentions that, the Sector improved in areas under its control, whilst, when there was deterioration, that was in areas where external institutions exert more control (such as MEF). A Post-PEFA Action plan has been added to the deliverables. The endorsement and implementation of the Action Plan will reinforce the chance to improve the system.
MOZ160551T - The SDI report of the World Bank shows positive trends	SDI 2015	Positive trend in SDI 2020	n/a	The World bank aborted the study

#### Analysis of the achievement of the outcome

During the life of the project, there were no changes in the Theory of Change proposed in 2018. The reporting is done accordingly.

- The first indicator was supposed to be evaluated only in the final year whilst monitored every semester. The indicator was relevant as restoration of all phases of

expenditure improves cash management, keeps track of existing and future financial commitment, enhance Budget Control which are substantial components of a functioning PFM System. The MPE was piloted in MoH starting from March 2018. The UGEA presented at GTAF the results of the pilots at the beginning of 2019. The presentation focussed more on the way the module works and less on the results achieved and, on the changes, introduced. The roll out of the module encountered setbacks, as it required suppliers and service provider to have a stricter licencing. The private sector needed more time to adapt to the new requirements. In 2020, in addition, the need to organise the emergency response to COVID19 draw the attention to fast execution. At the same time, the limited resources were competed between the need of financing the *continuity of services* and the response to curb and control the diffusion of the pandemic: it was no time to enquire about the extent of the use of the module. There was no possibility to assess the extent of the results. In the future, GTAF will need to monitor the developments to gauge the extent to which the tool is delivering the expected results.

- The second indicator capture the share of external resources budgeted as recorded in the most updated BER. The process of inscription starts with the data provided by donors about financing to the sector. The exercise, called IFE, is led by DPC and it is coordinated by the ITA. In 2019 DPC did not launch the exercise. The indicator did not register relevant changes somehow confirming the suspect that DPC made limited use of the information collected. Profiting from the SHA 2019, the ITA proposed a change in the scope of the exercise (consistently collecting information to feed the SHA) and use the SHA structure and indicators as a meaningful international standard, as an incentive for partners, and as drivers for the MTEF.

In 2020, the joint response to COVID 19 on the one hand increased the funds provided to the sector, and on the other the pressure for accountability. Although 2020 could be an outlier, the last measure of the indicator shows a positive trend and the achievement of the target. Further attention needs to be given to consolidate the result.

- The PEFA Evaluation Health Sector 2020, provided the external source to confirm whether there were positive changes from the previous evaluation. During 2019, the ITA worked to maintain the focus on the follow-up of the action plan. In addition, the ITA worked to ensure funds for that the new PEFA evaluation. The PEFA evaluation mentions that: “*the Sector improved in areas under its control, whilst, when there was deterioration, that was in areas where external institutions exert more control (such us MEF)*” (Lawson, et al., 2020). A Post-PEFA Action plan was added to the deliverables. The endorsement and implementation of the Action Plan will reinforce the chance to improve the system.

- Finally, PFM is not an end; it is a means to improve the quality of services to the population. In order to gauge this ultimate outcome, the results of the SDI – an assessment the World Bank meant to finance – was taken into consideration. The Study was never done. It would have been important to remain realistic as the transmission chain from PFM to better services is weak and would have needed to be reinforced. No dramatic changes were expected, yet the indicator remained relevant as it would have emphasised the strategic (still weak) link between PFM and Service Delivery. In this respect, the new programmatic structure can be a first step towards budgeting for service delivery. The ITA focussed its efforts for reinforcing the feedback, by assisting DAF in preparing budget execution data that reflected how and to what extent services were financed.



## 4.2 Performance of output 1



### 4.2.1 Achieved indicators.

<b>Output 1: GTAF, within the Health Partnership Cooperation Framework maintained a pro-active, constructive and scientific technical platform and dialogue with MoH</b>				
<b>Indicators</b>	<b>Base value</b>	<b>Final target</b>	<b>Final value attained</b>	<b>Comments</b>
MOZ160551T - % PFM-related documents analysed	100%	100	100	Whilst GTAF met only twice in 2020, the PEFA evaluation, produced a number of reports evaluated along the year. Sharing the reports within the group was not possible. Nevertheless, relevant members were involved in the analysis that can be considered as an endorsement from (the relevant members of) the group
MOZ160551T - % of analytical works endorsed by GTAF	100%	100	100	The analysis of Procurement Audits has started on an unofficial version. The Report were delivered only in English, limiting the possibility of work with personnel from the Ministry. The PEFA Evaluation was done in a participatory way. Analysis of the various reports (initial, 1st draft, 2nd draft, final draft report) was done during the year. The final report will be presented to GTAF in the first meeting after the dissemination
MOZ160551T - % recommendations included in action plans	90%	100%	100%	The Prosaude Financial Audit 2018 was analysed. The dB of the recommendations was updated and has to be resented in the next GTAF after the Covid 19
MOZ160551T - Number of final meetings' minutes are finalized and shared	6	10	2	With Covid 19 meetings were put on hold. In addition, the attention shifted to the Resource Mobilisation and the tracking of resources that proved to follow the ordinary patterns with the known ordinary problems. The TA tried to use the emergency to streamline solution that can be later replicated to deal with normal problems.  A second meeting was held in December 2020
MOZ160551T - % of GTAF meetings with a fair selection of representatives, including donors	100%	100%	50%	The participation in GTAF is reduced as PFM is perceived as technical topic.



#### 4.2.2 Analysis of the realisation of the output

During the life of the project, GTAF meetings were organised with regular schedule while following the evolution of the events. During the first two years, meeting kept a monthly schedule; in 2020, the need to increase in physical distancing limited the number of meetings to 2. The group delivered in-dept analysis of Audits, action plans, budget and execution reports, follow up of audit recommendations.

