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Evaluation of Development Cooperation Initiatives in the Health Sector in Mozambique

2013

EVALUATION

The report has been prepared by:

P. IVA 04636880967
C.F. 97257480158

Not for profit Organisation for a
Socially Responsible Development Cooperation

Headoffice: Via Milano 120 – 38122 Trento (IT)

Operational office: Via Angera, 3 – I - 20125 Milan
tel. +39.02.67574344/45/33 - fax +39.02.70036540
email: punto sud@puntosud.org
www.puntosud.org

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List of acronyms

Acronym	Name
ACA	*Avaliação Anual Conjunta* Annual Joint Evaluation
CF	Nhamatanda Training Center
DAC	Development Aid Committee
DGCS	*Direzione Generale Cooperazione allo Sviluppo* General Directorate for Development Cooperation
DPS	*Direcção Provincial de Saúde* Provincial Health Directorate
EIU	*Economist Intelligence Unit*
GDP	Gross Domestic Product
HCB	Central Hospital of Beira
HDI	Human Development Index
HU	Health Units
ICS – B	*Instituto de Ciências de Saúde, Beira* Institute of Health Sciences, Beira
ICS – M	*Instituto de Ciências de Saúde, Maputo* Institute of Health Sciences, Maputo
MDG	Millenium Development Goal
MISAU	*Ministério de Saúde* Ministry of Health
NGO	Non Governmental Organization
ODA	Official Development Assistance
OSCE	Objective Structured Clinical Examination
PAP	Programme Aid Partners
PARP	Poverty Reduction Strategy Paper
PARPA	Action Plan for the Reduction of Absolute Poverty
PBL	Problem Based Learning
PESS	*Plano Estratégico do Sector Saúde* Health Sector Strategic Plan
PNDRHS	*Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde* The National Human Resource Development Plan
SDSMAS	*Serviços Distritais de Saúde, Mulher e Acção Social*
SSGB	Support of the State General Budget
SWAp	Sector Wide Approach
ToR	Terms of Reference
UCM	*Universidade Católica de Moçambique* Catholic University of Mozambique
UTC	*Unità Tecnica Centrale* Central Technical Unit
UTL	*Unità Tecnica Locale* Local Technical Unit

Evaluation of Development Cooperation Initiatives in the Health Sector in Mozambique
punto.sud for Office IX, General Directorate for Development Cooperation (DGCS) – Ministry of Foreign Affairs

Summary

1. The Summary describes the results of the independent evaluation of the activities, financed by the Italian Ministry for Foreign Affairs - DGCS, carried out to support the health sector in Mozambique from 2008 until now.

2. The evaluation exercise, commissioned by the DGCS within the scope of the activities carried out by Office IX to ensure the independent evaluation services of the development cooperation initiatives promoted by DGCS, examined the following projects:

	Title of the project	Managing Body	Location	Period of execution	Total Budget (€)
1	*Development of local health systems – Initiative of support to the accelerated Training Plan for healthcare technical workers 2006 – 2009 in the province of Sofala* (AID 8835)	DGCS – direct management	Sofala province	05/2008 – 12/2012 (56 months)	976,000.00
2	*Italian participation to the financing and the management of the sectoral program of the Mozambican Government for the Health sector* (AID 9147)	DGCS – direct management Government management (ex art. 15)	Mozambique	12/2008 – on going (3 years, voted and confirmed)	4,618,000.00
3	*Support to the development of human resources in the health sector* (AID 9189)	DGCS – direct management Government management (ex art. 15)	Mozambique (focus on Maputo and Sofala province)	12/2009 – on going (3 years, voted and confirmed)	7,499,350.00
4	*Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique* (AID 9231)	Opera San Francesco Saverio – Cuamm (‘*promoted’ project*)[1]	Sofala province	12/2009 – 12/2012 (37 months)	1,701,183.00

3. The general coordination of the evaluation was carried out by Monica Favot, the technical components of the projects were carried out by the healthcare experts Amelia J. Cumbi and Claudio Beltramello. The experts also had the methodological support and indications of a Scientific Committee especially established for the task of this evaluation.

Evaluation and methodology objectives

4. The objectives were indicated in the Terms of Reference for the Evaluation of Initiatives in the Health Sector in Mozambique by DGCS as follows:

   - “*formulation of a judgement about the relevance of the objectives and their level of achievement;*
   - *formulation of a judgement on efficiency and effectiveness;*
   - *examination of the projects as a whole in order to identify best practices and lessons learnt;*
   - *analysis of the strategies and ways of implementation in order to provide recommendations to be integrated in the program for the strengthening of the health sector;*
   - *consideration of the sustainability factors and of the effect that the implementation of such programs will have on the health situation in Mozambique;*
   - *estimate of the result of the technical and logistical support and of the health workers’ training*”.

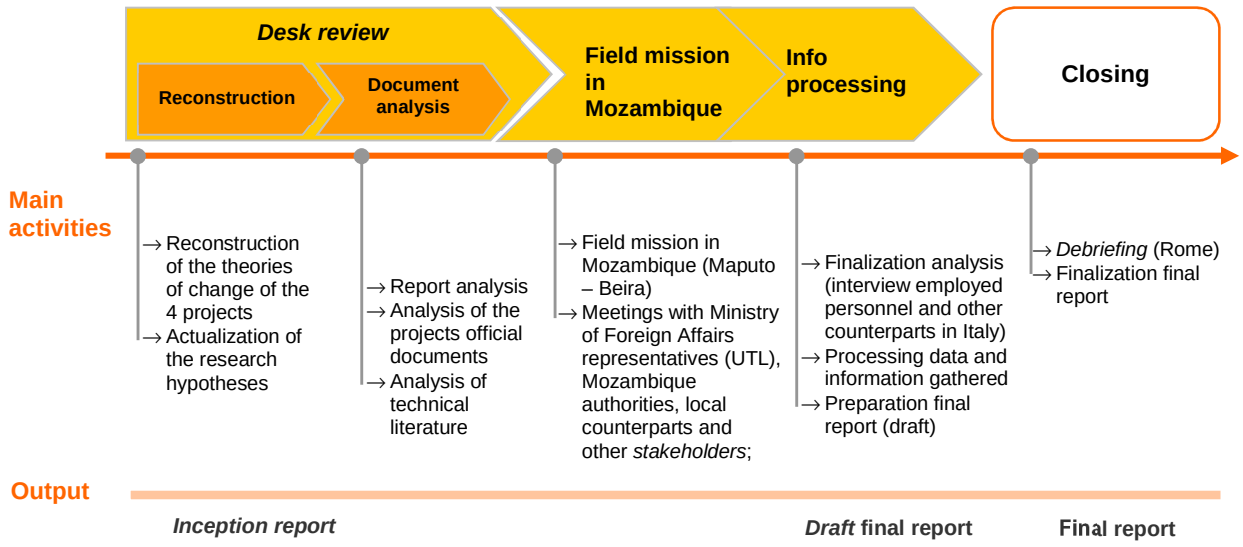
5. In order to comply with the objectives of the evaluation, four research cross-cutting hypotheses were identified. The hypotheses were put forward taking into account the evaluation criteria given by DAC and the analytical grid

[1] Translator’s note: the project has been ‘promoted’ by the NGO to the DGCS for funding, in compliance with the procedures stipulated in the applicable law

suggested by the DGCS in the ToR (analysis of the relevance, effectiveness of projects design, efficiency, effectiveness and sustainability).

hypothesis No.	DAC Criteria	Research hypotheses
IP1	Relevance Efficiency	The projects were carried out according to shared procedural standards which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorisation of the lessons learnt.
IP2	Efficiency	The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).
IP3	Efficiency Effectiveness	The beneficiaries received the goods and the services provided within the schedule, thus confirming the relevance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.
IP4	Impact Sustainability	The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

6. The evaluation was carried out between January and June 2013. Timing, activities and outputs are summarized in the following diagram:



7. During the mission in Mozambique carried out between April 6th and April 19th, the three evaluation team experts carried out 80 semi-structured interviews, several on-site visits, 2 focus groups and 6 working groups. Because of the complexity of the interventions and the high number of the stakeholders involved, the evaluators decided to meet as many stakeholders as possible, triangulating the information where possible, in order to validate it. The inconsistencies observed were also corrected with an extra survey following the mission. The same key informants were in fact interviewed more than once in different stages.

Problems and difficulties encountered

8. The evaluation exercise ran into some difficulties and limits which significantly affected the quality of the analysis. In particular:

(i) the initiatives under evaluation involved experts and cooperation personnel who changed over time and whom was not always possible to meet and interview; (ii) the technical and political personnel of the counterparts of the projects, especially the government ones, changed during the project duration and it was not always possible to track, and therefore meet, those people directly involved in the management of the initiatives under evaluation; (iii) the analysis of the goods and services delivered by the initiatives under evaluation, and in particular of those taken by the beneficiaries, was made particularly complex by the formulation of the project logic and by the monitoring systems adopted. For example, the lack of a list of beneficiaries often prevented from meeting with them; (iv) the documents which were recovered for all the projects were incomplete and fragmentary, except for those related to the project promoted by the ONG 'Opera San Francesco Saverio – Cuamm'.

Evaluation of Development Cooperation Initiatives in the Health Sector in Mozambique
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Evaluation of project AID 8835

'Development of local health systems – Initiative of support to the accelerated Training Plan for healthcare technical workers 2006 – 2009 in the province of Sofala'

Short project description

- The initiative was approved by the General Director by act n. 24 of 28.1.2008, with a total budget allocation of 976,000 Euros split between *In-situ* Fund (700,000 Euros) and Experts Fund (276,000 Euros). According to its original plan, the project should have been developed in two years for a total of 18 months[2]. However, the activities started in May 2008[3] and ended in December 2012.
- In order to give continuity to the key role of the Italian Cooperation in the Sofala province, the project was designed to support the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* of the MISAU and it envisaged the support to the Province Directorate of Health of Sofala (DPS) and to its subordinate institutions (training centres, health districts and hospital directorates) with the aim to contribute to the improvement of the health status of the population and to the adequate and equal access to basic health services.
- To be more specific, within the framework of the Strategic Plan for Provincial Health Development 2006-2010, the project meant to strengthen the technical and financial capabilities of Sofala DPS, of the Training Centre of Nhamatanda and of the Institute of Health Sciences of Beira, through the following activities:
  - → Technical assistance and financial contribution to the implementation of the training programs included in the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* (training of technical healthcare workers at the Training Centre of Nhamatanda and at the Institute of Health Sciences of Beira, and continuous training of the service personnel in the Health Units);
  - → Technical and financial support for the strengthening and the functional requalification of the institutions in charge of technical healthcare workers training (Training Centre of Nhamatanda and the Institute of Health Sciences of Beira);
  - → Supply of equipment and furniture, office consumables and stationery, contribution to the costs and supervision of the Health Units;
  - → Strengthening of the capacities of the Central Hospital of Beira and of the Nhamatanda Rural Hospital regarding the training of middle-level surgical technicians for the surgical treatment of simple and complex urinary-vaginal fistulae.

Evidence

E1: The data supplied by DGCS and by the main stakeholders interviewed allowed for a reconstruction of the project up until June 2010. The activities and the results achieved during the last 30 months of the project (from July 2010 to December 2012) cannot therefore be supported by documents.

E2: The achieved targets showed a partial implementation of the activity plan and a significant delay in the implementation schedule (the project was closed three years after the initially planned closing date).

E3: The almost exclusive adoption of process indicators and the lack of specific targets for results and objectives, jointly with incomplete and fragmentary documents, did not allow for an estimate on the size and relevance of the contribution of initiative AID 8835 to the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009*.

E4: The analysis of the implemented activities and of the funds allocation on the different project components testifies the complementary and supplementary nature of the project as a support to the implementation of the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009.*

E5: Despite the fact that the project fully complied with the shared standard and procedures, with reference both to the DGCS procedures and to the Mozambican administration ones, the use of the resources available through the *In-situ* Fund and the Experts Fund did not seem efficient.

E6: The activities planned for project AID 8835 were fruitfully coordinated among all the main institutional counterparts in the health sector of the Sofala province, due also to the substantial amount of time allocated to the coordination activities by the project manager.

E7: The benefits delivered by the project were only partially measured and/or described, and therefore they are not easy to prove.

[2] The project duration indicated in the approved project plan is of 20 months, as it is also in the Terms of Reference given by DGCS for the current evaluation exercise and by the "2008 synthesis – Cooperation initiatives in Mozambique and in Swaziland" by the Italian Embassy in Mozambique and by several project documents. The project manager was also allocated 20 months. However in the project sheets produced during the project the reported duration is of 18 months, and the calculation of the most part of the costs of the activities financed by the *In-situ* Fund was calculated according to this latter duration.
[3] The Terms of Reference given by the DGCS for the current evaluation exercise mention May 2008 as the starting date of the project, while from the acquired documents it seems that the starting date of the project is June 2008, in connection with the first disbursement of funds. It must be mentioned that the project manager arrived only at the beginning of November 2008.

E8: The analysis of the goods and services delivered by the project confirmed the alignment of the project strategy with the health priorities established by the government of Mozambique.

E9: The objectives pursued by the project, as confirmed by the analysis of the goods and services produced and delivered, confirm the alignment of the initiative strategy within the framework of the cooperation agreement signed by the Italian government and the Mozambican government.

E10: Even though it is impossible to give an estimate of the size and the casual connections of the changes, it is reasonable to suppose that the project provided a contribution towards the improvement of the way of working and the ability to supply services of the following structures: DPS of Sofala, Training Centre of Nhamatanda, Institute of Health Sciences of Beira and Health Units of the Sofala province.

E11: Through the project, the women living in the Sofala province area were given access to cures and a better treatment for urinary-vaginal fistulae.

E12: The main epidemiological data of the Sofala province in the years following the first two years of the project showed a slow but steady improvement of the main health indicators of the population, however it was not possible to connect such improvement to the projects as there is no document to prove it.

Recommendations	**Source**
R1: Even in the case of a project such as AID 8835, which nature is to integrate with the national development plan by financing some components, it is recommended to ensure the efficient allocation of the resources, in compliance with the applicable procedural standards.	E1 E2 E3 E4 E5
Project AID 8835 looks like a *supplementary-complementary* project to the Mozambique health planning. As a matter of fact the project finances some of the health planning components in order to achieve some objectives foreseen in the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009.* On the account of this nature, the intervention seems to have been planned without a specific project logic and above all without identifying clear priorities for the intervention. Even in the case of projects such as AID 8835, it seems on instead advisable to define internal project mechanisms able to ensure the efficient allocation of both financial and human resources and at the same time the compliance of the applicable standard procedures. In particular, with reference to the project under evaluation, it is believed that: (i) it would have been possible to optimize the use of resources by identifying the intervention priorities in a clear way and by allocating more resources to each component, thus limiting the project's way of operating of answering to single upcoming functioning needs of the local health system; (ii) it would have been necessary to adopt an efficient monitoring system that points out the progress of expenses and of the activities; (iii) it would have been necessary to avoid to triple the extension of the project compared to its initial estimate and to ensure that the project manager contribution was provided within the timeline indicated in his terms of reference; (iv) it would have been better to officially appoint the experts who took in terms the role of project manager, after June 2010, in order to ensure an adequate accountability of the communication and decision-making processes with the counterpart.	
R2: The Italian Cooperation technical assistance to the Mozambican health system should be more addressed toward the strengthening of the capacity to analyse the context and of the counterpart/s trends, thus contributing to the identification and adoption of appropriate analysis and evaluation methods.	E8 E9 E10 E11 E12
It is desirable that the objectives of the technical assistance component are clearly identified at the project planning stage. Such objectives should convey the high technical contribution of the experts in support to the achievement of the strategic objectives to which the financed projects contributes. The definition of suitable terms of reference and the adequate division of the tasks within the project teams would support the adequacy of the technical assistance delivered, thus contributing to the accountability of the communication and decision-making mechanisms and to the reinforcement of the collaboration with the counterpart. Furthermore there should be a proper attention toward the project ability to contribute to the achievement of the general objectives, in order to provide adequate evidence which can be used in the future programming of the projects in support to the health sector in Mozambique and of those collaborations which can be identified by the government bodies within the various cooperation programs.	

Finally, in the area of direct management projects, it is recommended to give proper attention to the role that technical assistance can play in the understanding of project contributions to the achievement of systemic objectives. It is believed that in such projects the technical assistance component is substantial, both with regard to the allocated goals and with regard to the relevance of the allocated resources (in connection with other cost component). Therefore, it is obvious that there should be some objectives for the strengthening of the counterpart capacities also in the identification and adoption of analysis and evaluation methods for the achievement of systemic objectives.	