In particular, the database of audits recommendations from the last 5 years, organised at the beginning of 2019, triggered the DAC to use the information in a more systematic way and organise its follow-up mission focussing its action. The result of this additional work fed in the revision of the Manual for Procedure and Financial Management. To do so, audits need to be systematically analysed and the data base regularly fed. In 2020 there were no audits reports delivered. It seems a virtuous circle that need to be sustained.

Donor's participation to the meetings is not satisfactory. It has been a constant trend since 2018. Donors personnel with adequate experience or background is limited so is the interest in PFM related analysis. Although partners might consider the area well-guarded (also thank to the TA provided to the group), the lower participation of professionals can cause an impoverishment of the agenda. The ITA, during the execution of the project, sought, with limited success, inputs from the HPG to meet the partnership's demand. This is one of the reasons that drove the ITA's effort to develop analysis and tools that would simplify the technicalities and present strategic information.

The reform of the SWAp, has reorganised the dialogue structure in Thematic Working groups, linked to more than one directorate. Technical Working groups will feed thematic dialogue. With leadership, this is can result in increased demand for technical analysis.

#### 4.3 Performance of output 2



##### 4.3.1 Achieved indicators.

Output 2: The development partnership in the health sector promoted a comprehensive dialogue in health policy and planning by taking into account PFM aspects				
Indicators	Base value	Final target	Final value attained	Comments
MOZ160551T - Number of joint alignment/ coordination in PFM exercises	1	7	6	
MOZ160551T - External Fund Survey coverage	80%	80%	100%	The IFE 2020 was launched in mid March. data will be collected for 2019 as well allowing for a revision of the performances of the previous year. In the meanwhile, the COVID19 emergency become the highest priority. A COVID19 IFE was launched in substitution of the previous regular IFE2020. Full coverage is going to be achieved, by the IFE and by

				the tracking of procurement of goods as well as the donation to CMAM by the private sector. Unfortunately, MISAU, after requesting the work, refused the results.
MOZ160551T - Compliance with PROSAUDE PFM Assessment Action Plan	0	1	1	There was compliance when there was no dependency on third parties for financing studies (namely the WB PETS and PER were aborted)
MOZ160551T - Number of Action Plans elaborated on PFM matters	1	2	5	The action plan from the procurement audit needs to be presented during the next GTAF. The PEFA report was complemented by an agreed action plan

### 4.3.2 Analysis of the realisation of the output

It seems that, during the life of the project, Aid Effectiveness working groups lost traction and participation. This is also reflected in the frequency of meetings and in the attendance. Thanks to the fact that the ToRs of GTAF are clear and the number of tasks is manageable, the frequency of the GTAF meeting remained acceptable, until the need to increase physical distancing imposed a halt to meetings. The co-chair of the group, assisted by the ITA, regularly fed the HPG and the PROSAUDE donors' group with the challenges and the progresses made. Yet the partnership is suffering from limited leadership. This results in poor demand of technical work for *working groups*. The revision of the SWAp dialogue Structure, formally approved in December 2020, is an attempt to regain momentum, in terms of strategic contents. It is crucial that the new structure becomes conducive for a clearer shared idea of what *strategic* contents are.

For what concerns joint PFM exercises, in 2017 the Procurement Audit 2014-15 was delivered. In 2018, there was a joint response to that Audit. In 2018, under the management of the World Bank-PHCSP, the procurement audits of the fiscal year 2016, 2017, 2018, were launched. Between 2019 and 2020 the final reports in English were shared. The translation into Portuguese is yet to be shared. This will trigger the GTAF analysis and common response. The Bank decided not to finance the planned PER.

The MoH's IFE (External Funds Survey) is a controversial exercise. In 2018, the ITA assisted in collecting the information in the format used until then. It was difficult to extract information from the data produced. The ITA proposed a revision of the format of the survey in the light of the SHA questionnaire. The new questionnaire was approved. 2019 was the year of Presidential Elections making it an atypical year in the budget process: the budget is only prepared yet it is submitted to parliament only by the new government. For this reason, the IFE was not launched. In 2020, the IFE was aborted because of the onset of the pandemic. The IFE was used to collect information about the resources mobilised by all donors to finance the response, yet the results were not received by the Ministry. The IFE 2021 was launched in January 2021.

There was compliance with the PROSAUDE PFM Action Plan when there was no dependency on third parties for financing studies (namely the WB PETS and PER were aborted).

The ITA provided a training course to MoH personnel on Analysis of Data with Excel. The minimum objective was to provide personnel with skills to use the data produced by the financial management information system. The ultimate objective is to develop skills to allow MoH personnel to produce analysis to feed the dialogue with donors, to gradually free themselves from the need of TA for feeding a comprehensive dialogue in health policy and planning. It was a first successful step, as MISAU-DAF requested more trainings of the sort. This is an encouraging sign as additional effort will be required to promote the use of the skills acquired and eventually allow a behavioural change.

#### 4.4 Performance of output 3



##### 4.4.1 Achieved indicators.

Output 3: MoH's yearly action plans implemented measures for further strengthening of PFM aspects in the sector				
Indicators	Base value	Final target	Final value attained	Comments
MOZ160551T - Updates on the PFM strengthening plan are given quarterly through GTAF meeting;	1	1		
MOZ160551T - Recommendations from upcoming studies in PFM are regularly integrated in the Plan of Action	1	1		

##### 4.4.2 Analysis of the realisation of the output

During the project execution, the ITA drove the works of GTAF on the follow-up of the *Integrated Plan for Improving Public Financial Management*. The plan consisted of two legs. One was the revitalisation of the PEFA 2015 action plan, with the involvement of all relevant departments. The second leg was the result of the systematisation of all the recommendations provided by the audits in a unique database.

Revitalising the PEFA 2015, whilst building on the previous phases' achievements proved to be challenging. Relevant directorates acquired additional, yet under par, understanding of what a PEFA is for, and how to benefit from it. It also prepared the grounds for the new PEFA Health Sector 2020. This latter was finalised in December 2020 and it was complemented by and Action Plan for improving PFM. This action plan consists of several option among which MISAU's management will choose the more appropriate action in line with its management objectives.

The second leg of the plan, the database of audit recommendations, triggered a systematization of the follow-up done by the DAC in the audited institutions. It also resulted in the update of the Manual for Procedures and Financial Management.

In 2020, the response to COVID19, highlighted many of the PFM systematic weaknesses in the sector: difficulties in aid coordination, difficulties in tracking resources, difficulties in coordinating requests from provinces, difficulties in tracking procurement of goods and services, silo approaches, limited information sharing. The ITA, worked to profit as much as

possible from the spotlight on the sticky issues. It proposed systematic solutions, instead of contingent ones. This approach was not always accepted, yet it seems that specific areas might capitalise from the dialectic dynamics.

GTAF works and agenda were dictated by a workplan approved at the beginning of each year, around the tentative calendar of issuance of relevant PFM documentation. Such documents were analysed, and reports disseminated within the HPG to ensure dissemination of the issues dealt with. The limited feedback reinforced the sensation of a low demand from donors.

Upon PROSAUDE donors' request, the ITA also participated to meetings where MoU and PM related issues are dealt with and provided advice. In 2019, there were no requests. In 2020, under the Spanish leadership, the ITA was invited with more regularity to meetings.

## 4.5 Performance of output 4<sup>3</sup>



### 4.5.1 Achieved indicators.

Output 4: Actual and future reforms in the health sector included financial management, and PFM strengthening strategies based on a sound monitoring system				
Indicators	Base value	Final target	Final value attained	Comments
MOZ160551T - Ensured alignment between the Reform Plan and PES of financial management areas	0	1	1	The decentralisation reform has brought new a complex issue about decentralisation. Limiting the attention only to decentralisation of the execution of funds, there is some step forward in reconciling MISAU's strategy with MEF policy. The MoH is asking for the opening of "budget windows for Health Facilities" that should grant their visibility as well as the protection of funds. The execution will still be done by district administrative staff.
MOZ160551T - Increase de-concentration of public expenditure in health (increase % of districts, compared to province, compared to central level).	20%	26%	29%	Source BER QIII, table 1.1

### 4.5.2 Analysis of the realisation of the output

The constitutional reform and its operationalisation have brought new political economy issues about decentralisation. Such issues have introduced uncertainties and confusion as it

<sup>3</sup> The template provides for up to 3 outputs (chapters 2.2, 2.3 and 2.4). In case the intervention has more outputs, simply copy paste. In case the intervention has fewer than 3 outputs, simply delete the superfluous chapter(s).  
For the outcome level you may also replace this table by the intervention's own format (e.g., your operational monitoring tool).

does not devolve power to local government, does not define subsidiarity level and does not assign clear competences to provincial government. The full impact of the reform is yet to be materialised and go beyond the scope of the output in analysis.

The aspects of decentralisation that concerned the project were related to the possibility of *decentralised* financial execution of budget funds. MoH's main concern was granting the possibility, for each unit (administrative or health facility) to manage their own resources. The MoH was pursuing the transformation of all unit into budget units and budget vote holders. Transforming HF into budget units would imply an investment in administrative staff to guarantee the separation of functions, MEF was not ready to grant. During the life of the project there were decisions that reconciled MISAU's strategy with MEF policy. The MoH is now pursuing (i) the transformation of Rural and District Hospitals (first level of reference) into budget vote holders and (ii) the visibility of (the other) Health Facilities' appropriations in the Budget to ensure ringfencing of resources. The latter should be done via a "budget windows for Health Facilities" with the execution done by the District's administrative staff.

## 5 Budget Monitoring

The budget monitoring table of the intervention is included in this chapter of the Report. The financial report signed by the financial department of Enabel is in annex (chapter 12).

It's extracted from the Enabel accounting system (UBW extract). Each budget line corresponds to the project's outcome and outputs (A) or general means (Z), and gives the expenses for the implementation period of the project as well as the original budget, the balance and the final execution rate.

		Budget	Total Expenses	Balance	Execution rate
<b>A</b>		563.000,00	562.262,21	737,79	100%
<b>A</b>		563.000,00	562.262,21	737,79	99,9%
MOZ160551T_A010100	Technical expertise and quality review	480.540,00	480.515,00	25,00	100,0%
MOZ160551T_A010200	Study	81.200,00	80.979,57	220,43	99,7%
MOZ160551T_A010300	Training	1.260,00	767,64	492,36	60,9%
<b>Z</b>	<b>General Means</b>	52.000,00	44.057,44	7.942,56	85%
<b>Z</b>	<b>Operating costs</b>	52.000,00	44.057,44	7.942,56	84,7%
MOZ160551T_Z010100	Finance and administration	6.700,00	5.215,19	1.484,81	77,8%
MOZ160551T_Z020100	ICT equipment and maintenance	2.000,00	1.994,32	5,68	99,7%
MOZ160551T_Z030100	Operational Costs	32.300,00	29.293,03	3.006,97	90,7%
MOZ160551T_Z040100	Backstopping and field mission	11.000,00	7.554,90	3.445,10	68,7%
<b>Subtotal MOZ160551T</b>		615.000,00	606.319,65	8.680,35	98,6%
	Management Fee Enabel	79.950,00	78.821,55	1.128,45	98,6%
<b>Total MOZ160551T</b>		694.950,00	685.141,20	9.808,80	98,6%

All the expenditures are in own-management (regie), and the modality co-management is not applicable in this project as indicated in the proposal agreed by the donor.