Evaluation of project AID 9147

'Italian participation to the financing and the management of the sectoral program of the Mozambican Government for the Health sector PROSAUDE'

Short project description

- The initiative was approved on October, 14th 2008 with act n. 187 by the Directorate Committee, with an allocation of 4,618,000 Euros, to be implemented in 3 years and divided in *Government management* (ex art. 15 of the regulation of execution of law n. 49/1987 – 2,500,000 Euros), *in-situ fund* (564.000 Euros) and *experts fund* (1,554,000 Euros). The project started in December 2008 and it is scheduled to end in August 2013.
- The project's aim is to *financially and technically contribute to the development of the Mozambican health system, with particular reference to the decentralization process and the coordinated, efficient and effective use of the technical and financial resources allocated for this aim (specific objective),* to *contribute to the promotion of health among the Mozambican population, improve the quality of health services and make the Country's health services gradually accessible to the whole population on a fair and equal level (general objectives).*
- The achievement of the objectives is ensured, as for project plan, first by the transfer of financial resources to the common fund PROSAUDE II according to the procedures and schedule indicated in the signed *Memorandum of Understanding,* and secondly by the establishment of a single coordination unit of the Italian cooperation initiatives in the health sector and by the active Italian participation to the meeting and forum for the coordination, orientation and technical dialogue of the Mozambican health sector. It is also expected that the project gives institutional support, especially in the decentralization planning and management activities, to the MISAU and to the local, provincial and district health systems in Maputo and Sofala.
- The *Memorandum of Understanding* of PROSAUDE II was signed by the Maputo donors group in July 2008. Italy signed a specific addendum in May 2009 which came into force in June 2010 following the exchange of Verbal Notes.

Evidence

E1: The reconstruction of the progress status of initiative AID 9147 confirms the Italian financial contribution to the implementation of a National Health Plan for Mozambique. The allocations of the *in-situ fund* and of the *experts fund* are thus additional to the contribution to the PROSAUDE fund and they ensure only the logistical support to the experts who provide technical assistance in the various stages of implementation of the mentioned Plan.

E2: The project was implemented in compliance with shared standard procedures that, however, did not always ensure the complete and efficient use of the resources made available by the *in-situ fund* and the *experts fund.*

E3: The adhesion to PROSAUDE gave the Italian Cooperation the opportunity to widen its network of collaborations with new and important actors. However, the project did not guarantee and develop all the coordination activities listed in the plan, thus limiting the full expression of the potential of the Italian role as support to the health sector in Mozambique.

E4: The allocation of financial resources to the PROSAUDE fund aside, the expected project benefits were only partially measured and/or described, and therefore they are not easy to demonstrate.

E5: Some health indicators show that the PROSAUDE fund contributed to the improvement of the population health status.

E6: The SWAp – PROSAUDE process is still a strategic opportunity for the Italian Cooperation, even though there are some limits and difficulties for the future.

Recommendations	Source
R1: The Italian Cooperation in Mozambique should clearly state the objectives of the technical assistance where required, and any clear mechanism for the revision of the terms of reference, in order to ensure the achievement of project objectives with regard to the local competences.	E1
It is deemed crucially important to clearly define the objectives of the technical assistance included in the projects in order to ensure accountability and an efficient allocation of resources. It is also suitable that the technical assistance objectives are formalized in *terms of reference*; the experts should be clearly asked to commit to such terms of reference and their respect and evaluation must be ensured in collaboration with the counterpart. The technical assistance, possibly recruited on site, also using the in-situ fund, should provide high technical and sectoral quality contributions, appraising at most the experience of the "Italian system" and it should not create a parallel pool of experts who do not contribute to the sustainable strengthening of the system itself, as they do not fully integrate themselves with the Mozambican health system.	
R2: It is advisable to strengthen the accountability mechanisms also regarding the management of cooperation initiatives aimed at supporting the budget of a State sector such as health.	E2
Even in the case of projects finalized at supporting the budget of a State sector, such as project AID 9147, it is advisable to manage the allocated funds ensuring the accountability of the structure in charge of such management, of the monitoring and the evaluation of the financed initiatives. Therefore, both within the coordination mechanisms and outside of them, with regard to the various stakeholders, the communication and responsibility lines must be clear, so the roles appointed during the various strategic, operational and decision-making stages. It is suggested to ensure a better-structured framework for technical assistance, jointly with a clear strategic plan and well-defined and effective coordination and internal supervision systems. It is advisable that such transparency in the management is ensured by clear and shared check&balance mechanisms, which allow for any lesson learnt and, finally, for the total and efficient allocation of resources (human and financial), in compliance with the agreed project objectives.	
R3: The Italian Cooperation in Mozambique should actively take part in the coordination mechanisms of the health sector and should propose an adequate theoretical and political contribution through initiatives in more critical areas, and also to promote efficient and effective ways of collaboration with other donors, further to the coordination of Italian initiatives implemented by Italian NGOs in the Country.	E3 E4 E5 E6
For a more efficient and effective contribution to the PROSAUDE fund, it is advisable that the Italian Cooperation should take into consideration initiatives that optimize its role, appraise its knowledge of the Country and its history of collaboration. It is particularly worth recommending the Italian Cooperation to actively contribute to the promotion of the technical-political debate, by proposing initiatives in the most critical areas, among which Human Resources and equity of the health sector, estimating the impact even considering the relevant role that the Italian Cooperation plays in the support to the general budget (G19). It is also recommended to contribute to shift the attention of the technical-political debate from the administrative procedures to topics related to the functioning of the health system, and in particular to the delivery of services (and to topics of equity in the access to such services). Finally, it is recommended to promote the coordination of the Italian initiatives, starting from the definition of the type of the desired coordination model and from the valorisation of the experiences of non-government Italian actors working on initiatives in support to the health system in Mozambique. Such model, which was only partially taken into consideration in the initiatives under current evaluation, should feed the improvement of the strategic framework of the Italian Cooperation in the Country.	
R4: It is advisable that the Italian Cooperation starts working for the promotion of the improvement of mechanisms of communication and sharing of information related to the financing of the health sector in Mozambique.	E5 E6
Given the scattering of the information related to financing and the poorly coordinated participation of the various actors in the planning of the various funds (PROSAUDE, State budget), the Italian Cooperation should take action to promote the joint planning of funds at all levels and to encourage the	

knowledge of financial information related to the various kinds of State funds allocated to the health sector.	

Evaluation project AID 9189

'Support to the development of human resources in the health sector''

Short project description

- The initiative was approved with act n. 233 by the Directorate Committee of 9.12.2008 with a total allocation of 7,499,350 Euros, to be implemented in three years and divided in *government management* (ex art. 15 of the regulation of execution of law n.49 / 1987 – 4,856,400 Euros), *in-situ fund* (2,057,950 Euros) and *experts fund* (585,000 Euros). The project activities started in 2009 and they were still ongoing in May 2013, when the analysis described in the current document terminated.
- The intervention proposes a working plan designed to guarantee a better and rational distribution of qualified personnel in the Country, in particular in the province of Sofala and Maputo, promoting measures for the personnel retention. The project consists of two components: the first regards the training of human resources in the health sector (including qualitative and quantitative aspects) and the second related to the organizational development in the management of human resources.
- The applied methodology is based on an integrated approach aimed at:
  - → Training an increased number of high level, medium level and basic technical workers in technical areas relevant both for the development of local health systems and for the technical requalification of the training network, strengthening the pool of trainers;
  - → Improving the decentralized management of human resources in the health sector through training activities aimed at provincial and district managers and to the people in charge of large health units in the areas of intervention, at the same time providing input to improve the working conditions;
  - → Appraising and motivating the human resources, through incentives, in order to facilitate a steady employment process in the peripheral health units and in remote areas.
- The operational bodies involved in the project are the Ministry of Health and, for the activities in the Sofala province, the relevant Provincial Health Directorate. To ensure the proper management of the initiative the plan foresees the establishment of a management unit and of two operational groups, respectively in Maputo and Beira. At the start of the project, an agreement was signed between the Italian and the Mozambican governments, which regulates the allocation of the funds according to article 15 of the regulation for the execution of law 49/1987.

Evidence

E1: The reconstruction of the progress status carried out in the evaluation shows some delays in comparison with the original planning; it is however coherent with the disbursed and committed funds.

E2: In principle, initiative 9189 is integrated in the Economic and Social Plan 2012 and in the matrix of the National Plan for Human Resources Development, contributing to the implementation of activities planned within the framework of national objectives.

E3: The project development within the framework of the Economic and Social Plan 2012 was not set up to provide clear data able to allow the performance measurement both from the cost-effectiveness point of view, and from the efficiency one.

E4: The applicable procedures had a negative impact on the development of the plan, in particular regarding the integration of several ways to manage the *in-situ* fund and of the component ex art. 15.

E5: The applicable procedures, in particular regarding the integration of several ways to manage the *in-situ* fund and of the component ex art. 15, had a negative impact on the implementation of an efficient and effective coordination system.

E6: Even if it was complex at an administrative and management level, the project managed to promote a greater efficiency in inter-institutional coordination.

E7: The project rightly focused the attention on the training for health workers and it contributed to ensure training and employment of a substantial amount of operators within the National Health Service.

E8: The project put the basis of a substantially coherent approach in order to guarantee the expected benefits and it highlighted a substantial contribution in the field of health human resources, which is one of the sectors of main concern for the Italian Cooperation.

E9: The choice of some specific support figures turned out to be decisive for the development of some project components, confirming that the qualification, the placement of the experts and their possibility to fully execute their role is a determining factor in the activities of organizational development.

E10: The intervention did not adequately develop, as expected, the continuous training of health workers and the revision of the *curricula*, diminishing the impact of a project component that is extremely important for the middle-term development of the sector.

E11: Undoubtedly, the project planned some important operative research activities that were, however, implemented and used below the level of expectation.

E12: Despite the history of its role in the support to health human resources in Mozambique, the Italian Cooperation seems to be decreasing its capacity to have an impact in that sector.

Recommendations	**Source**
R1: It is recommended to define the projects financial planning taking into proper account the different ways of managing funds that usually take place in the initiatives of the Italian Cooperation.	E4
It is believed that the complexity of the administrative management created by implementing the financial activities in the same context and at the same time both with *in-situ* fund and with the government management component ex art. 15 must be taken into account while designing the financial planning of such initiative. To tackle this concern it is especially advisable to include relevant clauses in the inter-government agreements, which will allow to achieve the objectives of the agreement in compliance with the applicable procedures, and which will also allow for an easy amendment in case of any problems which may probably incur in their implementation, thus avoiding an eventual re-negotiation of the agreement. It is recommended therefore to activate all the monitoring and supervision mechanisms foreseen within the project, together with the due connections with the Cooperation Office at the Embassy and the DGCS, which will ensure the compliance with the procedures and, at the same time, also the full allocation of the planned resources and their efficient use.	
R2: It is advisable that the project coordination mechanisms facilitate the communication and decision-making flows among the various stakeholders involved, through the identification of adequate and realistic terms of reference, which ensure the achievement of the expected results in compliance with the applicable procedures.	E5 E6
It is believed that clearer terms of reference for the various actors involved in initiative AID 9189 could contribute to the improvement of the coordination mechanisms. It is especially recommended: → to avoid all possible conflicts of interest in the bodies identified for ensuring coordination with the counterpart, and to review the related terms of reference if necessary. → to take into account the key contribution of technical assistance to the initiative, both in order to facilitate the coordination of the activities, and to provide that high technical support expected by the project. → to include in the agreements with the counterpart clauses that promote collaboration and allow the adoption of corrective measures and possible amendments of the agreements in case of external conditions which prevent the regular implementation.	
R3: It is advisable to consider the strong points as well as the points of attention of the projects highlighted by the current evaluation in the implementation of the plan to be carried out in the period left until the end of the project, both in order to maximize the Italian contribution to the *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde,* and to confirm the strategic contribution of the Italian Cooperation to the sector of health human resources in Mozambique.	E7 E8 E9 E10 E11 E12
The evidence gathered during the evaluation allowed to confirm the various strengths of the initiative and to highlight some points of attention, both with reference to the project structure and its capacity to contribute to the objectives of the *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde*. It is suggested to take these last elements into account in the implementation of the plan to carry out in the period left until the end of the initiative. In particular, it is advisable to take into account the following priorities:	

→ the changes occurred in the sector of health human resources during the last years should be taken into consideration and discussed with the MISAU Directorate of Human Resources, in order to define, if necessary, a new order of priorities in the collaboration within the framework of the initiative. → the problem of lack in human resources should be considered in a "systemic" way and should not be focused on the Sofala province and on the city of Maputo, in order to avoid furthering worsening the differences between the two areas of intervention and the other provinces of the Country. It should offer training opportunities also to people working in more disadvantaged areas in the Country. → continuous training should regain the strategic focus that was clearly given in the original project planning, both in order to contribute to the professional update of the personnel, and to stimulate the motivation of those operators working in the most remote districts. → the component of operative research should be recovered, as it plays an important role within the general strategic framework of the intervention and in providing a valuable contribution in the definition of operational lines in some work areas. Even though one is aware that the support to the health human resources has a long-medium term impact, and that initiative AID 9189 does not have the responsibility of such choice, it is believed that the Italian Cooperation could provide its support in the evaluation of financial sustainability of the proposed interventions, and in particular in the use of the PROSAUDE fund. Finally it is advisable that initiative AID 9189 can relaunch the collaboration with the Directorate of Human Resources of the MISAU and that it can renew its technical contribution, as the political one, to confirm the Italian role in the support of the human resources in Mozambique.	

Evaluation of project AID 9231

'Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique'

Short project description

- Approved with act n. 19 by the Directorate Committee of 10.3.2009, the project was promoted by the religious Foundation "Opera San Francesco Saverio – Cuamm", for a period of three years. The project started on December 1st 2009 and it ended on December, 31st 2012 for a total duration of 37 months.
- The project aimed at *"providing support to training of medical doctors to guarantee the need of health workers for the whole network of primary service in Mozambique"* (specific objective), through the delivery of training on the subjects of Anatomy, Surgery and Internal Medicine for the Department of Anatomy and Surgery and for the Department of Internal Medicine. It also promoted more accessibility to study for students coming from Northern areas of the Country.
- Project AID 9231 provided support to the Faculty by supplying didactic material, by directly covering some of the running costs and by contributing to the students' training (from the 1st to the 6th year) in the Departments of Internal Medicine and of Anatomy and Surgery, thanks to the contribution of the expatriate medical doctors. Furthermore, due to the agreement between the University and the MISAU and the involvement of two others expatriate medical doctors, the NGO ensured the support to practical training of 5th and 6th year faculty students at the Central Hospital of Beira. Finally, only during the first two years of the project, it provided financial contribution and supervision to the implementation of rural internship programs for medicine students organized in close collaboration with the Sofala DPS.

Evidence

E1: The targets reached at the end of the project confirmed the substantial implementation of the activities planned according to the modalities and schedule planned.

E2: The almost exclusive use of process indicators and the lack of specific expected target at results and objectives level limited the capability of the involved staff to grasp and explain the actual achieved results.

E3: The project was implemented in full compliance with the procedures and the guidelines of the financing body.

E4: Due to the lack of administrative personnel appointed to work on the project, the correct application of internal procedures and of the financial body required time and resources that the project manager could have used for project activities.

E5: The implementation of the planned project activities was ensured, in a general way and without incurring into conflicts, in compliance with the internal procedures of the NGO.

E6: The expatriate personnel worked in full compliance with the procedures of the local counterpart, the Catholic University of Mozambique. On one side, this helped the integration of the project in the counterpart institutional reality, however on the other side, on a less positive level, it created some ambiguities on the role of the experts and the internal reference systems.

E7: With reference to the governance mechanisms defined by the project, the mainly executive role which the expat medical doctors covered in the university departments they were head of (Internal Medicine and Anatomy/Surgery) might have limited the project capacity to overcome some difficulties in the pre-existing university departments to guarantee a qualitative and quantitative training.

E8: The expected project benefits were only partially measured and/or described thus they are not easy to prove.

E9: The teaching method selected, the PBL, has some undeniable strong points, as it leverages on the development of the students' critical capacity and on their active participation to the learning process. However, there was also some negative evidence that should be taken into account.

E10: The project started some substantial mechanisms in support to the access to study through the disbursement of scholarships and loans, especially for students coming from Northern areas of the Country, even though the criteria used were not always homogeneous.

E11: The project does not have data regarding the employment of graduated doctors at the Catholic University of Mozambique. It is therefore not possible to provide statistical data to prove the contribution of the project to the satisfaction of the needs of the health system especially at district level, or to highlight whether the occurred changes, or not occurred, were a direct consequence of the project.

E12: The employment of a high number of graduated medical doctors as teachers at the Faculty of Health Sciences seems to provide an answer to the lack of teachers, but it might not guarantee the strongly suggested quality of the teaching.

E13: The support of the project regarding the organization and management of the teaching activities in the Departments of Internal Medicine and Anatomy/Surgery did not seem to have contributed to the sustainability of the adopted organizational structure or to the adoption of strategic choices for the Faculty.

Recommendations	**Sources**
R1: It is recommended to adequately split the tasks and the related workloads among the personnel involved in the implementation of project activities, and to pay special attention to administrative related tasks.	E4 E5 E6
Well aware of the limits imposed by the availability of funds, if not of the guidelines of the financing bodies, it is recommended the adequate division of the workloads when assigning the tasks to the personnel involved in the implementation of project activities, in order to ensure that all the tasks planned for the achievement of project results are clearly appointed to people who have time and competence to carry them out.	
R2: It is advisable that the long experience of the managing NGO in the identification, description and internal evaluation of the benefits expected by the university training processes is used to give value to the project.	E8
It is deemed extremely important that the experience of the managing NGO is adequately valued within the implementation of the project, in order to avoid a waste of knowledge (whether as best practice or as negative experiences) gathered through the management of other projects in support to the health system in Mozambique during the last more than twenty years.	
R3: With reference to the didactic method used, *Problem Based Learning*, it is recommended that when planning the teaching activities, the strong points and critical points highlighted by the analysis should be taken into account.	E9
With reference to some critical points highlighted both by the managing staff and the students, it is deemed necessary to evaluate whether to keep the PBL method as the only teaching method at the Faculty of Health Sciences and, in particular, to evaluate the cost/opportunity (and benefit) required to convert some expat medical doctors to such method, as they are not used to such system.	
R4: With reference to the objective of facilitating access to study, especially for the students coming from central and northern regions of the Country, it is deemed necessary to review, within the Faculty, the modalities and the criteria according to which the scholarships and the loans are assigned.	E10
It is deemed necessary to have a definition of unified criteria for the allocation of scholarships, in line with the principles of mission and vision of the UCM, although being aware of the differences of	

strategies among the donors and of the necessity, for UCM, to increase the number of donors as much as possible. Therefore, it is advisable to review the whole loans assignment system, which should start from a clear and univocal definition of the strategic objectives of the Faculty regarding the disbursement of funds.	
R5: In order to better value the collaboration established over time between the Opera San Francesco Saverio – Cuamm and the Catholic University of Mozambique, it is advisable not to limit the role of the personnel allocated to executive-type functions (even if related to the didactics), but to extend such role also to organizational and strategic areas, in compliance with the University governance mechanisms.	E6 E7 E13
To valorise the partnership, it is advised to take into account not only organizational and management aspects of the teaching activities, but also to intervene in strategic areas that may have a strong impact on the quality of the delivered services. It is believed that an increased involvement of the expatriate personnel on such aspects might help (and might have helped) in finding adequate answers to some difficulties in the University strategic positioning.	
R6: In order to identify adequate solutions for the problems noticed within the Mozambican health system, also with reference to the lack of professional competences, it is suggested to organize a system for data collection that allows the monitoring of the variables of interest over time and to mainly take into account the tendencies ongoing in the Mozambican health context.	E11 E12
The identification of adequate solutions (more strategic and less contingency-based) must undergo a careful consideration of the current tendencies within the Mozambican health context and the possibility to verify ex-post the project hypotheses. On this account, the total lack of data on the variables which would have allowed the evaluation of the changes generated by the initiative (e.g. type and location of employment of the graduated doctors, quality of the delivered training, performance indicators of the departments, adequacy of the preparation of the medical doctors with regards to the health system needs, etc.) represents an undeniable limit to the project capacity to interpret and understand the changes and to develop appropriate solutions.	
R7: If there is the will to continue with the strengthening of the organizational processes of a local organisation also (in this case the Faculty of Health Sciences at the UCM), it is suggested to establish a partnership starting from a shared needs analysis and from sharing the objectives and appropriate strategies, and which should not only work on a didactic level.	E13
Precisely because the long collaboration of the managing NGO with the UCM is taken into account, it is suggested to clearly identify the objectives of the partnership, or of the type of support ensured to the institutions of the counterpart, just in order to avoid creating false mutual expectations and in order to ensure accountability in the collaboration processes as well as sustainability of the benefits in the course of time. The establishment of such a virtuous process may contribute to meet the project needs in a more adequate way and to give concrete, and less impromptu, answers to the identified needs.	

Operational Proposals for the General Directorate for Development Cooperation

P1: Development of a homogeneous system of “minimum qualitative standards” to apply to the project financed by the Italian Ministry of Foreign Affairs.
In order to produce a substantial improvement in the quality of the interventions, it is suggested to consider starting an internal discussion on the experimental application of a standard design method, based on the so-called “theory of change”. Such method could be developed by establishing an ad-hoc working group in charge to define some basic guidelines on project writing (minimum standards) and to test these guidelines on some pilot initiatives. It is not suggested to develop new planning methods, but to identify uniform criteria able to simplify the practicality, the monitoring and the learning of best practices in the initiatives. The proposed approach, which is within the logical framework approach, includes the following key principles: → The projects should meet some criteria of clarity (or reduction of complexity) in order to facilitate the feasibility study and to allow an actual evaluation of the achieved results → The initiatives should define in a clear and shared way the theory of change proposed in collaboration with the main *stakeholders* → Every project should clearly identify the problem which the project means to solve, specifying the target group, the direct beneficiaries, the logical connection between the underlying causes and the problems

→ The logical framework should meet some predefined structural standards, e.g. it should include only one specific objective, 3 to 5 expected results, a not excessive number of indicators, 1 to 3 activities for each expected result and a *result-based-budget.*

The development of this approach might generate the definition of a single compliance evaluation level within the DGCS, such as to ensure that all financed initiative meet the minimum planning standards.

P2: Arrangement of an internal function (*helpdesk*) for the support of monitoring activities and for the systematization of the lessons learnt.

On top of the definition of minimum writing standards, the DGCS is advised to introduce a specific and independent supplementary monitoring activity in some pilot initiatives, clearly identified in the operational plan and with a specific operational contact person, a specific allocation of resources and expected results, finalized to ensure:

→ The careful examination and measurement of indicators

→ the availability of key information about the implementation of monitoring activities to the decision-making levels in order to aid the decision-making process

→ the progressive development of research hypothesis within the interest of the project

→ adequate filing of information

The evaluation unit described in the previous sections might initiate a helpdesk function for the coordination and support addressed to the project planning and monitoring experts, in order to guarantee an effective procedural system able to ensure the quality of proposals writing, to aid the steady development of competences, tools and methods available and to ensure a strong document base for the definition of policy and for the strategic programming of DGCS.

P3: Arrangement of coordination and supervision tools for project management to ensure the efficient allocation of resources and the establishment of a document system able to facilitate knowledge management processes.

It is believed that the fragmentation caused by the different procedural systems used in the management of the same project components may be overcome by the definition and application of clear project coordination and supervision tools, where the tasks of each office are easily identified, as the relative responsibilities, and the adoption of management tools which allow for a coordinated and efficient allocation of resources.

In particular, it is advised to adopt, even on project management level, a tool that is parallel to that of *compliance evaluation* described in the previous section, which ensures the support required by the project management in a coherent and consistent way for the whole organisation, and which intervenes to harmonise the adopted procedures in order to ensure the achievement of the project objectives and the optimization of the related effects.

In order to facilitate the work of this “direction cabin” it is proposed to set up a suitable documentation system which defines the processes and their effective planning, clearly referencing to the ongoing procedures, and which thus favours *knowledge management* mechanisms, encouraging at the same time the sharing of information on the various organizational levels.

P4: Redefinition of technical assistance objectives and of the methods of elaboration of the terms of reference of the experts appointed to the initiatives financed by the Ministry of Foreign Affairs.

Considering the centrality of the technical assistance in the financing of the Ministry of Foreign Affairs and the substantial allocated funds, it is believed that the technical assistance should be considered mainly as a support in the implementation of highly strategic and technical activities, more than a simple assistance in the managing of funds or in the replacement of local competences.

The technical assistance should convey the high technical contribution of the experts, thus providing project implementation with highly skilled and acknowledged sectoral competencies, in order to support the achievement of those strategic and systemic results, to which the funded activities contribute. In order to better use the resources allocated to technical assistance, there are the following proposals:

→ The terms of reference of the experts to appoint to the cooperation initiatives should be defined already during the project-planning phase, taking into account the priorities of the intervention, the period necessary for the delivery of the given tasks. At the beginning of the implementation of the activities, such terms of reference are to be shared with the counterparts and the selected experts are to be officially assigned with the tasks.

→ It is proposed to select the appropriate competencies through transparent selection processes. In case of local experts, it is suggested to use selection, recruitment and retribution mechanisms that avoid furthering weakening the competencies of the partner institutions.

→ The proper division of tasks within the project teams must be ensured, together with clear communication and responsibilities guidelines. For the whole management process, the appointed responsibilities must be clearly identified according to shared *check & balance* mechanisms and regardless of the location (Italy of beneficiary Country), so that it is clear who should adopt the corrective mechanisms, if necessary, or incentive and rewarding mechanisms.

Introduction

→ This report presents the results of the independent evaluation of the activities in support to the Mozambique health sector financed by the Italian Ministry of Foreign Affairs - DGCS, in a period going from 2008 until today. The evaluation concerns the following projects:

	Title of the project	Managing Body	Location	Period of execution	Total Budget (€)
1	*Development of local health systems – Initiative of support to the accelerated Training Plan for healthcare technical workers 2006 – 2009 in the province of Sofala* (AID 8835)	DGCS – direct management	Sofala province	05/2008 – 12/2012 (56 months)	976,000
2	*Italian participation to the financing and the management of the sectoral program of the Mozambique Government for the Health sector* (AID 9147)	DGCS – direct management Government management (ex art. 15)	Mozambique	12/2008 – on going (3 years, approved and confirmed)	4,618,000
3	*Support to the development of human resources in the health sector* (AID 9189)	DGCS – direct management Government management (ex art. 15)	Mozambique (focus on Maputo and Sofala province)	12/2009 – ongoing (3 years, voted and confirmed)	7,499,350
4	*Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique* (AID 9231)	Opera San Francesco Saverio – Cuamm (*'promoted'* project) (*)	Sofala province	12/2009 – 12/2012 (37 months)	1,701,183

(*)Translator's note: the project has been 'promoted' by the NGO to the DGCS for funding, in compliance with the procedures stipulated in the applicable law

→ The evaluation was commissioned by DGCS within the scope of activities carried out by Office IX to provide evaluation services for development cooperation initiatives promoted by DGCS. The contract between DGCS and the Fondazione punto.sud was signed on December, 20th 2012.

→ From a methodological point of view, the evaluation used the DAC criteria and other criteria specified in the Terms of Reference of the present evaluation, adequately redefined in four research hypotheses at the end of the preliminary analysis and of the following approval of the Inception Report by the DGCS.

→ The evaluation carried out a project analysis from a strategic and operational point of view, with the aim of providing ideas for reflection and practical and operational recommendations for future DGCS interventions in Mozambique, taking into account the political, social and economic changes occurred during the last years in the Country.

→ The general coordination of the report drafting was carried out by Monica Favot while the health experts Amelia J. Cumbi and Claudio Beltramello were responsible for the technical components of the projects. The experts were also able to take advantage of the methodological support of a Scientific Committee especially established for the current evaluation.

Structure of the document

The document has the following structure:

- → **Summary**: it describes the objectives and methodology adopted in the evaluation exercise, main evidence produced and the related recommendations;
- → **Chapter 1 – Introduction**: it describes the content of the evaluation, the team and the structure of the document;
- → **Chapter 2 – Objectives and methodology**: it introduces the evaluation mandate (objectives and scope of analysis), the main stages of the work and the adopted methodological approach, the tools and the information sources used in the evaluation, the tested hypotheses of research and the limits of the analysis;
- → **Chapter 3 – Context**: it describes the socio-economic context of Mozambique, its health government policies and the DGCS strategies to support the Mozambican healthcare sector;
- → **Chapter 4 – Results, Evidences and Lessons learnt**: for each of the four research hypotheses and for each project it describes the results of the evaluation, together with the connected evidence and the lessons learnt;
- → **Chapter 5 – Recommendations** of the evaluation, divided by projects and operational proposals for DGCS;
- → **Annexes**: attached to the document there are the summary of the terms of reference, the activity schedule of the evaluation, the list of people met and the bibliography.

2. Objectives and methodology

2.1 Objectives of the evaluation exercise

2.1.1. Content of the evaluation and areas of reference

→ The evaluation focuses the analysis of the following areas:

- *Thematic area*: strategic framework of the DGCS support to the health sector in Mozambique and strategic and operational analysis of the four interventions subject to the evaluation (three directly managed with component ex art. 15, and one promoted by the Opera San Francesco Saverio – Cuamm);
- *Geographic area*: Mozambique, with particular reference to the Sofala province and the Municipality of Maputo;
- *Timing*: from May 2008 until now in relation to the period of implementation of the projects up for evaluation.

2.1.2. Objectives of the evaluation

→ The general objectives of the evaluation exercise were described in the Terms of Reference for the Evaluation of Initiatives in the Health Sector in Mozambique (ToR) [4] by DGCS as follows:

- "*verify the relevance, effectiveness, efficiency and sustainability of the assistance of the Italian Cooperation in Mozambique in achieving the expected impacts on the Mozambican health sector;*
- *verify the coordination and complementarity between the Italian Cooperation and the actors involved, the coherence of the DGCS policies and the priorities of the Government of Mozambique, as well as the promoted activities and the international intentions regarding the health sector*".

→ More specifically the ToR set the following specific objectives:

- "*formulation of a judgment about the relevance of the objectives and their level of achievement;*
- *formulation of a judgment on effectiveness and efficiency;*
- *examination of the projects as a whole in order to identify best practices and lessons learnt;*
- *analysis of the strategies and the implementation processes in order to provide recommendations to be integrated in the program for the strengthening of the health sector;*
- *consideration of the sustainability factors and of the effect that the implementation of such programs will have on the health situation in Mozambique;*
- *estimate of the result of the technical, logistical support and of the health workers' training*".

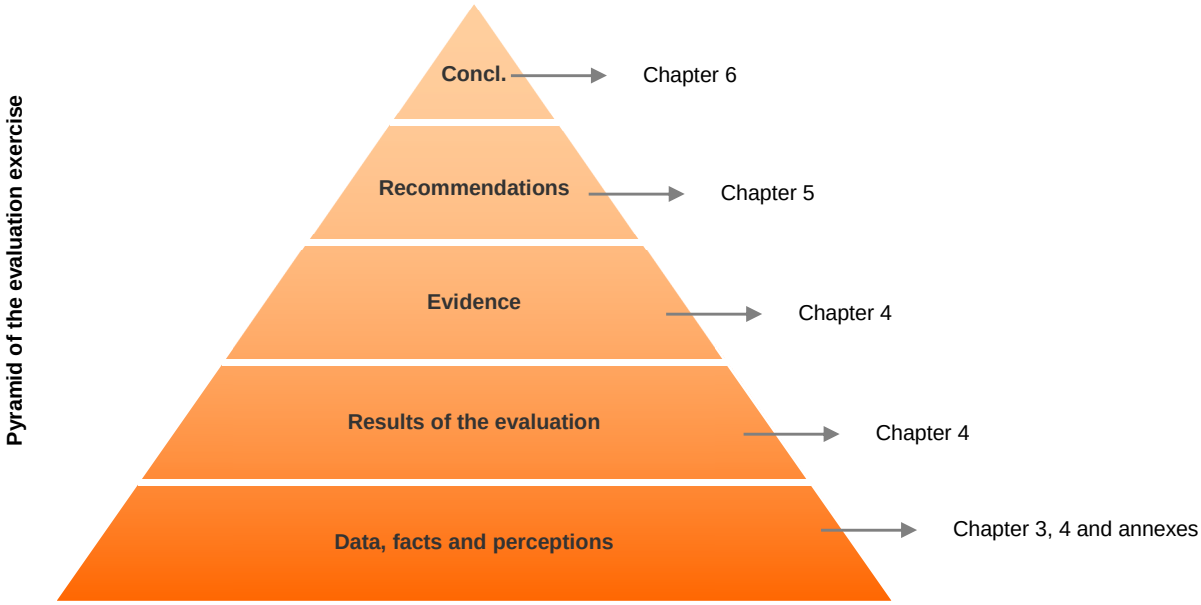
[4] For more details see annex 7.1 – Summary of the Terms of Reference.