Summary of advance versus expenses for the period concerned: **01/11/2017-31/01/2021**. The project was foreseen initially for a duration of 3 years and the no cost extension made it possible to support the health sector for 3 additional months which means a period of 39 months.

Payment received from Flanders : 3 tranches such as foreseen in the agreement. The following table indicates the amount to be paid after acceptance of the final report. (see financial report validated by Enabel Headquarter in annex 12)

<b>Project code</b>	<b>MOZ160551T</b>
Project Name	TA-GTAF III
Donor	Flanders
	AMOUNT in euros
Budget	694.950,00
Total Amount of the 3 payments received from the donor.	678.000,00
Total expenses (see detail above)	685.141,20
Amount of the last tranche to be paid (max 16,950 euros)	<b>7.141,20</b>

## 6 Synergies and complementarities

### 6.1 With other interventions of the Portfolio

During the previous phases of GTAF, Enabel (at that time BTC) financed a project to improve the control of salary expenditure. It developed a module to follow the civil servant life cycle and involved DAF, DRH and CEDSIF.

During GTAF II synergies were established with the *study and expertise fund* whereas DAF drawn from the *fund* resources for financing studies of their interest. During 2020, the ITA was planning to draw from the *study fund* to assess the possibility of linking the results of the PEFA in the sector with National Strategy for PFM with the objective of developing reforms out of the PEFA assessment and anchor them to the overarching national strategy and reform plan. Because of the limitation imposed by COVID19 to international travels, the same objective was achieved with an accurate management of the resources in the contract for the execution of the PEFA Health Sector Evaluation.

### 6.2 With third-party assignments

In 2019, Enabel established a partnership with SDC to finance and finalise the Health Sector PEFA 2020. This, ensured resources for the evaluation, increased the ownership of the result and reinforced the commitment of third parties towards the sector and the domain. Finally, it promoted Enabel as a reliable partner and a strategic actor for PFM in the sector and beyond.

### 6.3 Other synergies and complementarities

The reforms introduced in 2018 and supported by the IMF and the EU and USAID (namely the Modulo de Património do Estado and the Modulo de Plano e Orçamento are still in progress and relevant. The sector was chosen as pilot for both modules. The piloting highlighted the improvements required, as well as the difficulties in the implementations. The ITA devoted effort to bring the two reforms under the attention of relevant stakeholders and to assist GTAF monitoring the developments, prevent and minimise disruptions and identify room for improvements.

## 7 Priority themes

### 7.1 The environment and climate change

The intervention, for its specific nature, neither does nor can deal with environmental and climate change aspects. Yet, whilst describing the digitalisation aspects, suggestions on how the intervention can help budgeting policies that lead to environment protection and climate change will be illustrated.

### 7.2 Gender

The intervention, for its specific nature, neither does nor can directly deal with gender aspects. Yet, whilst describing the digitalisation aspects, suggestions on how the intervention can help budgeting policies that lead to gender budgeting will be illustrated.

### 7.3 Digitisation

The project during its execution focused on reinforcing the results achieved in the previous phases, while building on them.

The use of *Business Intelligence* techniques helped streamline many of the processes by capturing key indicators:

- Using BI with the information available was used to monitor the results of the *Integrated Plan for Improving PFM*.
- The analysis of the information extracted from the database of Audit Recommendations, was used to monitor their follow-up and improve manuals and procedures to prevent financial miss-management.
- The use of the data produced by the e-SISTAFE the IFMIS, for monitoring and budgeting mechanism, to shed light on the way (financial) inputs, translate in the *building blocks* of the Health Sector (Human Resources, Infrastructures, Equipment, Medicine, and other Good and Services), and in turn how they are used to produce the services in an equitable and efficient way.

The use of *digital* BI techniques, in the future, can be used to improve *budgeting for service delivery*, which in turn can embed environmental policies, mitigating climate change, as well as reinforcing gender budgeting.

### 7.4 Decent work

The intervention, for its specific nature, neither does nor can deal with aspects related to *decent work*.



## 8 Sustainability

GTAF is anchored in DAF with the understanding that PFM is dealt with there. The ITA provided assistance to GTAF easing dialogue between MoH and DPs. This is no formal position in the ministry preventing the ITA to become a gap-filler.

The ITA influenced many of PFM processes and suggested approaches that were accepted, and yet they need to become routine. In addition, many of the PFM problems originates either in other departments or in institutions beyond the boundaries of the sector. The ITA engaged, with partial success, in establishing channels for information sharing and collaboration. The handling, combination and sharing are aspect that can positively affect both PFM and Dialogue. The results achieved opened new opportunity to consolidate sustainability with the additional support granted by the donor for a following phase that builds on success, takes stock of the failures and capitalise the lessons learnt (see sections below).

- The ownership of the processes improved require underpinning until the flow of information is consolidated and the MoH recognises the advantages of information sharing.
- The Implementation is based on a strong involvement of the Director of DAF, Chair of the GTAF. Yet the yielding of results might improve and consolidate if effective information sharing is consolidated. Political economy dynamics, that circumscribe the Director of DAF's influence might require additional support through specific communication and marketing.

## 9 Lessons learned

### 9.1 Successes

The success achieved during the years are based on the systematization and use of the information produced by the internal systems to show how business-oriented analysis can add value and serve the purposes of using PFM as an instrument to improve management as well as drive the dialogue, and anchor it to relevant, tangible information.

One of the factors of the success might be related to the fact that there was neither rush to introduce new methods, nor any sort of pushing information. The ITA allowed time to appreciate the benefit of mastering the data available as well as mastering the techniques to mine information. This process takes time, that, at times seemed wasted, yet it resulted fundamental to ensure demand in DAF for more training to acquire skills and increase ownership of the processes and of the results.

### 9.2 Failures

The project has failed in revitalising the fading partners' interest in PFM. Although information sharing was considered relevant neither it awakened particular enthusiasm, nor it resulted in the formulation of specific demands that could help the ITA in meeting the audience's interest.



Whilst this was unexpected at the beginning of the project, the ITA realised it was a risk to consider. PFM is not yet out of the priorities. Nevertheless, it is not considered as a complementary part of the process. It is somewhat a separated required practice. The project has failed to broker the importance PFM has in completing and structuring the organisation of the budgeting process. In a leaner dialogue structure PFM need to be seen as a piece of the puzzle.

The project, in its lifetime, has also failed to expand the group of *boundary partners* as well as the space of influence beyond the group originally considered during the project identification, thus failing to multiply the impact beyond what envisaged in the design phase.

### 9.3 Strategic learning questions

The context in which the project operated was characterised by limited skills, limited use of the information available, limited information sharing, silo approaches in work. Such a list probably is not exhaustive and although each one of the mentioned characterisations has its own specificities, they can be seen as a chain of causes. In such environ, dialogue flounders. Other casualties might be proper planning, efficiency, effectiveness, equality.

Following this (plausible) train of causes, the project has identified a potential for intervention. A small group of technicians working at the MoH was the target of an introductory course for analysing data with excel. The objective was to offer new skills to help the MoH make sense and use the data that are available in the e-SISTAFE and possibly link them with other databases for output production. The technicians selected were from the DPC and DAF, the two departments responsible for planning and budgeting (DPC) and for financial execution (DAF).

The skills proposed are required to handle accounting data and organise them in terms of *health sector's building blocks* and see how those blocks are deployed to produce the services to the population. The ITA intended to build on those skills and further develop them, by using them in work-related problems and data, showing how to use the techniques acquired for responding to the needs of the departments and filling the gaps of information they have now.

The learning sessions were documented, yet since the project has not yielded results from this stream of work, there is no publication prepared to date.

The second strategic questions are the communication aspects to reinforce the mechanisms of the theory of change. Promoting and communicating the idea of using BI techniques together with PFM can help strengthen the contribution the latter provides to the achievement of Health Outcomes. An improved communication strategy can help promote PFM as a tool functional to the objectives of the sector. It can assist substantiate the part of the dialogue that insist on the budgeting process and its strategic aspects such as *allocation efficiency, technical efficiency, expenditure composition in terms of the building blocks of the sector*. *Communication for development* strategies and techniques should be provided to assist the ITAs in similar situations.

Do not push for specific changes, yet show the advantage of a change and wait for the idea to grow

## 9.4 Summary of lessons learned.

Lessons learned	Target group
Do not push for specific changes, yet show the advantage of a change and wait for the idea to grow	Other Technical Assistants and adviser working within institutions in beneficiaries' countries
Raise the stakes by showing how the ideas proposed, respond to the needs of the beneficiary.	Other Technical Assistants and adviser working within institutions in beneficiaries' countries
When there is not much debate and lack of leadership, the proposal of new ideas requires a peer review mechanism to test its meaningfulness in the context and gauge the extent of the possible impact	Other Technical Assistants and adviser working within institutions in beneficiaries' countries
The marketing aspects of promoting and communicating new ideas deserve specific attention	Other Technical Assistants and adviser working within institutions in beneficiaries' countries
A project that provides TA to dialogue on PFM can have problems of visibility. Indeed, showing tangible results can be challenging. A proper communication strategy needs to be integrated in the project, in addition and alongside the communication strategies to help achieving the results of the project.	Other Technical Assistants and adviser working within institutions in beneficiaries' countries. Identification teams and consultant.

## 10 Recommendations

Recommendations	Actor	Deadline
During the next phase capitalise on the lessons learnt and the strategic learning questions	ITA	Q2-2021

## 11 Bibliography

**PEFA Evaluation Health Sector in Mozambique** [Report] / auth. Lawson Andrew, Umarji Mariam Bibi and Selemane Thomas. - Maputo : Ministry of Health , 2020.

**Public Financial Management for Service Delivery: the last mile to go** [Report] / auth. Stella Damiano. - Brussels : Enabel, 2020.

## 12 Annexes

### 12.1 Quality criteria

For each of the criteria (Relevance, Efficiency, Effectiveness and Potential Sustainability) a number of sub-criteria and statements about these sub-criteria have been formulated.

By choosing the statement that fits your intervention best (add an 'X' to select a statement) you can calculate the total score applicable to that specific criterion (see below for calculation instructions).