2.2 Methodology

2.2.1. Evaluation approach

→ The evaluation exercise has been based on a continuous communication process which tried to actively involve the DGCS staff, the implementing bodies and the counterparts in all its stages.

→ The whole evaluation exercise, together with the content of the chapters included in the report, is summarized in the following pyramid diagram:



→ In detail, the evaluation exercise considered the following working stages and activities[5]:

<u>before the mission to Mozambique</u>

- Collection, sharing and preliminary analysis of documents of the four projects up for evaluation, of the health policies and programs in Mozambique, of the reference bibliography and of the documents available about the policies of intervention of DGCS in Mozambique.
- Briefing in Rome (February, 14th 2013) between the punto.sud staff and the key DGCS personnel involved in the initiatives, to present the results of the preliminary document analysis and to discuss the ToR.
- Planning meetings and interviews with some *key informants*, among whom some official of Veneto Region, Fondazione Cassa di Risparmio di Padova e Rovigo, key personnel from Opera San Francesco Saverio – Cuamm (managers, some expert medical doctors), officials from DGCS.
- Drafting and sharing an *Inception Report* with Office IX of the DGCS (March, 19th 2013), including:
  - The update of the technical offer, with particular reference to the rewriting of research queries and their articulation in hypotheses, macro-variables and indicators (See. chapter 2.3);
  - The update of the evaluation working plan;

[5] Annex 7.2 'Activity schedule of the evaluation' summarizes the contents of the various stages of the evaluation and it illustrates the timeline of activities.

- The reconstruction of the project logic (theories of changes) of the four initiatives and the reorganization of outputs and expected outcomes for each project within two main components:
  - ⇒ *organizational building* component, within which there are all the activities and programs aimed to strengthen the systems (management, planning and internal monitoring) of the beneficiary institutions/organizations;
  - ⇒ *capacity building* component, within which there are all the activities and programs aimed to increase the capacities of the single operators through training and activities for the strengthening of theoretical and practical competencies of the beneficiaries.

- Planning of evaluation activities (identification of *key informants* to interview in Italy and in Mozambique, organization of meeting and logistics on site in close collaboration and with the support of Maputo UTL).
- Arrangement of evaluation tools, adapted to the needs of the single projects, in particular:
  - Matrix for the *Deviation From Planning Analysis*, *Stakeholder Analysis*, *Institutional Analysis*;
  - Questionnaires for the semi-structured interviews to expert personnel in the projects, to officials of the contracting authority both in Italy and on site, to the beneficiaries, the project partners and the related stakeholders;
  - *Check list* for the analysis of the analytical detail of the work plans, of the used evaluation tools and of the financial audit reports.

<u>During the mission in Mozambique (6-19 April 2013)</u>

- Semi-structured interviews in Mozambique. As a consequence to the complexity of the interventions and of the number of actors involved, the evaluators decided to meet as many counterparts as possible, triangulating the information were possible, in order to validate it. The inconsistencies observed were also corrected with an extra survey following the mission. The same key informants were in fact interviewed more than once in different stages[6]

  The chart shows the number of people interviewed for each project:

Organization	Crosscutting	AID 8835	AID 9147	AID 9189	AID 9231	TOTAL
Ministry of Foreign Affairs – DGCS (officials) and key office personnel	8				4	**12**
Ministry of Foreign Affairs – DGCS (experts) an key project personnel		2	2	2	5	**11**
Local counterparts, governmental and not	9	7	2	18	7	**43**
Bilateral Cooperations			8			**8**
Others (UN agencies, experts)	6					**6**
TOTAL	**23**	**9**	**12**	**20**	**16**	**80**

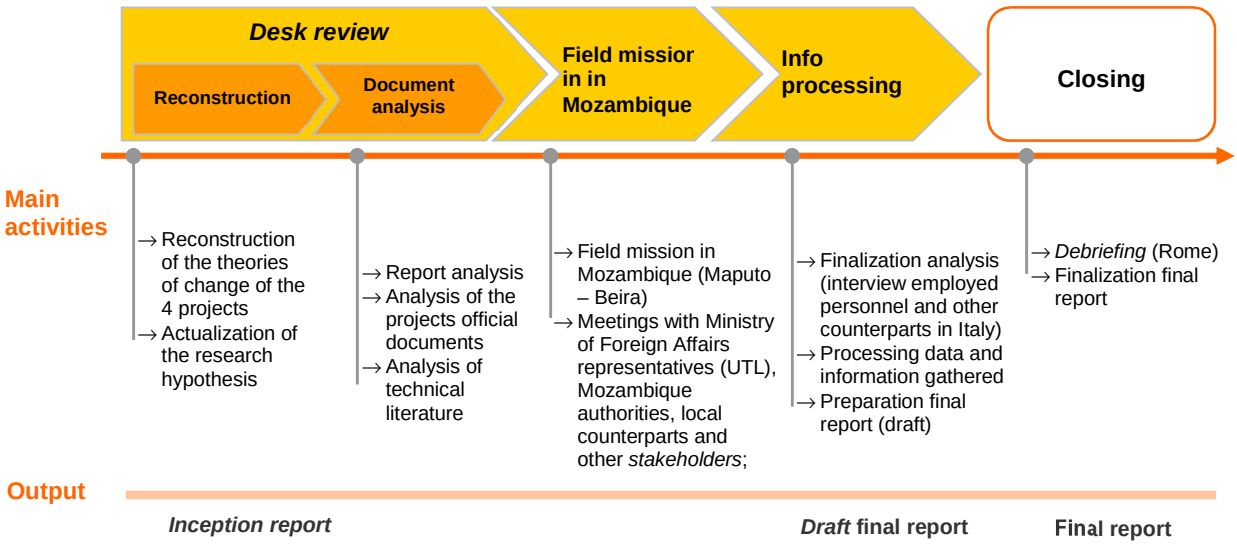
- *On site missions*: Ministry of Health – Maputo (in particular, Directorate of Human Resources, Training Directorate, Planning and Cooperation Directorate), Institute of Health Sciences – Maputo, Provincial Health Directorate – Beira (including Directorate of Human Resources, Training Directorate and Continuous Training), Training Center and Hospital of Nhamatanda, Institute of Health Sciences - Beira, Faculty of Health Sciences – Catholic University of Mozambique, Central Hospital of Beira, Cooperation Office at the Italian Embassy - Maputo.
- 2 *focus groups and* 6 *working groups*.

[6] For further information see annexes 7.3 – List of people interviews during the evaluation and 7.4 – Bibliography

After the mission in Mozambique

- End of mission meeting, in Padua, with the Head of Project Office of the NGO 'Opera San Francesco Saverio – Cuamm' for the discussion of the main findings of the evaluation exercise.
- Drafting and circulation of the first draft of the Evaluation Report (in Italian) containing the main evidence of the evaluation carried out.
- In Rome, Italy, at the DGCS, organization of a de-briefing workshop in order to share the implemented work and to discuss the main critical situations and recommendations noticed. The workshop was organized in order to discuss the evaluation results before the final draft of the Report and to collect the related comments and feedbacks from the parties involved.
- Drafting of the Final Evaluation Report and delivery of the Report to DGCS (including the English version), jointly with the *Fiche Contradictoire* of the Report and a meta-evaluation chart.

→ The following chart summarizes the activities and outputs for every stage of the evaluation:



2.2.2. Problems and difficulties encountered

→ The evaluation exercise ran into some difficulties which, in specific cases properly pointed out in the sections composing this report, substantially affected the quality of the analysis. In particular:

- The initiatives under evaluation involved experts and cooperation personnel who changed over time and whom was not always possible to meet and interview. In some cases (e.g. the first project manager AID 9147), it happened with personnel believed to be crucial for the analysis of the project results.
- The technical and political personnel of the counterparts of the projects, especially the government ones, changed during the project duration and it was not always possible to track down, and therefore meet, those people directly involved in the management of the initiatives under evaluation. In this case as well (e.g. officials involved in initiative AID 8835 both at the Provincial Health Directorate and at the training institutes) it happened with personnel believed by the evaluation team to have played a key role.
- The analysis of the goods and services delivered by the initiatives under evaluation, and in particular of those taken by the beneficiaries, was made particularly complex by the formulation of the project logic and by the monitoring systems adopted (for particular reference see chapter 4). For example, this did not allow the evaluation team to procure the lists of the

direct beneficiaries of the various initiatives; therefore in many cases the meetings involved a too small number of beneficiaries to be able to consider the analysis accurate and complete. It was therefore necessary to refer to other indirect sources and to triangulate the information collected by the various sources.

- The documents which were recovered during the evaluation exercise, in particular the ones concerning the closed initiative (AID 8835), were incomplete and fragmentary. It is a limit which concerned also other initiatives, with the exception of that related to the project promoted by the NGO 'Opera San Francesco Saverio – Cuamm'. Such limit seems to be most likely to impute to the lack of a single and shared archive among the various offices involved in the activities, a lack of a shared and standards procedure for managing and filing documents and the turnover of the personnel in charge.

2.3 Research hypotheses

→ In order to comply with the objectives of the evaluation and to delimit the scope of analysis, four research cross-cutting hypotheses were identified.

→ The research hypotheses were identified taking into account the evaluation criteria given by DAC and the analytical grid suggested by the DGCS in the ToR (analysis of the relevance, validity of projects design, efficiency, effectiveness and sustainability) at the end of the preliminary analysis of the projects.

→ The research hypotheses were written as positive statements (not tentative) and defined as follows:

Hypothesis No.	DAC Criteria	Hypothesis
HY1	**Relevance Efficiency**	The projects were carried out according to shared procedural standards which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorisation of the lessons learnt.
HY2	**Efficiency**	The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).
HY3	**Efficiency Effectiveness**	The beneficiaries received the goods and the services implemented within the schedule, thus confirming the importance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.
H	**Impact Sustainability**	The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

→ For each research hypothesis, macro-areas of analysis and some verifiable indicators have been identified, in order to simplify the identification and creation of a data collection system and to allow for a programming of the evaluation exercise stages in Italy and Mozambique.

→ Indicators and macro-areas of analysis for each research hypothesis are detailed in the following tables:

HYPOTHESIS n. 1	
The projects were carried out according to shared procedural standards which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorization of the lessons learnt.	
Macro-variables	**Indicators**
The monitoring system defined and adopted is appropriate (for tools, timing, roles and responsibilities of the people involved in the project unit)	> availability of monitoring plans filled in within the planned (and necessary) timing > existence of defined *job description* for the personnel involved in the project unit (task managers and project managers) > availability of internal project reports > agreed perceptions of the task managers on the efficiency of the monitoring system in place
The resources (financial and not) were available (used) to the project in the planned quantities and in the proper time and modalities, in order to allow the delivery of services as planned	> correspondence between man / months allocated and implemented > coherence and clarity of the amendments in the budget / project during the project implementation > transfers of funds to the project coherent with the plan > (total) audited costs in periodical report and at the end of the project coherent with the plan
The donor fund management procedures allowed the delivery of services coherent and compliant with the agreed plan	> documents proving the application of the written procedures (and any other practices) vs. the activity plan > coherence in the perceptions of the task managers / project managers about the adequacy of the applicable procedures > (any) amendments to the procedures are approved according to clear and defined guidelines
The project implementation is compliant with the applicable procedures (agreement with the counterparts / partner, health policy etc)	> the agreement with the counterpart/s is jointly verified at regular intervals > unanimous perceptions with the project partners on the compliance with the predefined agreements > unanimous perceptions of the project with the health authorities about the project alignment
The project has been implemented in compliance with the agreed plan	> the annual / six-monthly plan is detailed and it is used as a project management tool > the activity and result progress is periodically verified > any gaps / elements of interest are taken into account
There is evidence of positive / negative experiences regarding the management of activities / achievement of results	> unanimous perceptions of the task managers / project manager on the relevance of positive / negative experiences > coherent way of disseminating positive / negative experiences (Publications? Studies? Internal notes? Other?)

HYPOTHESIS n. 2	
The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).	
Macro-variables	**Indicators**
The project started coordination mechanisms at province and/or national level with the main actors for the management of project activities	> coherence and continuity of contents in the minutes of meetings / coordination meetings > coherent terms of reference of working / coordination groups > effective presence of actors involved in the coordination (Are all the main ones present? Anyone missing?)
The topics selected for the of the initiated coordination moments (at province/national level) are relevant for the project activities	> unanimous perception of the participants during the coordination moments about the relevance of the coordination for the implementation of activities/achievement of results > project activities affected in some way by the coordination (they affect and they are affected by)

HYPOTHESIS n. 3	
The beneficiaries received the goods and the services implemented within the schedule, thus confirming the importance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.	
Macro-variables	**Indicators**
The planned services (type, quantity and quality) were delivered to the identified target groups	> monitoring plans for the projects and related detailed updates > report for the activities of target institutions (training centers, DPS etc) > internal project report (Experts? Reports DGCS / UTL)
The beneficiaries' ownership of goods and services generated by the project is documented	> unanimous perceptions between suppliers of goods / services and beneficiaries about quantity and quality of goods/services delivered > unanimous perceptions of the task managers / project manager on technical assistance supplied to DPS / training centers /university > compliance with specific, acknowledged and tested standards
the methodological approeach adopted meets the needs of the national health system and it complied with the national and international standards on the subject	> unanimous perceptions between Mozambican health authorities about the adequacy of the methodological approach > there are documents proving the compliance of the projects with national and international standards on the subject > coherence between goods and services that the beneficiaries received thanks to the project and the needs of the health system, as perceived by the Mozambican health authorities and described in the health policy documents
The problems for which the delivery of goods and services was planned were solved	> continuous and documented updates on problems which the project aims to address (and on problems which the project did not address/ does not address)
It is not possible to suppose that other kind of interventions could have been more appropriate and effective	> unanimous perceptions between Mozambican health authorities about the adequacy and the effectiveness of the projects > there are documents proving the effectiveness of the benefits delivered to beneficiaries (and which they received) > there are documents proving the decreased (and / or increased) effectiveness of other kind of interventions for the ownership of benefits by the beneficiaries
The DGCS programming met the government health priorities	> there are documents proving the coherence of the DGCS programming with the government health priorities > proved analysis capability of the DGCS regarding the health priorities of the Country and the elaboration of coherent policies
There are documents proving that the goods/services delivered by the project contributed to the achievement of the objectives of health policies (at national and province level)	> there are documents proving the projects capacity of analysis/ evaluation of their contribution to the achievement of the objectives of health policies at national and province level > proven capacity of goods/services delivered by the project (and which were owned by the beneficiaries) to contribute to the objectives of health policies at national and province level
The project activities are coherent with policies / strategies in support to the health system of the main international donors (public and private)	> proven coherence of the projects with the policies/strategies of the main international public and private donors > unanimous perceptions of the main international donors (health sector) about the coherence of the projects with their policies/strategies

HYPOTHESIS n. 4	
The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.	
Macro-variables	**Indicators**
There are documents proving the strengthening of the health system at national and province level	> proven capacity to plan and manage activities > proven capacity of expenditure (estimated budgets + actual spending) > proven capacity of monitoring the activities of the health units due to an adequate information system

Proven capacity of the goods / services delivered by the project (and which were received by the beneficiaries) to contribute to the improvement of the health of the population/ to the increase of the quantity / quality of the human resources employed in the health system	> the personnel trained thanks to the project activities is still employed in the national (public) Mozambican health system carrying out the job for which they were trained > it is proven that there is a higher availability of human resources properly qualified for the appointed job > capacity of the health system to provide adequate health services in quantity and quality level in the project target areas
The project activities (technical assistance) supporting the training centers strengthened their ability to plan, design and offer training	> proven capacity of programming didactic activities and training (also from the economic-financial point of view) > proven capacity to allocate human resources suitable for the didactic activities and the management-organizational ones (for training, experience and quantity)
Proven capacity of the projects to evaluate the ongoing and future trends (problems, possible effects, improvements etc.) of the health system, with particular focus in the area of intervention	> unanimous perception with the health authorities (national and province level) > documents proving risk analysis > documents proving ability to analyze factors / policies which affect the health system
Documents proving the effort (also financial) of the health authorities to ensure the continuity of the project activities	> acquired *assets* and building constructed with project funds handed-over according to procedures agreed by the counterparts > documents proving the process (who-does-what, which procedures/policies etc.) ensuring the continuity of the project activities

3. Context

3.1. National context

Socio-economic indicators

Mozambique is characterized by substantial regional differences. All the socio-economic indicators highlight imbalances between the rural areas and the urban ones, and among the northern, central and southern provinces.