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

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

<b>3. EFFECTIVENESS TO DATE: extent to which the outcome (specific objective) is achieved as planned at the end of year N</b>				
<i>Calculate the total score for this quality criterion as follows: at least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C', no 'D' = C; at least one 'D' = D</i>				
<b>Assessment of EFFECTIVENESS: total score</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
		X		
<b>3.1 As presently implemented what is the likelihood of the outcome to be achieved?</b>				
	<b>A</b>	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.		
X	<b>B</b>	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.		
	<b>C</b>	Outcome will be achieved only partially among others because of negative effects to which management was not able to fully adapt. Corrective measures have to be taken to improve ability		
	<b>D</b>	The intervention will not achieve its outcome unless major, fundamental measures are taken.		
<b>3.2 Are activities and outputs adapted (when needed), in order to achieve the outcome?</b>				
	<b>A</b>	The intervention is successful in adapting its strategies / activities and outputs to changing external conditions in order to achieve the outcome. Risks and assumptions are managed in a proactive		
X	<b>B</b>	The intervention is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.		
	<b>C</b>	The intervention has not entirely succeeded in adapting its strategies to changing external conditions in a timely or adequate manner. Risk management has been rather static. An important change in strategies is necessary in order to ensure the intervention can achieve its outcome.		
	<b>D</b>	The intervention has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.		
<b>4. POTENTIAL SUSTAINABILITY: The degree of likelihood to maintain and reproduce the benefits of an intervention in the long run (beyond the implementation period of the intervention).</b>				
<i>Calculate the total score for this quality criterion as follows: at least one 'A', no 'C' or 'D' = A; two 'B's = B; at least one 'C', no 'D' = C; at least one 'D' = D</i>				
<b>Assessment of POTENTIAL SUSTAINABILITY: total score</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>4.1 Financial/economic viability?</b>				
	<b>A</b>	Financial/economic sustainability is potentially very good: Costs for services and maintenance are covered or affordable; external factors will not change that.		

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

## 12.2 Updated Logical framework and/or Theory of Change

There were no changes in the theory of change and in the logical framework.

### 12.3 Decisions taken by the Steering and monitoring committee

Decisions to be taken		
Decisions to be taken	Period of identification	Source
Do1/MOZ160551T - The ATI, together with the RR, proposed the Donor Representative in Mozambique (the local Representative of the Government of Flanders) to finance the Public Expenditure and Financial Accountability (PEFA) assessment of the Health Sector in Mozambique. For the purpose, a budget variation was proposed and approved by the donor. the Government of Flanders agreed to the budget variation on July the 4th. 2019	04/07/2019	Monitoring Committee
Do2/MOZ160551T - The ITA and the RR of Enabel in Mozambique agreed upon the opportunity to draw additional human capacity for the project by applying to the Enabel Junior Programme.	21/08/2019	Intervention Team

Action			Monitoring	
Action(s)	Person Resp.	Deadline	Progress	Status
Ao1/Do1/MOZ160551T - PEFA Health Sector 2019	STELLA Damiano	30/09/2020	The budget variation was proposed and approved. The ToRs were elaborated and approved by all relevant parties. The tender was launched and the offers received. The evaluation of the bids took place on December 19th. On December 24th the negotiation phase started. Contract to be awarded in January 2020.	Completed
Ao2/Do2/MOZ160551T - Junior programme on PFM	STELLA Damiano	31/12/2019	The ToRs for the position were elaborated. The application was submitted to the HQ. The selection process took place and the resource identified. The new Human Resource is expected to be in Maputo on February the 17th 2020.	Completed

## 12.4 Complete monitoring matrix

Project Outcomes indicators				
Progress indicators/markers <sup>4</sup>	Base value	Final target	Final value attained	Comments
MOZ160551T - Effective restoration of all phases of expenditure	The seven phases of expenditure are not separated or performed	All phases of expenditure are performed enhancing budget control	The indicator was not met.	Although the eSISTAFE has a new module for managing procurement (MPE), and therefore correctly book resources against budget appropriation, the use needs to be rolled out to cover all G&S expenditure.
MOZ160551T - Increase in the % of external funds inscribed on-budget health sector	36.3	45%	44.9%	Source BER QIII - The final target can be re-evaluated when the BER QIV is published.
MOZ160551T - PFM Assessment (PEFA 2019) mentions progress	PEFA 2015 was the baseline	PEFA 2020 -Report mentions progress compared with 2015	The PEFA assessment mentions that, the Sector improved in areas under its control,	The PEFA assessment mentions that, the Sector improved in areas under its control, whilst, when there was deterioration, that was in areas where external institutions exert more control (such as MEF). A Post-PEFA Action plan has been added to the deliverables. The endorsement and implementation of the Action Plan will reinforce the chance to improve the system.
MOZ160551T - The SDI report of the World Bank shows positive trends	SDI 2015	Positive trend in SDI 2020	n/a	The World bank aborted the study
<b>Output 1: GTAF, within the Health Partnership Cooperation Framework maintained a pro-active, constructive and scientific technical platform and dialogue with MoH</b>				
Indicators	Base value	Final target	Final value attained	Comments
MOZ160551T - % PFM-related documents analysed	100%	100	100	Whilst GTAF met only twice in 2020, the PEFA evaluation, produced a number of reports evaluated along the year. Sharing the reports within the group was not possible. Nevertheless, relevant members were involved in the analysis that can be considered as an endorsement from (the relevant members of) the group
MOZ160551T - % of analytical works endorsed by GTAF	100%	100	100	The analysis of Procurement Audits has started on an unofficial version. The Report were delivered only in English, limiting the possibility of work with personnel from the Ministry. The PEFA Evaluation was done in a participatory way. Analysis of the various reports (initial, 1st draft, 2nd draft, final draft report) was done during the year. The

<sup>4</sup> Use the indicators given in the logical framework (of the TFF or of the last version of the logical framework).



				final report will be presented to GTAF in the first meeting after the dissemination
MOZ160551T - % recommendations included in action plans	90%	100%	100%	The Prosaude Financial Audit 2018 was analysed. The dB of the recommendations was updated and has to be resented in the next GTAF after the Covid 19
MOZ160551T - Number of final meetings' minutes are finalized and shared	6	10	2	With Covid 19 meetings were put on hold. In addition, the attention shifted to the Resource Mobilisation and the tracking of resources that proved to follow the ordinary patterns with the known ordinary problems. The TA tried to use the emergency to streamline solution that can be later replicated to deal with normal problems.  A second meeting was held in December 2020
MOZ160551T - % of GTAF meetings with a fair selection of representatives, including donors	100%	100%	50%	The participation in GTAF is reduced as PFM is perceived as technical topic.
<b>Output 2: The development partnership in the health sector promoted a comprehensive dialogue in health policy and planning by taking into account PFM aspects</b>				
<b>Indicators</b>	<b>Base value</b>	<b>Final target</b>	<b>Final value attained</b>	<b>Comments</b>
MOZ160551T - Number of joint alignment/coordination in PFM exercises	1	7	6	
MOZ160551T - External Fund Survey coverage	80%	80%	100%	The IFE 2020 was launched in mid March. data will be collected for 2019 as well allowing for a revision of the performances of the previous year. In the meanwhile, the COVID19 emergency become the highest priority. A COVID19 IFE was launched in substitution of the previous regular IFE2020. Full coverage is going to be achieved, by the IFE and by the tracking of procurement of goods as well as the donation to CMAM by the private sector. Unfortunately, MISAU, after requesting the work, refused the results.
MOZ160551T - Compliance with PROSAUDE PFM Assessment Action Plan	0	1	1	There was compliance when there was no dependency on third parties for financing studies (namely the WB PETS and PER were aborted)
MOZ160551T - Number of Action Plans elaborated on PFM matters	1	2	5	The action plan from the procurement audit needs to be presented during the next GTAF. The PEFA report was complemented by an agreed action plan

<b>Output 3: MoH's yearly action plans implemented measures for further strengthening of PFM aspects in the sector</b>				
<b>Indicators</b>	<b>Base value</b>	<b>Final target</b>	<b>Final value attained</b>	<b>Comments</b>
MOZ160551T - Updates on the PFM strengthening plan are given quarterly through GTAF meeting;	<b>1</b>	<b>1</b>		
MOZ160551T - Recommendations from upcoming studies in PFM are regularly integrated in the Plan of Action	<b>1</b>	<b>1</b>		
<b>Output 4: Actual and future reforms in the health sector included financial management, and PFM strengthening strategies based on a sound monitoring system</b>				
<b>Indicators</b>	<b>Base value</b>	<b>Final target</b>	<b>Final value attained</b>	<b>Comments</b>
MOZ160551T - Ensured alignment between the Reform Plan and PES of financial management areas	<b>0</b>	<b>1</b>	<b>1</b>	The decentralisation reform has brought new a complex issue about decentralisation. Limiting the attention only to decentralisation of the execution of funds, there is some step forward in reconciling MISAU's strategy with MEF policy. The MoH is asking for the opening of "budget windows for Health Facilities" that should grant their visibility as well as the protection of funds. The execution will still be done by district administrative staff.
MOZ160551T - Increase de-concentration of public expenditure in health (increase % of districts, compared to province, compared to central level).	<b>20%</b>	<b>26%</b>	<b>29%</b>	Source BER QIII, table 1.1

## 12.5 Resources in terms of communication

The Project ITA participated as principal speaker to a webinar organised by the P4H network in the domain of the Universal Health Coverage and the Health Financing. The webinar focussed on the role of the ITA in facilitating the dialogue around Public Financial Management and the role PFM, if duly combined with sector specific instruments and source of information, can play in implementing any Health Financial Strategy.

The project also produced a paper on **PFM for Service Delivery, the last Mile to be covered**, Damiano Stella, (2020), Enabel Publications, Enabel, Brussels, available at: <https://www.enabel.be/publication/public-financial-management-quality-service-delivery>

The project also produced a series of publication for Enabel web portal about the process for the PEFA Evaluation in the Health Sector.

## 12.6 Personnel of the intervention

Personnel (title and name)	Sex (M/F)	Term of employment (start & end date)
National staff made available by the partner country: Dr Timóteo Jeremias	M	MISAU's permanent staff
<i>International experts (Enabel):</i> Damiano Stella	M	17/11/2017 – 31/01/2021
<i>Junior experts (Enabel):</i> Jesse Waterschoot	M	17/02/2020 – 31/01/2021

## 12.7 Public procurement

Navision code	Contract ref	Tender title	Estimated Budget (€)	Law applicable	Procedure	Type	Date of Publication
MOZ160551T	MOZ188/10001	PEFA 2019 Evaluation of the Health sector in Mozambique	72,000.00 €	Belgian	NPwithoutP	Services	28-Nov-19
Closing date	Number of tenderers	Date signature eval report	Award Notification	Contractor	Contract manager	Awarded Amount (€)	Final acceptance
17-Dec-19	2	24-Jan-20	27-Jan-20	Fiscus Ltd/MBC Consulting	Damiano Stella	107,309.00 €	28-Dec-20

## 12.8 Specific Cooperation Agreements

Grant Agreement number	Donor	Purpose	Starting date	Ending date	Grant Value
81062815	Swiss Federal Department of Foreign Affairs	Public Expenditure and Financial Accountability Assessment to Health Sector	27/11/2019	31/12/2020	EUR 27,500