The peace and the economic growth, together with macro-economic and structural reforms and substantial flows of international aids and foreign investments, encouraged an important and fast economic growth since the beginning of the 1990s. Between 1995 and 2005, the Gross Domestic Product (GDP) in Mozambique recorded an average growth rate of 8.2% per year (EIU 2006). Even if at lower level, the GDP kept growing in 2009 at a rate of 6.4% (MDG report 2010), of 6.8% in 2010 and of 7.2% in 2011 (data provided by the Italian Embassy in Maputo).

However, the positive economic trend goes together with a stagnation of the poverty levels and a very limited improvement of the socio-economic indicators. Against a population of 22.9 million people, in 2011 the yearly GDP per capita was still only about 478 dollars. The percentage of the population below the poverty level is still very high and it amounts to 54.7% (MPD - MDG report 2010). Even in the list of countries in order according to their Human Development Index (HDI) Mozambique is in the last places. In 2012, Mozambique had a HDI equivalent to 0.327, which makes it the 184th country out of 187.

Even today, despite some positive trends, Mozambique is still a country characterized by high levels of poverty, inadequate health indicators and low literacy rate. The table below shows some of the main development indicators highlighting, where available, the difference between the average national data and those of the two provinces where the Italian Official Development Assistance (ODA) is focused (Sofala and Maputo):

Development Objectives for the Millennium – Some Selected Indicators												
	1 – Population below the poverty line (%) [1]				**2 – Life expectancy at birth (years) [2]**					**3 – Literacy level (% population c/years 15+)[3]**		
	96/97	**02/03-2005**	**2009**		**1997**	**2003**	**2008**	**2011**		**1997**	**2003**	**2009**
National	69.4	54.1	54.7		42.3	46.3	47.8	52.0		60.5	53.6	53
Sofala	*87.9*	*36.1*	*58.0*		*42.2*	*n.a.*	*n.a.*	*n.a.*		*56.2*	*52.7*	*50*
Maputo province	*65.6*	*69.3*	*67.5*		*51.4*	*n.a.*	*n.a.*	*n.a.*		*34.3*	*28.6*	*24*
Maputo Municipality	*47.8*	*53.6*	*36.2*		*58.4*	*n.a.*	*n.a.*	*n.a.*		*15.0*	*15.1*	*12*

Source:

[1] – data from 1996/1997 and data from 2002/2003, MPD 1998 and 2004; data from 2009, MDG Report 2010.

[2] – data from 2002, UNDP – NHD Report 2006; data from 2003, UNDP 2009; data 2011 World Bank.

[3] – data from 1997 and from 2003, IAF 2002-2003; data from 2004, MIHS 2008.

State budget and international aids

Nearly half of the budget of Mozambique is financed by international aid (in 2011[7] the final budget data indicated a percentage of 37.2%, the 25.8% of which consisted of gifts and the 11.4% of which consisted of loans). The following table identifies the main donors that support the State budget, with reference also to the budget of the health sector:

[7] Source: Italian Embassy in Maputo

Donors Supporting the State Budget (million USD)										
	Budget Support Health Sector							Support to the General State Budget		
Donor	**2005**	**2007**	**2010**	**2011**	**2012**	**% Total (2012)**		**2007**	**2010**	**% Total (2010)**
Ireland	12.76	21.84	20.00	17.93	15.87	16%		11.48	15.72	3%
United Kingdom	3.11	6.96	11.06	14.05	17.07	18%		67.07	69.49	15%
European Union	10.21	9.49	10.00	7.97	10.58	11%		55.84	67.15	14%
The Netherlands	3.100	4.52	10.00	9.30	9.26	11%		22.97	25.72	6%
Canada	3.94	3.34	7.95	33.22	34.37	35%		4.5	13.25	3%
Denmark	1.15	13.02	7.08	6.76	0	0%		10.26	9.32	2%
Finland	4.57	5.17	5.14	0	0	0%		6.38	10	2%
France	3.66	3,88	4,29	0	0	0%		2.55	2.86	1%
Spain	2.58	2,58	4,28	3.97	1.97	2%		3.83	10	2%
Switzerland	3.80	3.97	3.48	5.05	5.04	5%		6.54	6.87	2%
Italy			1.14	1.06	1.20	1%		4.85	5.43	1%
UNICEF			1.20	1.20	1.20	1%				
Global Fund	19.24	33.86								
Norway	15.78	13.31						22.82	24.79	5%
Flemish Cooperation		2.58								
Catalunia	0.61	0.65								
UNFPA	0.50	0.50	0.50	0.50	0.50	1%				
Balance Common Funds 2004	20.02									
World Bank								70	110	23%
Sweden								41.09	42.1	9%
AfDB								28.99	26.68	6%
Germany								12.76	21.43	5%
Austria								-	4.57	1%
Belgium								3.83	4.29	1%
Portugal								1.5	2.14	1%
Total	**104.59**	**125.26**	**85.63**	**101.00**	**97.06**	**100%**		**377.7**	**471.79**	**100%**

Source: Information collected for this evaluation, data originated by PAP website for 2005 till 2010 and from IFE 2013 for 2011 and 2012

3.2. Sectoral framework

The health system in Mozambique

Main health indicators

The health system in Mozambique is typical of a poor country, characterized by a high dependency on international aids (which keep favouring a "vertical" type of financing) and by performance levels that are inadequate to the population needs.

As pointed out by the main health indicators, the country epidemiological situation is characterized by high rates of child and maternal mortality, by a low life expectancy at birth and by high levels of malnutrition, with substantial differences between rural and urban areas, among provinces and among different socio-economic categories. In particular:

- → the indicators of child mortality show a slow but steady improvement, though still showing significant differences (even if in gradual improvement) among provinces, rural and urban areas and different socio-economic categories;
- → the chronic malnutrition of children under 5 is increasing and it went from 36% in 1997 to 43% in 2011.

The opposite trend of the malnutrition rate and the child mortality indicator can be explained by the worsening of the poverty on one side and the higher effectiveness of the interventions of public health, such as vaccines, on the other side; however the fact that there is an increase in malnutrition in a situation of a steady economic growth is worrying, and it can probably be explained by social causes more than health ones.

Furthermore, the high incidence of HIV/AIDS rates among the age-group population 15-49 (11.5%), incidentally characterized by an uneven gender and geographical distribution (women seem to be more affected and there is a higher rate in the cities), for sure contributes to hamper the improvement of socio-economic indicators (INSIDA 2009).

	1997	2003	2008	2011
Life expectancy at birth (years) (4)	42.3	46.3	47.8	52.0
New-borns mortality (1)	54/1000	37/1000	38/1000	30/1000
Child mortality < 5 years (1)	201/1000	153/1000	138/1000	97/1000
Child mortality > 5 years (1)	135/1000	101/1000	94/1000	64/1000
Chronic malnutrition in children < 5 years (3)	36%	41%		43%
Children vaccinated with the full package (1)	47%	63%		64%
Maternal mortality (1)		640/100,000 born alive	550/ 100,000 born alive	490 /100,000 born alive
Coverage of assisted deliveries (3)	44%	48%	58%	55%
Number of deaths for malaria (2)			5816	3086
Number of cases of malaria (2)			120259	1756874
HIV/AIDS prevalence rate (15-49 years) (5)			11.5%	
Population below the poverty level (6)	69.4%	54.1%	54.7%	
Illiteracy rate (% population c/ years 15+) (7)	60.5%	53.6%	53%	

Sources: (1) Technical-economic evaluation Ministry of Foreign Affairs, (2) WHO Data, (3) Data from 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2013; (4) Data 2002, UNDP – NHD Report 2006; data 2003, UNDP 2009; data 2011 World Bank, (5) INSIDA 2009; (6) data 1996/1997 and data 2002/2003, MPD 1998 and 2004; data 2009, MDG Report 2010; (7) data 1997 and 2003, IAF 2002-2003; data 2004, MIHS 2008

Organization of the health system and main actors

In Mozambique, the health system is mixed, public and private. The public system revolves around the MISAU (Ministry of Health), while in the private sector there are both for profit and not-for-profit organizations.

The resources are allocated by the Ministry of Finance (*Ministério das Finanças)*, responsible for the definition of macro-economic and fiscal policies. The Ministry of Finance has also the role to identify the levels of financial resources to allocate to the various national / central, provincial and district levels of the health system and to manage the financial flow.

The MISAU is structured on three administrative levels: Central Organs, Provincial Health Directorates (*Direcção Provincial de Saúde* – DPS) and District Health Directorates (*Serviços Distritais de Saúde, Mulher e Acção Social*, SDSMAS):

- → Central level: the five national directorates[8] have the responsibility to define the health policies, to plan and allocate the health resources (investment funds and current funds, medicines, human resources). Over time the role of MISAU in the process of fund allocation has been significantly reduced: as a matter of fact if up until 2000 the allocation of public funds and of the PROSAUDE was part of the MISAU responsibilities, today, due to the decentralization process, the allocation of funds is a responsibility of the Ministry of Finance and, at a later stage, of the provincial and district authorities (according to the level).
- → Provincial level: the DPS are the authorities in charge of the management of the health system at local level. On top of that, they have the responsibility to allocate the resources to the districts, including the ones coming from the PROSAUDE fund.
- → District level: the SDSMAS are responsible for the management and delivery of health services in the district areas.

[8] National Directorate: Planning and Cooperation, Finance and Administration, Human Resources, Medical Assistance and Health Promotion and Disease Control.

In turn, the services are structured in four levels, according to the complexity of the health services provided:

- → Level I – Health Posts and Centers: prevention services and basic health treatments;
- → Level II – Rural and General Hospitals: these health units generally have an emergency service, an operation theatre for general surgery, delivery rooms, beds, labs and radiology;
- → Level III – Provincial Hospital: bigger hospitals located in the seven provinces;
- → Level IV – Central Hospitals: 3 hospitals in Nampula, Beira and Maputo.

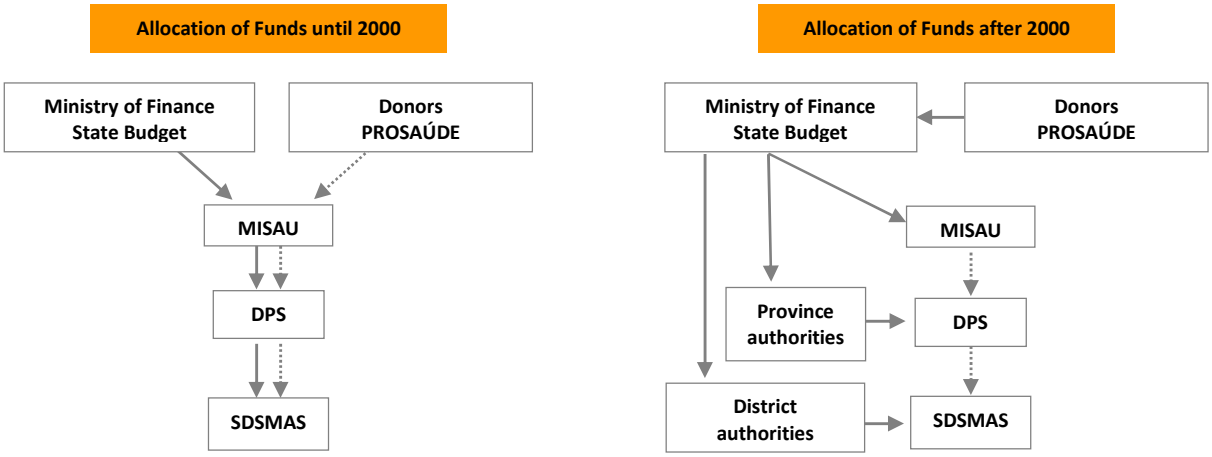
In the last years both provincial and district government authorities acquired more power in the management of funds and for the implementation of programs. In particular, the government of the province is responsible for the implementation of the government program in its concerned area and is also in charge of managing the state budget at province level, while the district government is responsible for the planning and management of state funds for all the district services.

Among the many actors and parties involved in the health sector it is worth mentioning: the institutes for professional health training, which implement activities in line with the MISAU development plan for human resources; the Ministry of Education, which shares the responsibility for the training of health managers implemented in the universities with the MISAU; the international agencies and the Non-Governmental Organizations (NGOs). In fact, the health sector is still heavily dependent on external aid, if considered that in 2010/11 the external funds were about the 70% of the total funds (Umarji M. 2011).

Starting from the beginning of the 1990s, several donors and activity coordination mechanisms were started in the health sector, giving origin to common funds and anticipating the Paris Declaration. They also set the foundations for the development of the strategy for the sector wide approach (*Sector Wide Approach* - SWAp), in support to the health priorities indicated by the government. In this strategy there is also the common sector development fund called PROSAUDE, which channels the aid of the various donors. Other financing modes include the direct support to the MISAU, the support through the United Nations or the NGOs, and the direct management of contributions.

The change introduced in 2000 in the system of allocation of funds seems to have generated a complex and not particularly fluent system. Today the planning of the health sector funds seems to be achieved without any of the actors involved in the several stages has a clear and complete information: for instance, when it allocates the PROSAUDE fund to the provinces, the MISAU does not have information of the amount of State funds allocated to the provinces by the Ministry of Finance; similarly, when they take decisions about health funds, province and district authorities do not have information about the resources allocated through the PROSAUDE.

The following diagrams highlight the different flows in the allocation of health funds before and after year 2000:



Main critical points of the health system

On top of the organizational and funding problems already mentioned, the health system, according to the analysis and data provided by the MISAU, is affected by strong imbalances in the allocation of personnel

among the provinces and by one of the lowest rate of health staff / population in the world (1.26 health operators every 1,000 people, the rate decreases to 0.9 when considering only the qualified health staff[9]).

The lack of human resources, particularly serious at middle managerial and higher level, is by far the biggest block to the development of the health sector and it is a serious barrier in the achievement of the development objectives of the millennium. Therefore, the qualitative and quantitative increase of health human resources is still one of the main priorities of local authorities.

With the aim to address these issues, the MISAU set up the so called *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde,* PNDRHS 2008–2015, which plans a 79% increase in the number of health human resources employed within 2013, going from 25,600 to more than 46 thousand workers in the field and with the aim to improve the rate of health staff x 1,000 inhabitants to 1.86.

These very ambitious objectives will necessarily depend of the funding that the Country will manage to get from the international community.

Projections of health personnel until 2015 according to PNDRHS 2008 - 2015

	2006	2015	Difference
Population	20,366,795	24,517,582	20%
Health human resources	25,683	45,904	79%
health staff x 1,000 inhabitants	1.26	1.87	
Inhabitants x health staff	793	534	- 33%
No. medical doctors	874	1.915	119%
No. medical doctors x 1000 inhabitants	0.043	0.078	
inhabitants x medical doctors	23,303	12,803	-45%
No.nurses	4,282	7,195	68%
No. nurses x 1000 inhabitants	0,21	0,29	
Inhabitants x nurses	4,756	3,408	-28%
N° *parteiras* (midwives) with training	2,906	4,856	67%
N° *parteiras* x 1000 inhabitants	0,41	0,20	
inhabitants x *parteiras* with training	7.009	5.049	-28%

Source: PNDRHS 2008-2015 referred to *'Addressing the Health Workforces in crises in Mozambique: a Call for Support*', Maputo – September 2008

Other critical issues which affect the quantity and quality of the human resources are low salaries, policies which do not focus on the valorisation and motivation of personnel, bureaucratic and weak management mechanisms at province and district level, poor and low quality training (even due to lack of trainers). All these issues affect the quality and the quantity of health personnel and worsen the problem of retention of qualified health staff in the health sector.

During the last years the effort of the Mozambican authorities and the international donor community has been substantial, as proved by the increase of funds allocated per capita: the health expense per capita, which during the 1990s was around 5 dollars, went from 14 $ in 2004, to 24 $ in 2008 until reaching 35 $ in 2012[10]. Furthermore, the purchasing power of the Country significantly increased, according to the findings of the *Avaliaçao Conjunta Anual*[11] 2013, the amount of funds used went from a 69% rate (2009) to over 90% (2010, 2011 and 2012).

However, despite these general improvements the health system in Mozambique is still mainly not able to meet the population needs. The main critical points which are still present today, further to the low availability of economic resources, are: limited access to health services and health units (as of today less than 50% of the population does not have access to the national health system); imbalances in the allocation and disbursement of funds; not always easy coordination among the central level and the peripheral ones and between / with actors of the international cooperation; lack of infrastructure and equipment; difficulties in planning and managing human resources; limited availability of drugs.

[9] The Millennium Development Goals indicate a minimum density to achieve around 2,3 health human resources(medical doctors, nurses, midwives) every 1,000 inhabitants.
[10] Despite the increase of the health expense per-capita costs, the percentage of the State Budget allocated to the health system decreasedfrom 10% during 2002-2009 to 7% in 2010 and 2011 (UNICEF 2010).
[11] *Avaliaçao Conjunta Anual* is the yearly joint evaluation carried out by the donors and MISAU in the framework of PROSAUDE.

Strategic documents and plans

In order to improve the quality and access to the health system, the Mozambican authorities drew several strategic plans with the support of the international community in the last years. Among the main documents, containing guidelines, objectives and strategies for the development of the health system, it is worth mentioning:

→ Poverty Reduction Action Plan (PARP) 2011 – 2014, in continuity with the Action Plan for the Reduction of Absolute Poverty 2006 – 2009[12] (PARPA II), which represents the operational plan of the 5-year government plan.

→ Strategic Plan for the Health Sector 2007 – 2012 (*Plano Estratégico do Sector Saúde (PESS) 2007 – 2012*). PESS defines the objectives and the priorities within which all initiatives in support to the health sector must be planned, including the international cooperation ones. In particular PESS 2007 – 2012 pursues the following objectives and priority lines of intervention:

objectives

1. Improvement of access and quality of the health service;
2. Decrease of occurrence of serious diseases (in particular malaria, tuberculosis, leprosy, and HIV/AIDS).

priority lines of intervention

1. Increase of access to health services;
2. Strengthening of the primary health services;
3. Strengthening of the health system of referral;
4. Improvement of the quality of services delivered at all levels;
5. Strengthening of the strategy of community participation;
6. Promotion of the collaboration with other service providers.

→ The Plan of Human Resources Development in the Health Sector 2008 – 2015 (*Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde (PNDRHS) 2008–2015*), which defines the strategic lines regarding human resources training and management in the health services and regarding the strengthening of the organization both of health units and of training institutes. The Plan renewed the commitments stipulated in the Accelerated Training Plan (ATP) 2006-2009 and the Plan of Human Resources Development in the Health Sector 2006-2010. The PNDRHS defines the following objectives and strategic areas of intervention:

objectives

1. Closeness to the Millennium Development Goals (MDG)
2. Improvement of MISAU training capacity;
3. Decrease of health human resources deficit;
4. Decrease of imbalances in health human resources among the Country provinces;
5. Correction of the inter-province and inter-district distortions;
6. Improvement of health human resources performance on a quantitative and qualitative level;
7. Retention of human resources in the health sector;
8. Improvement of the definition of regulations of health workers.

Strategic areas of intervention

1. Strengthen the organization of the National Health System;
2. Improve the management capacity at all levels;
3. Improve the allocation, retention and motivation of health personnel;

[12] The Plan was drafted for the period 2006 – 2009, subsequently extended until 2010.

4. Increase the capacity of initial training, post-graduate training and permanent training.

→ The Strategic Plan for the Development of Information Systems within the Health Sector 2009 – 2014 (*Plano Estratégico do Sistema de Informação para a Saúde (SIS) 2009 – 2014*),

The PESIS proposes solutions to improve the methods currently used for data collection related to health human resources, which is based today on some non-integrated systems and on two information systems which are still not active in all the provinces: SIP, which includes all files for personnel, with all the relevant related data and documentation, and a system for payments and salaries based on the financial management system (SISTAFE, in electronic format e-SISTAFE) is managed by the Ministry of Finance at national level. Although SIP and SISTAFE have important information for the human resources management, there are no integrations and therefore there is no unified vision for their management.

3.3. The Italian Cooperation health strategies and policies in Mozambique [13]

The Italian Cooperation has been present in Mozambique since the 1970s (the first agreement for technical cooperation between the two Countries was signed in 1977).

The historical connection and the role played within the peace process make Mozambique a priority Country for the Italian Development Cooperation, insomuch as to place it among the first beneficiaries of the Italian ODA. From 1982 to 2009, 764 million Euros were disbursed to Mozambique as gift, and 105.9 million Euros as aid credit. On top of that, there are the resources released by the debt cancellation in 2002, which total 557.3 million Euros. Despite the strong reduction of the Italian public aid to the development, there is a planned allocation of over 104 million Euros for the three-year period 2011-2013 (44 of which as gift and 60 as aid credit for the building of the Nhacangara dam) [14].

Within the scope of the Italian-Mozambican cooperation policies, health has always been a priority sector, although the DGCS intervention strategies have been changing and differentiating over time. As a matter of fact in Mozambique, as in many Countries benefitting of the Italian ODA, the fragmentation of the aid represented and still represents a substantial burden for the Country, reducing the total effectiveness of the aid and preventing the coherent development of the national systems. The health sector has always traditionally been among the "busiest" sector in terms of government agencies, multilateral and non-governmental actors, all cooperating to its development.

So from the first years of the 2000 and even more after the Paris Declaration on the effectiveness of Aid (2005), several bilateral and multilateral cooperation agencies, including the Italian Cooperation, decided to directly participate to the financing of the health sector budget in Mozambique through common funds (*Sector Wide Approach* – SWAp), in response to the previous trend to mainly operate through projects and "vertical" initiatives. The main objective was to overcome the fragmentation also caused by the health Italian cooperation projects, which in those years were mainly focused in the Sofala province and in a specific area (Mavalane) of the province of Maputo.

With this objective, from 2006 on, the Italian Cooperation almost completely abandoned the "project" financing mode and concentrated its effort in "horizontal" cooperation initiatives coordinated with other donors and / or the Mozambican authorities. In the health sector the efforts were concentrated on three complementary sectors: support to the state budget for health, through the funding to the Common Fund PROSAUDE; technical support for the development of health human resources; finally support to the decentralization and development of local health systems.

This strategic vision, within which the '*promoted'* project has been considered, allowed the portfolio diversification of the Italian Cooperation tools in Mozambique, thus allowing Italy to follow the process of institutional transformation and to contribute to it at all levels.

[13] The policies and strategies of the Italian Cooperation in Mozambique were deducted with exclusive reference to DGCS documents. It has been however noticed that, as it was not possible to obtain the full list of the projects funded and/or promoted by DGCS in Mozambique, the present reconstruction might be incomplete.
[14] Source: DGCS (2010) "Mozambique, Country framework S.T.R.E.A.M by DGCD".

The three levels of intervention are better detailed as follows:

→ **Common fund "*PROSAUDE*"**: following the formal adhesion in 2009, Italy participates to the direct support to the budget of the health sector through the PROSAUDE fund, together with other donor Countries. In particular, it financially contributes to a common health sector fund with non-earmarked funds and it jointly provides institutional and coordination support. The initiative, integrating with PESS 2007-2012, aims to support the Mozambican effort to improve the health status of the population, through a better quality and a wider access to services and at the same time reducing the scattering of international aid resources.

> One of the four projects under evaluation falls within this strategic component:
>
> ➲ The project (direct management and governmental component ex art. 15), *Italian participation to the financing and the management of the sectoral program of the Mozambican Government for the Health sector* (AID 9147), for a total amount of € 4,618,000.

→ **Integrated interventions in support to the Plan for Development of Human Resources in the Health Sector**. In this case, projects were financed integrated in the Accelerated Training Plan 2006-2009 and in the PNDRHS 2008 – 2015, aimed to train health human resources, with particular reference to the Sofala province and the Municipality of Maputo. The allocated funds are managed both through direct management mechanisms (in some cases with government component ex art.15) and through project-type financing.

> The remaining three projects under evaluation fall within this strategic component:
>
> ➲ The project (direct management) *Development of local health systems – Initiative of support to the accelerated Training Plan for health technical workers 2006 – 2009 in the province of Sofala* (AID 8835), for a total amount of € 976,000.
> ➲ The project (direct management and governmental component ex art. 15), *Support to the development of human resources in the health sector* (AID 9189), for a total amount of € 7,499,350.
> ➲ The '*promoted*' project *Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique* (AID 9231), for a total amount of € 1,701,183.

→ **Interventions in support to the decentralization and the development of local health systems**: In this case, the interventions are partly directly managed and partly assigned to local authorities that aim to improve the management capacities and the health facilities in the areas of Mavalane (Municipality of Maputo) and the Sofala province.

> In this strategic component, there are two programs that are not subject of this evaluation:
>
> ➲ The project (direct management) *Decentralization and development of the local health systems, with particular focus on the Sofala province*, for a total amount of € 5,536,999 (in re-planning phase).
> ➲ The directly managed project *Decentralization and development of the local health systems, area of Mavalane*, for a total amount of € 6,080,684 (ongoing).

The change from a cooperation policy based on projects to an approach of direct support to the state health budget and of technical assistance allowed for a widening of the areas of collaboration and influence of the Italian Cooperation, shifting its participation to the health development policies to a decisively higher level. Consequently the framework of institutional reference of the Italian Cooperation has definitely changed, having to include a number of actors who are at the same time both partners and beneficiaries.

The Country Framework S.T.R.E.A.M. 2010 – 2012

From 2010 the development cooperation policies Italy-Mozambique are framed within a three-year Country plan which, following the S.T.R.E.A.M. acronym (*Sinteticità, Trasparenza, Realizzabilità, Esaustività, Armonizzazione e Misurabilità - Translator's note: conciseness, transparency, feasibility, exhaustiveness, harmonization and measurability*), gives a picture of all the aid activities, both on-going and planned, of the Ministry of Foreign Affairs / DGCS in the Country. The Country Framework confirmed the attention placed by Italy on Mozambique, which is a priority country following the Italian Cooperation guidelines for the three-year period 2010-2012.

For the first time, the document identified the following priority sectors: agriculture, education, health (with particular focus on the fight against big pandemics, on training and on basic health structures) and good governance[15], proposing a strategy based on a geographical rationalization of the interventions in the central provinces of the Country (Sofala, Manica and Maputo). With reference to the health sector, the following objectives were identified, coherently with the previously identified strategic lines:

Specific objective	• training of managerial health staff and strengthening of basic health facilities, encouraging the universal access to such services, strengthening the local health systems and making the fight against diseases more effective
Expected results	• strengthening basic health facilities (through the aid of the directly managed initiative with the same name) • training of the managerial health staff and strengthening of the professional technical level of the local health human resources(through the government-managed project called PROSAUDE) • development of the local systems capacities to plan and manage resources, including access to such resources; • support to the activities for the reform of the health system (PROSAUDE) • a higher middle-term availability of higher level managerial technical workers, as well as of specialized medical doctors and basic doctors trained through regular courses certified by public or private institutions in several technical fields, relevant both for the network of services within the framework of development of the local health systems, and for the technical requalification of the training network (schools and health units selected for the practical training programs)

For the three-year period 2011-2013 the Italian allocation in support to the Mozambique health system is of 8.14 million Euros, 2.5 of which of contribution to the multi-donors fund PROSAUDE; that is little less than 8% of the total funds that Italy planned in support to Mozambique (nearly 20% considering the gift component alone).

The funding to the health sector seems stable, when considering that a total allocation of 2.8 million Euros was planned for 2010, as shown in the table below:

COUNTRY STRATEGY S.T.R.E.A.M. Mozambique		
Sectors	**Funds disbursed in 2010**	**Funds planned for 2011 – 2013**
Rural sector	1.34 million Euros	3.05 million Euros
Education sector	2.035 million Euros	5.91 million Euros
Health sector	2.8 million Euros	8.14 million Euros (*)
Good governance and cross-cutting sectors	15.9 million Euros	87.12 million Euros (**)
TOTAL	**22.07 million Euros**	**104.22 million Euros (***)**

(*) 2.5 million of which as contribution to the *multi-donors* fund PROSAUDE.
(**) 8 million of which as multi-donors contribution and to *Budget Support* and 60 million as aid credit for the construction of the Nhacangara dam. The financial contribution to *Budget Support* in the three-year period 2007 – 2009 amounted to 11.4 million Euros (source: Bruschi "Italian participation to the budget support program for Mozambique").
(***) 60 million of which in aid credit 44.22 as gift.

The geographic concentration of the Italian intervention in the Sofala and Maputo provinces, as a result of the reconstruction programs started right after the end of the war and of the MISAU cooperation strategy, which for a long time encouraged the donors to add the direct support to one or more provinces among their financing methods, is still an up-to-date need and the two provinces are still the ones where the Italian Cooperation is focused, both at a government and non-government level.

[15] The identification of the strategic sector matches with the development strategies of Mozambique (listed in PARPA II, program document for the fight against poverty in Mozambique) and in the various documents for the sectoral development drafted by the government authorities.

Guidelines and planning guides for the three-year period 2013-2015

The document "*Linee guida ed indirizzi di programmazione per il triennio 2013 – 2015*"[16]" (submitted at the Inter-institutional Table 14.12.12 and updated on 7.03.13) once more confirms Mozambique as one of the 24 priority Countries of the Italian Cooperation.

In the document it is written that "the focus will remain on the use of the tool budget support (meant both as "*General Budget Support*" and "*Sector Budget Support"*) to improve the quality of the aids and to achieve the objectives of reduction of poverty and of sustainable development, in accordance with the international principle to facilitate the ownership in partner Countries".

The intention is then to emphasize the direct contribution to the Mozambican budget (5 million Euros per year planned, and 2.6 million planned for the three-year period 2011 – 2013), also in consideration of the fact that Italy will preside over the Troika of G19 in 2013, which is the donors committee which take part in this kind of aid.

In addition, the Italian ODA in Mozambique shall continue to benefit from the updated guidelines for the health sector disseminated by DGCS in July 2009 ("Global health: guidelines of the Italian Cooperation").

[16] Translators' note: Guidelines and planning guides for the three year period 2013 - 2015

4. Results, evidence and lessons learnt

→ Chapter four describes the results of the evaluation exercise, the relative evidence and the lessons learnt regarding the four research hypotheses and the four projects:

- The chapter is split into four paragraphs, each of them is about the analysis of the results of each project (AID 8835, AID 9189, AID 9147, AID 9231);
- In turn, each paragraph is split into sections corresponding to the four research hypotheses. Therefore, upon drafting the report, it was decided to ensure a clear explanation, concentrating the analysis on each single projects, on the evaluation exercise results, on the related evidence and any lessons learnt.

→ The following table describes the chapter's structure and the correspondence of the paragraphs to the four research hypotheses:

Paragraph	Project	Sections	Hypothesis number
4.1.	Project AID 8835	4.1.1. project implementation status 4.1.2. analysis of the actors and of the coordination 4.1.3. services and products delivered 4.1.4. identified changes	1 2 3 4
4.2.	Project AID 9189	4.2.1. project implementation status 4.2.2. analysis of the actors and of the coordination 4.2.3. services and products delivered 4.2.4. identified changes	1 2 3 4
4.3.	Project AID 9147	4.3.1. project implementation status 4.3.2. analysis of the actors and of the coordination 4.3.3. services and products delivered 4.3.4. identified changes	1 2 3 4
4.4.	Project AID 9231	4.4.1. project implementation status 4.4.2. analysis of the actors and of the coordination 4.4.3. services and products delivered 4.4.4. identified changes	1 2 3 4

4.1. Project AID 8835

4.1.1. Project implementation status

Research hypothesis n.1

The projects were carried out according to shared procedural standards, which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorisation of the lessons learnt.

a. Project summary

Title of the project	Managing Body	Partners involved	Location	Period of execution	Total Budget (€)	Donor agency
Development of local health systems – Initiative of support to the accelerated Training Plan for health technical workers 2006 – 2009 in the province of Sofala (AID 8835)	DGCS - direct management	• DPS - Sofala • Institute of Health Sciences - Beira • Nhamatanda Training Center	Sofala province	05/2008 - 12/2012	976,000 €	DGCS

The initiative *'Development of local health systems – Initiative of support to the accelerated Training Plan for health technical workers 2006 – 2009 in the province of Sofala'* was approved with act by the General Director n. 24 of 28.1.2008, with a total allocation of 976,000 Euros split into *In-situ* Fund (700,000 Euros) and *Experts* Fund (276,000 Euros).

In its original plan, the project should have been implemented over a two-year period, for a total of 18 months[17]. But the project activities started in May 2008[18] and ended in December 2012.

In order to give continuity to the key role played by the Italian Cooperation in the Sofala province, the project was planned as support to the MISAU *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* and it included the support to the Sofala Province Health Directorate (DPS) and its subordinate institutions (training institutions, district health authorities and hospital management), in order to contribute to the improvement of the population health status and to the adequate and equal access to basic health services.