## 12.9 Equipment

*List of equipment acquired during intervention.*

Type of equipment	Cost		Date of delivery		Remarks
	Budget	Actual	Budget	Actual	
Laptop Prim'5 X270 i5-6200U 20K5S2AE00 8GB DDR4	EUR 983.38	EUR 983.38	12/31/2017	12/31/2017	
Chair	EUR 301.51	EUR 301.51	12/31/2017	12/31/2017	
Docking station laptop Thinkpad	EUR 159.82	EUR 159.82	11/06/2019	11/06/2019	
Screen Dell	EUR 131.67	EUR 131.67	11/06/2019	11/06/2019	
UPS 650VA APC Easy Back-UPS, Schuko	EUR 99.94	EUR 99.94	20/01/2021	20/01/2021	

## 12.10 Financial Report

**Budget Report MOZ160551T: Focused contribution to the health system strengthening -  
Technical assistance to the working group on PFM (GTAF) - Phase III (TA-GTAF III)**



Date SA: 01/11/2017  
End date SA: 31/01/2021

		<u>Modality</u>	<u>Budget</u>	<u>Total Expenses</u>	<u>Balance</u>	<u>Execution rate</u>
<b>A - Staff costs</b>						
<b>A_01 - Staff costs</b>						
A_01_01	Technical expertise and quality review	REGIE	480.540	480.515,00	25,00	100,0%
A_01_02	Study	REGIE	81.200	80.979,57	220,43	99,7%
A_01_03	Training	REGIE	1.260	767,64	492,36	60,9%
<b>Total A_01</b>			<b>563.000</b>	<b>562.262,21</b>	<b>737,79</b>	<b>99,9%</b>
<b>Total A</b>			<b>563.000</b>	<b>562.262,21</b>	<b>737,79</b>	<b>99,9%</b>
<b>Z - General Means</b>						
<b>Z_01 - Staff</b>						
Z_01_01	Finance and administration	REGIE	6.700	5.215,19	1.484,81	77,8%
<b>Total Z_01</b>			<b>6.700</b>	<b>5.215,19</b>	<b>1.484,81</b>	<b>77,8%</b>
<b>Z_02 - Investment</b>						
Z_02_01	ICT equipment and maintenance	REGIE	2.000	1.994,32	5,68	99,7%
<b>Total Z_02</b>			<b>2.000</b>	<b>1.994,32</b>	<b>5,68</b>	<b>99,7%</b>
<b>Z_03 - Operational Costs</b>						
Z_03_01	Operational Costs	REGIE	32.300	29.293,03	3.006,97	90,7%
<b>Total Z_03</b>			<b>32.300</b>	<b>29.293,03</b>	<b>3.006,97</b>	<b>90,7%</b>
<b>Z_04 - Backstopping and field mission</b>						
Z_04_01	Backstopping and field mission	REGIE	11.000	7.554,90	3.445,10	68,7%
<b>Total Z_04</b>			<b>11.000</b>	<b>7.554,90</b>	<b>3.445,10</b>	<b>68,7%</b>
<b>Total Z</b>			<b>52.000</b>	<b>44.057,44</b>	<b>7.942,56</b>	<b>84,7%</b>
<b>Subtotal MOZ160551T</b>			<b>615.000</b>	<b>606.319,65</b>	<b>8.680,35</b>	<b>98,6%</b>
Total Own Management			615.000	606.319,65	8.680,35	98,6%
Total Co-Management			0	0,00	0,00	0,0%
<b>Management Fee Enabel 13%</b>			<b>79.950</b>	<b>78.821,55</b>	<b>1.128,45</b>	<b>98,6%</b>
<b>Total MOZ160551T</b>			<b>694.950</b>	<b>685.141,20</b>	<b>9.808,80</b>	<b>98,6%</b>
<u>Invoice N° - Bank statement n°</u>						
FV2017-0049 - DBIS2017-012	228.824,00 €	Approval Accounting dept.		Approval Controlling dept.		
19019000020 - 14319000011	224.588,00 €	Op datum van / En date du		Op datum van / En date du		
19020000049 - 14320000020	224.588,00 €	François Hospied		Marie Demoulin		
Total advances received	678.000,00 €	(Signature)		(Signature)		
Balance advances received	-7.141,20 €	Digitally signed by François Hospied (Signature) Date: 2021.03.30 12:44:23 +02'00'		Digitally signed by Marie Demoulin (Signature) Date: 2021.03.30 11:57:19 +02'00'		
<b>Final invoice</b>			<b>7.141,20 €</b>	Naam/Nom Handtekening/Signature		

Code Projet:	MOZ160551T
Nom du projet:	TA-GTAF III
Nom du bailleur:	VAIS

	Montant en Euro	Commentaires
Budget	694.950,00 €	
Factures établies	678.000,00 €	
Montant à payer par bailleur/à récupérer	7.141,20	montant à recevoir du bailleur
Dépenses Rapport Final soumis	606.319,65	réconcilie avec rapport financier final envoyé et accepté
Mgt fee contractuelratio (%)	13,00%	
Management fee - 705010	78.821,55 €	
Management Fee contractuel reconnu (85%)	78.821,55 €	
Mise en réserve	0,00 €	pas de mise en réserve art6§3
Dépenses inéligibles	-	
Mgt fee réel (y inclus inéligible)	19.003,13 €	

Elaboration		
Nom	Date	Signature
Marie Demoulin	29-03-21	Marie Demoulin (Signature) <small>Digitally signed by Marie Demoulin (Signature) Date: 2021.03.29 19:25:53 +02'00'</small>
Contrôle		
Nom	Date	Signature
François Hospied		

François  
 Hospied  
 (Signature)
   
 Digitally signed by  
 François Hospied  
 (Signature)  
 Date: 2021.03.30  
 12:43:47 +02'00'