In particular, and incompliance with the Strategic Plan for the Province Health Development 2006-2010, the project aimed to strengthen the technical and financial capabilities of the Sofala DPS, of the Nhamatanda Training Center and of the Institute of Health Sciences of Beira, through the following activities:

→ Technical assistance and financial contribution to the implementations of training programs planned by the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* (training of health technicians at the Nhamatanda Training Center and at the Institute of Health Sciences of Beira and of continuous training for the health personnel working in Health Facilities);

→ technical and financial support for the strengthening and the functional requalification of the institutions in charge of the training of health technicians (Nhamatanda Training Center and at the Institute of Health Sciences of Beira);

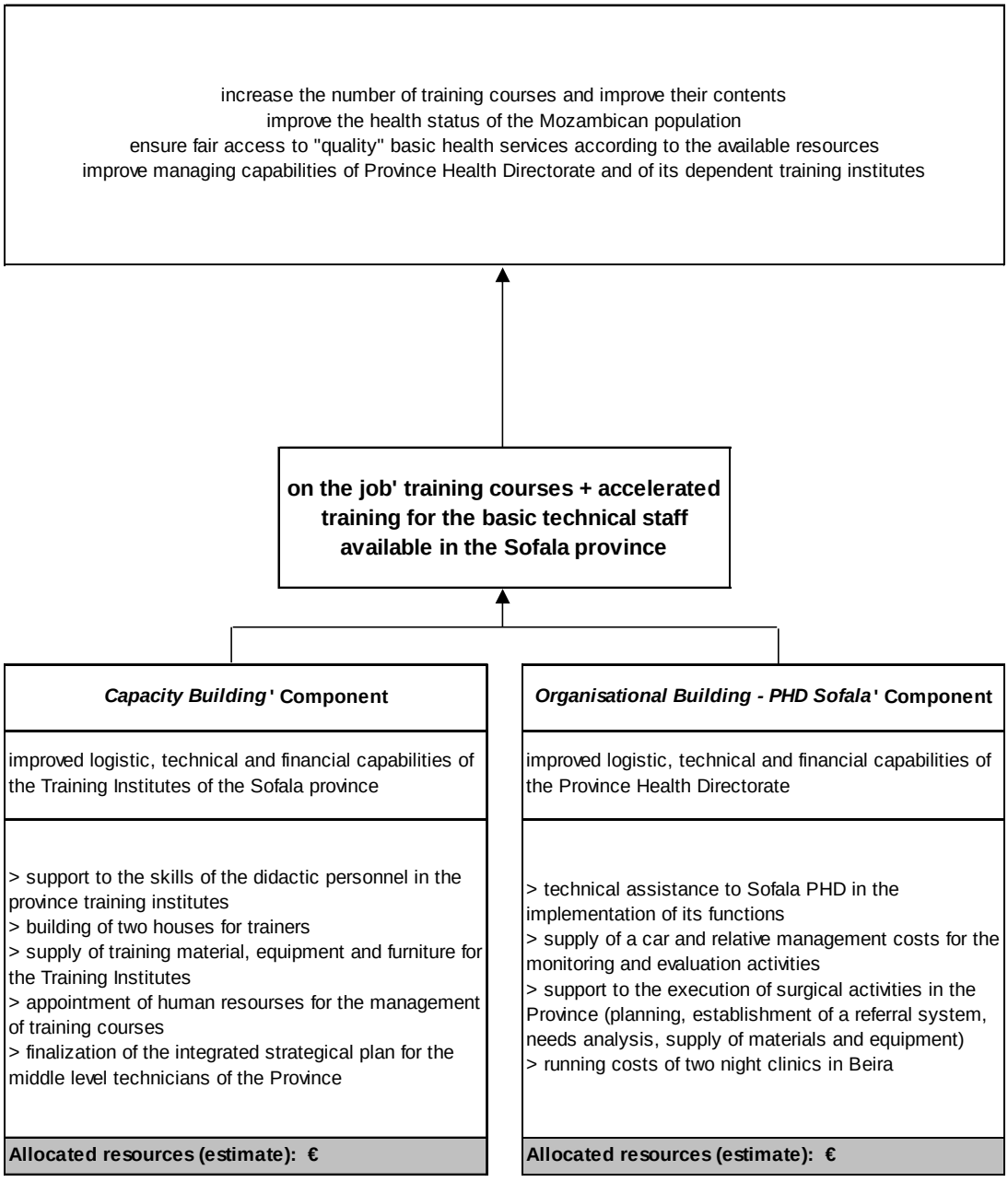
[17] The project duration indicated in the approved proposal is of 20 months, as in the Terms of Reference supplied by DGCS for this evaluation and by the '2008 Synthesis – Cooperation Initiatives in Mozambique and Swaziland' by the Italian Embassy in Mozambique, and in various project documents. The project manager was indeed allocated 20 man/months. On the other hand, on the project reports produced during the project implementation the indicated period of execution is of 18 months, and the most part of the costs of the activities financed by the *In-situ* Fund was calculated according to this latter period.

[18] The Terms of Reference supplied by DGCS for this evaluation mention May 2008 as the starting date of the project while from other documents it seems that the project starting date is June 2008, together with the first disbursement of funds. The project manager arrived only at the beginning of November 2008.

→ supply of equipment and furniture, office consumables and stationary, contribution to general costs and supervision of Health Facilities;

→ strengthening of the capacities of the Central Hospital of Beira and the Nhamatanda Rural Hospital in the training of middle-level surgical technicians for the surgical treatment of the simple and complex urinary-vaginal fistulae.

The following diagram summarizes the project logic by sub-dividing the planned activities in two components, *organizational component* and *capacity building component:*



b. *Deviation from plan*

The *deviation from plan* underlines the deviations occurred when compared to the original project plan.

The logical framework and the indicators described in the project proposal were used in order to identify the initial targets in the deviation from plan, together with the indicators later modified for the purposes of the internal monitoring of the activity progress, of the state of achievement of the results and of the specific objective.

With reference to the analysis carried out, it is possible to make the following remarks:

- → Some inconsistencies were found between the logical framework and the contents of the project proposal. Therefore in some cases it was complicated to provide a proper interpretation of the data;
- → None of the proposed indicators identified the initial values and the expected final targets, thus making the reconstruction of the deviations and the analysis of the achievement of results very difficult;
- → The deviation from plan was drafted based on the information acquired during the evaluation exercise through the analysis of the available documents (in particular reports, operational plans, technical-financial reports, also in their final version[19]), through interviews with the DCGC long-term experts who coordinated the project and through the contribution of the administrative personnel of the Local Technical Unit of Maputo, who was in charge of the reporting.

  Unfortunately, it was not possible to obtain detailed updates on the implemented activities and on the results achieved after June 2010. As a matter of fact, from the departure of the project manager until December 2011, the activities were coordinated by a long-term DGCS expert who was in charge of the budget planning and the related financial reports, without however providing information on the progress of the activities and on the indicators selected to measure the expected results.

  Therefore, many data for the analysis are missing and / or not available.

The following table provides a detailed view of the target achieved by the end of the project, as far as it was possible to understand; in absence of final data, the target described below are those described in the project manager report before the end of his contract (June 2010):

Logic of intervention	Indicator	Initial target	Actual Target	Reason for deviation / remarks
General obj. – 1) Improve the health status of the Mozambican population; 2) Guarantee an adequate basic health assistance to all population in coherence with the Strategic Plan for the Province Health Development 2006-2010; 3) Ensure equal access to basic "quality" health services given the available resources	classic indicators such as the population health status	n.a.	n.a.	
	classic indicators on the use of services	n.a.	n.a.	
	classic indicators on the availability of resources	n.a.	n.a.	
Specific obj. – strengthen the technical, logistic and financial capabilities of the DPS of Sofala and of the provinces training centers to implement a continuous 'on the job' training program and the accelerated training of basic, middle and middle-high level health technicians in the training institutes	number of courses for health technicians and type of courses carried out	n.a.	5	as of 30/06/2010 there are 4 ongoing courses for basic nurses and 1 for general nurses
	percentage of courses launched compared to the planned ones	n.a.	100%	the data is actually not very significant, as during the planning phase the number of courses to be launched was not indicated
	number of participants to the courses	n.a.	157	data registered on 30/06/2010
	percentage of the successful participants for each training module	n.a.	n.a.	
	percentage of participants graduating at the end of the training programme	n.a.	n.a.	

[19] The acquired documents do not provide consistent details for the whole project duration. The final technical report of project AID 8835 is dated May, 20th 2013 and it coincides with the project summary drafted in September 2011.

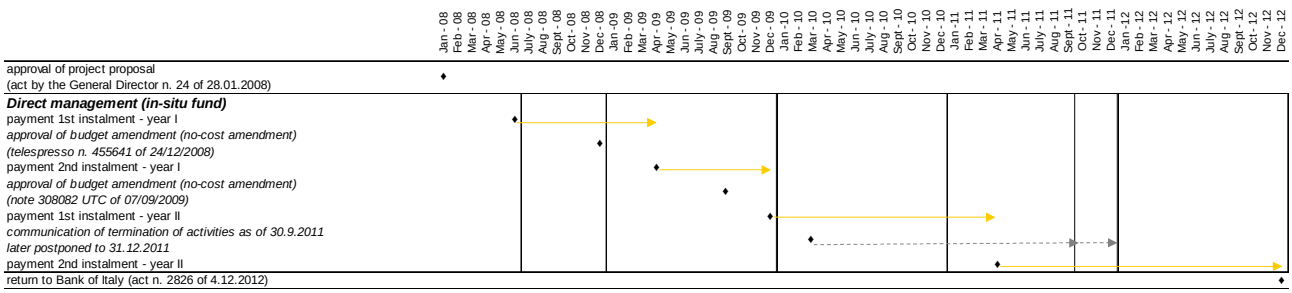
	number of supervisions and training activities implemented in the health facilities compared to the planned ones	15	14	data registered on 30/06/2010
	% of personnel trained on the job	n.a.	n.a.	
	More efficient and effective management of human and financial resources of DPS	n.a.	n.a.	
Result 1 – province health services improved and strengthened	increased rates of coverage and use	n.a.	n.a.	
	number of supervisions and sessions of continuous 'on the job' training implemented	n.a.	12	data registered on 30/06/2010
	% of trained health technicians	n.a.	n.a.	
	number of houses built for the interns of the Training Institutes	2	2	
	quantity of equipment, technical material and surgical tools provided	yes	yes	100% of the amount disbursed for the first year was spent and 30% of the amount for the second was committed
	number of appointed trainers and supervisors	n.a.	31	9 teachers of the Nhamatanda center, 20 teachers of the Institute of Health Sciences of Beira, 2 supervisors (for 3 months)
	number of trained / up-to-date trainers and supervisors	n.a.	78	data registered on 30/06/2010
	number of courses implemented and of positive evaluations	n.a.	n.a.	
Result 2 –trainers and supervisors of the various technical areas strengthened in quality and quantity in the institutes for the training of health technicians	salaries and incentives paid to trainers and supervisors	yes	yes	salaries and incentives paid through the training institutes
	disbursed financial contributions for the implementations of the planned supervisions	yes	yes	for the implementation of the planned supervisions 8,615.12 Euros were disbursed
	financial contribution for the purchase of a 4x4 vehicle in support of supervisions and the program of continuous training	1 vehicle	1 vehicle	
Result 3 - logistics of the institutes in charge of initial and on-the-job training courses reinforced and improved as far as infrastructures, equipment and didactic materials are concerned	number of accommodations for interns built in the districts in compliance with the planned executive projects	2	2	
	number of equipment and furniture provided to the technical laboratory of the Nhamatanda training center	n.a.	varies	7 metal cabinets, 40 surgical pliers, 10 sphygmomanometers, 11 stethoscopes, surgical gloves, surgical masks, 2 flashlights, 1 digital camera
	number and quantity of books supplied / planned to the training centers libraries	n.a.	47	
	number of didactic material, equipment and furniture supplied / planned to the training institutes and the interns accommodation	n.a.	varies	as listed in the final inventory, the following equipment / furniture was supplied: 2 laptops, 2 computers, 2 printers, 2 projectors, 1 photocopier, 160 pliers, 2 metal cabinets, 1 wood autoclave, 1 desk, 4 chairs, 3 bicycles, 5 flashlights (both at Nhamatanda and the Institute of Health Sciences in Beira)

	number of trainers and supervisors contracted to provide training courses	n.a.	n.a.	
	number of trainers and supervisors trained / refreshed in pedagogy and in their respective technical areas	n.a.	n.a.	
Result 4 –training Institutes, DDS and DPS improved ability to plan and manage human resources and training programs	program for continuous and initial training prepared	yes	yes	as of 30/06/2010 there is a second refreshment course on going
	work plans prepared	yes	yes	no new work plans were drafted as they already existed
	number of teachers and supervisors hired / planned to implement teaching activities	n.a.	*per diem paid*	per diem paid to teachers already under contract by DPS
	update of the personnel information system	yes	n.a.	
	% of courses launched compared to the planned ones	100%	100%	the data is actually not very significant, as during the planning phase the number of courses to be launched was not indicated
Result 5 –strengthened and improved surgical services and training activities at HCB and HR	number of surgical technicians trained / refreshed on the treatment of urinary-vaginal fistulae	n.a.	11	
	surgical and obstetrical program document drafted (definition of protocols)	yes	no	national protocols were used
	% of health trainings using the surgical and obstetrical protocols on the total health facilities	n.a.	n.a.	
	increased rates of coverage and use	n.a.	n.a.	
	number of surgical equipment and tools supplied to HCB and HR	n.a.	2	supply of 2 monitors to detect fetal heartbeat to the delivery room
	courses for surgical technicians implemented and number of people trained	n.a.	6 courses, 5 trained surgeons	
	number of modules of surgical training implemented/planned	n.a.	6	data registered on 30/06/2010
	definition of the organizational chart of the training institutes	yes	yes	already in place
	supply of equipment, surgical tools and medical and non-medical material to HCB and the Nhamatanda HR	yes	yes	already in place
Result 6 – financial resources necessary for the implementation of training courses for health technicians	sufficient availability of human resources for the management and didactics of the training courses	n.a.	sufficient	
	financial contribution for the implementation of four courses for basic-level health technicians in compliance with the *Plano de desenvolvimento de recursos humanos 2006-2010* and the *Plano de Aceleraçao da Formacao de técnicos de saude 2006-2009*	yes	yes	total disbursed or earmarked contribution for four courses out of four on basic level training and partial contribution for a fifth training course

c. Procedural standards and delivery of services

no-cost amendments

The following table shows the reconstruction of the main project phases starting from the project approval until the return of the unused funds to the Bank of Italy, as it results from the analysis of the documents acquired during this evaluation exercise:



As shown in the table, the project activities were carried out during the course of a significantly longer period than the originally planned one (54 months rather than the 18 planned). In this period:

→ two budget no-cost amendments were requested and approved:
- the first in 2008, to adapt the project to the new needs of the local logistic office, also due to the arrival of the project manager in November 2008;
- the second in 2009, upon request of the DPS, in order to increase the funds allocated to transfers, building and the purchase of medical materials, by transferring the funds previously allocated to transports as they were deemed no more necessary.

→ communication was provided of the end, by 31.12.2011, of the biannual courses for the training of nurses in the child – maternal sector, organized and managed by the Institute of Health Sciences of Beira.

financial resources and project reports (narrative and financial reports)

The resources used by DGCS to implement the project are summarized in the following data, dated December 2012, which is the accounting closing date of the project. Resources and balance are described basing on the different allocations of the *In-situ* Fund and of the *Experts* Fund:

→ *In-situ* Fund

allocated amount		amount and disbursement date		amount and payment period	
year 2008	480.652,00	268.056,00	13-giu-08	181.414,96	2008
		212.596,00	10-apr-09	220.255,89	2009
year 2009	219.348,00	150.000,00	18-dic-09		
				188.041,66	2010
		69.348,00	27-apr-11	101.321,69	2011
				1.256,07	2012
	700.000,00	**700.000,00**		**692.290,27**	

The table above points out that:

- the allocated amounts were fully paid; the disbursement was articulated in four installments, two for each year.
- at the end of December 2012, the 98.9% of the total allocated funds was disbursed and, consequently, 7,709.73 Euros were returned to the Bank of Italy[20].

[20] Mandate n. 2826 of 4.12.2012

Furthermore, from the analysis of the documents, it emerged that the first installment required for the second year corresponded to the total amount of the funds initially planned for the second year; because of administrative problems the disbursement was for a total of 150,000 Euros and the related operational plan was arranged accordingly. As the financial progress reports for the second semester of 2011 and for the whole year 2012 were not available, it is not possible to track the activities that were not implemented and that caused the return of funds to the Bank of Italy. In any case, it seems likely that the percentages of the planned resource allocation in the approved budget are also confirmed by the final financial report, and therefore that around 45% of the *in-situ* fund was spent for several different interventions (civil works, purchase of material and equipment, management costs etc.) and the 55% went towards training activities.

It must also be remembered that, following the closing down of the Italian Cooperation office in Beira in December 2012, the vehicle purchased with project AID 8835 funds was sold; the amount collected (little more than 26,000 Euros) was subsequently transferred to the Bank of Italy.

→ *Expert* Fund: as for the final report dated May 2013, 16 out of the 18 man/months are accounted for, with a leftover of 40,303 Euros (SIC data of 30.06.2011)[21].

As far as the documents used for the narrative and financial project reports are concerned, it must be noted that:

→ once the required committed percentage on the installment already disbursed had been reached, in order to request the transfer of the following installment, operational plans of different duration (from 6 to 12 months) were drafted. The various operational plans detailed the estimated expenses for the period concerned and also reported, at least until December 2011, the tables of the expenses reported in the previous periods; they also made reference to the key events related to the activity implementation, among which dates and references to the occurred funds disbursements and the no-cost amendments approved.

→ some project briefs were also prepared, which recapped summary information about the activity progress status and the *In-situ* Fund and *Experts* Fund expenses.

→ technical-financial progress reports status were prepared, including the detail of the expenses incurred for all budget items, however without any information on the activities implemented, to the results achieved and/or any problems occurred.

The information on the progress status and on the results achieved also used for the aim of this evaluation has therefore been taken from the project manager activity reports, each with a different format and different contents, as well as from some working documents he used and from interviews with key personnel at the DPS and in the Training Institutes involved in the project activities[22].

human resources

As described in the approved project proposal, the general coordination of the initiative was assigned to the project manager, who covered the role of technical assistant to the Province Head Medical Doctor. The initial job description considered a 20 months' work period, coinciding with the duration of the basic level training[23], and a double role for the: 1) strengthening of training and management of human resources in the national health system; 2) role of trainer and activities in the gynecological-obstetrical department.

Moreover, the project allocated 3 man / months for short consultancies in support of the achivement of project objectives.

[21] It should be noticed that in the approved project proposal the allocation of the *Experts* Fund for the project manager was of 20 months, moreover such fund results being re-financed with act of the General Director n.26 of 28.01.2011 for the financial year 2011.
[22] During the interviews to the key personnel, additional documents were often mentioned on top of the documents acquired for the purposed of this evaluation; these additional documents refer to the description of activities and of internal evaluation (e.g. DPS periodical reports submitted to the project manager, evaluation reports for the training courses etc.). However it was not possible to obtain a copy of such documents as often no more existent.
[23] See previous footnote.

The following table shows the human resources allocation during the project implementation:

Qty	Role in the project	Appointed role	Total time allocation	Expert	Jun - 08	July - 08	Aug - 08	Sept - 08	Oct - 08	Nov - 08	Dec - 08	Jan - 09	Feb - 09	Mar - 09	Apr - 09	May - 09	Jun - 09	July - 09	Aug - 09	Sept - 09	Oct - 09	Nov - 09	Dec - 09	Jan - 10	Feb - 10	Mar - 10	Apr - 10	May - 10	Jun - 10	July - 10	Aug - 10	Sept - 10	Oct - 10	Nov - 10	Dec - 10	Jan - 11	Feb - 11	Mar - 11	Apr - 11	May - 11	Jun - 11	July - 11	Aug - 11	Sept - 11	Oct - 11	Nov - 11	Dec - 11	Jan - 12	Feb - 12	Mar - 12	Apr - 12	May - 12	Jun - 12	July - 12	Aug - 12	Sept - 12	Oct - 12	Nov - 12	Dec - 12
1	expert	Project Manager	20 months	Valerio Pastori MD																																																								
				Giuseppe Braghieri MD (*)																																																								
	expert	ad hoc consultancy (**)	3 months																																																								

From the analysis of the documents and the exchanges with the main actors, it emerged that:

→ *with reference to the project manager role*

Valerio Pastori MD was selected for the position of project manager according to the applicable procedures and on the base of the terms of reference drafted in compliance to the proposal: he started working in November 2008 and finished his mission at the end of June 2010 (around 18 months). Even if without an official appointment, the position was then covered by the long-term health expert Giuseppe Braghieri MD assigned to PROSAUDE - AID 9147, who covered the same position until the end of his contract (December 2011). The role of project manager does not seem to have been assigned to any other expert later on.

In addition, in spite of what planned, the project manager did not directly deliver training activities, as he did not work as trainer or as gynecologist, limiting his role to a coordination / technical assistance activity in the implementation of training activities.

→ *with reference to the ad hoc consultancies planned*

No short-term consultancy has been allocated.

internal procedures

The DGCS procedures were fully complied with during the whole duration of the project implementation. In particular, the evaluation analysis pointed out that:

→ pending the conclusion of the procedure for the selection of the project manager, a Technical Note dated March 2008 of the Director of the Local Technical Unit in Maputo requested the disbursement of the first installment for the project first year (*in-situ* fund) and detailed the budget planning for the first months according to the budget approved was.

→ Starting from November 2008 and at least until December 2011, the cost planning and related technical-financial reports were prepared by the project manager, in compliance with the operational modalities applicable to the "decentralized" initiatives, in which the UTC tasks are delegated to the Director of the Cooperation Office, while those related to the allocation of funds or to the payment of the due amounts are under the responsibility of the project manager, who is a long-term expert.

→ The operational plans and the related requests for the disbursement of the following installments were prepared by the project manager according to a common format and submitted to the attention of the Director of the Cooperation Office, in order to be later submitted to the office concerned at the DGCS upon approval of the Ambassador.

→ The requests for disbursement of the installments were submitted together with the compliance declaration, signed by the diplomatic representative in the Country, related to the implementation of activities in full compliance with the applicable procedures.

d. Evidence

N. 4. The project activities progress status was documented until June 2010; after such date, which coincided with the departure of the first project manager, from the operational plans it is not possible to gather clear information about the progress of activities and on the indicators selected for the measurement of the expected results; only purely administrative and accounting information is reported. The activities and the achieved results during the last 30 months of the project (from July 2010 to December 2012) are therefore not documented.

N. 5. The deviation from plan pointed out substantial deviations from the original planning, with particular reference to the project period, which went from 18 to 54 months. The extension of the project implementation period did not however coincide with an increased budget.

In addition, the role of the project manager has been significantly downsized compared to the initial forecasts related to the direct delivery of training. Therefore, the technical assistance of the project remained limited to the indirect strengthening of the delivered training activities, excluding a direct role in the training and thus considerably limiting the support that was initially planned.

N. 6. The reconstruction of the project implementation status was difficult also in the light of the indicators selected for its internal monitoring, as they were little (or not at all) relevant and specific, without any quantitative and qualitative indications (even initial). The indicators are not very useful in the analysis of the deviations from plan compared to the initial planning and to the delivered benefits. The same indicators are often used both at activity and result levels, and it is not always clear to which group of beneficiaries they refer to. In addition, in order to measure the success of the initiative for the target group (specific objective level) and the general contribution of the initiative to the improvement of the whole health system (general objective level), reference is made to the "usual reference indicators" without specifying which ones, and above all without measuring them during the project implementation.

The availability of partial and fragmentary information about the project status and the activity progress made the reconstruction of the achieved results even more full of gaps. Furthermore:

- → there is evidence of inconsistencies between the logical framework and the contents of the project proposal. In some cases, it was therefore complex to provide a unified interpretation of the data.
- → None of the proposed indicators identified initial values and expected targets, thus making the reconstruction of the deviations and the analysis of the achievement of objectives very difficult.

N. 7. The analysis of the deviation from plan pointed out the supplementary-complementary nature of the project to the implementation of the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* (See also to evidence n.8).

In the activities in support to the DPS of Sofala, the Nhamatanda Training Center and the Institute of Health Sciences of Beira the project logic indeed considered the implementation of a high number of initiatives in various field of operation of the partner institutions (from the supply of office equipment to the purchase of materials and drugs, to the support of expenses for the organization of training courses etc.), allocating very limited resources to every component. In this way, it was not possible to identify the priority lines of the intervention.

Furthermore, during the implementation the project often met the functioning urgent needs of the local health system, by providing financial resources to cover the expenses of activities that were already planned by the health authorities.

The disbursement of the allocated *In-situ* Fund further pointed out the supplementary role of the initiative AID 8835, as the amount allocated for a two-year program was disbursed during the course of three years and it was used during a period of over four years, making it then necessary to periodically update the project operational plan to take into account specific and urgent needs of the DPS of Sofala and of the two training institutes involved.

N. 8. The project implementation was fully compliant with the Italian management and reporting procedures applied to the direct management initiatives as well as with the procedures in force in Mozambique. Regarding this last aspect it is worth mentioning that the Mozambican counterpart showed clear appreciation for the capacity of the initiative (and of the people appointed for its management) to satisfy the expressed needs and to respect the procurement procedures to be applied to the Mozambican public administration.

Despite this, the analysis pointed out that:

- → the resources were used during a period triple the initially planned one;
- → despite the triple implementation period, the resources were not fully used and there was a leftover (part of the *in-situ* Fund was returned to the Bank of Italy while part of the *Experts* Fund was not used, also due to the decision not to use the short-term man months available for the project);

- → the monitoring system set up was used to control the progress of project expenses (in order to request the following installments and avoid the expiration of validty of funds) and much less to assess the activity progress status and the achievement of results;
- → compared to the terms of reference included in the vacancy documentation, the project manager never carried out training activities and a substantial amount of his time (around 30%) was spent to manage administrative-accounting issues and to draft project reports;
- → at the end of the long-term mission of the project manager in June 2010, the position of project manager was assigned in an informal way, thus without drafting the related terms of reference and the official introduction to the counterpart, and was then definitely interrupted in December 2011.

4.1.2. Analysis of the actors and of the coordination

Research hypothesis n°2

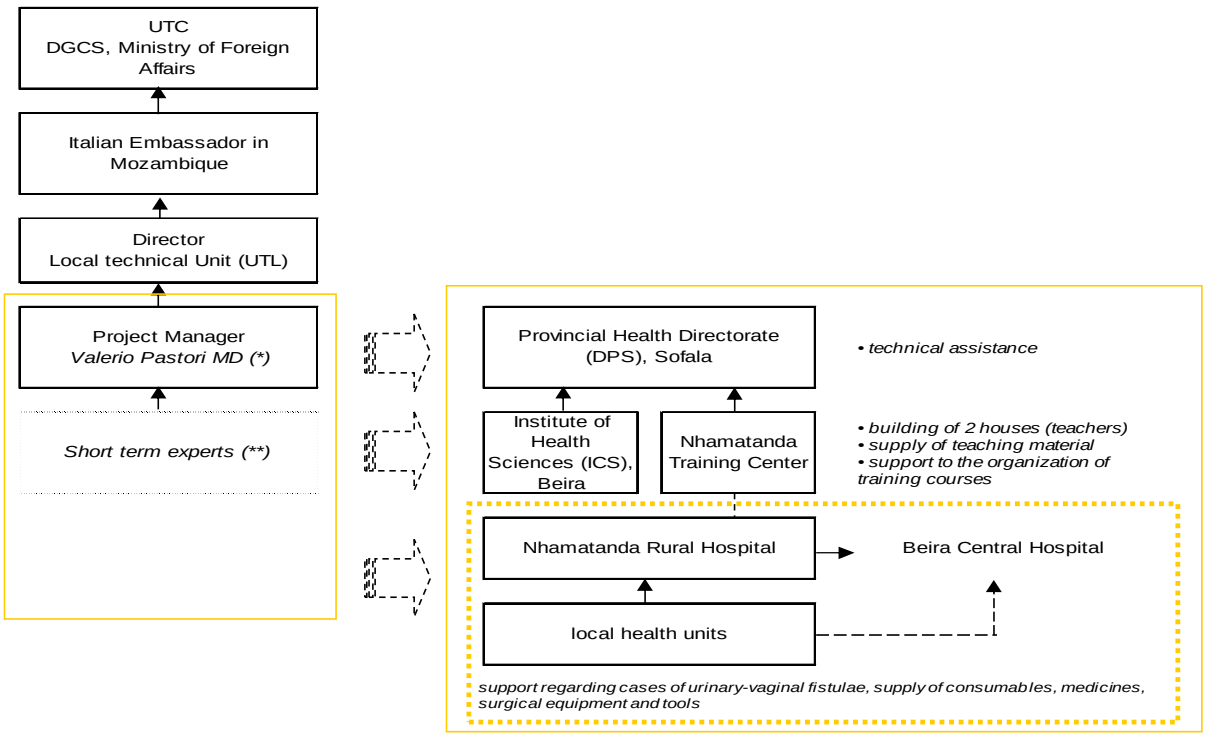
The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).

a. Project governance and coordination mechanisms with the counterpart/s

The general objective of the project being the improvement of the health status of the Mozambican population, the initiative focused on the strengthening of the technical, logistical and financial capacities of the DPS of Sofala and of some provincial training institutes. In this process, the main stakeholders of the project were as follows:

- → Directorate for Planning and Cooperation, MISAU
- → Province Health Directorate (DPS) of Sofala
- → Training Centers, in particular:
  - Institute of Health Sciences - Beira
  - Nhamatanda Training Center
- → Hospitals and health facilities at various levels in the province of Sofala
- → Central Hospital of Beira
- → Health personnel of the Sofala province, in particular in the child and maternal sector

Because of its nature as "integrated" project with the activities of the partners structures, the coordination mechanisms were considered to be crucial already in the project planning phase; without enabling coordinated methods for the activity operational planning and of the related funds, the project would have not been able to meet the *ad hoc* needs of the health system of the Sofala province.



(*) the project manager's mission started on 4.11.08 and ended on 30.06.10 (the position was covered by Giuseppe Braghieri MD until Dec 2011)
(**) there was no deployment of short term experts (3 man/months available)

The diagram shows the main communication and decision flows that the project enabled in order to ensure the allocation of funds in favour of the activities of the DPS of Sofala, of the Nhamatanda Training Center and the Institute of Health Sciences of Beira.

In the original project plan the project manager was assigned a key role in ensuring coordination of the initiative with the DPS of Sofala (above all with the Human Resources and the Training Directorates); the analysis confirmed that the various project managers who covered the position of project supervision indeed kept an ongoing relation with the DPS to agree on the operational planning of the *In-situ* Fund, to ensure the management of the activities and its reporting.

Besides the direct relationship with the DPS of Sofala for the purpose of the technical assistance and the overall coordination, the project manager had always direct contacts also with the two training institutes involved in the initiative (Nhamatanda Training Center and the Institute of Health Sciences of Beira) in order to plan the activities.

Once the activity plan and the related budget was agreed, the disbursement of funds by the DGCS to the DPS of Sofala always occurred before the implementation of the activities; in the case of the Nhamatanda Training Center and the Institute of Health Sciences of Beira the funds were paid directly to the institutes upon authorization of the DPS of Sofala.

During the evaluation exercise it was noticed that the contacts and the interactions with the Mozambican institutions for the purpose of the project implementation were continuous at least until the end of the *ad-interim* project manager contract (December 2011), also thanks to the presence of an office of Italian Cooperation in Beira.

The quality and the continuity of the relationship were appreciated by the counterparts.

The submission of periodical activity reports to DPS was mentioned; however, such documents did not seem to be any more available.

b. Evidence:

N. 9. The analysis of the actors and of the coordination confirmed the good integration of the initiative AID 8835 in the health system of the Sofala province and above all in the implementation of activities included in the governmental planning at provincial level.

The full integration of the project was facilitated by the project manager, who spent relevant time and energies on the coordination activities (around 30%), considering it a priority even in respect to the other tasks appointed to his position (technical assistance, training, etc.).

4.1.3. Services and products delivered

Research hypothesis n°3

The beneficiaries received the goods and the services provided within the schedule, thus confirming the relevance of the identified problems and the alignment of the project with the health priorities of the Mozambique government.

a. Framework of reference

The project included several and different areas of intervention, from the support to health services of the Sofala province, to training ("continuous" for the existing personnel, "basic" for the new personnel), to the technical support of the government bodies in the DPS of Sofala, to the implementation of specific activities such as the treatment of urinary-vaginal fistulae.

Therefore there are several project beneficiaries, as summarized in the table below:

Category of beneficiary	Type of beneficiary
Direct beneficiaries	managers of DPS, in particular those responsible for training and human resources activities (Human Resources Directorate and Training Directorate)
	teachers and managers at the Nhamatanda Training Center and at the Institute of Health Sciences of Beira
	human resources in the province health system
	women affected by urinary-vaginal fistulae
Indirect beneficiaries	population of the Sofala province

In the absence of project and monitoring data aimed to measure the results of the training activities and of the activities in support to the DPS, the evaluation mission had to necessarily focus on the identification of the type of benefit received.

with reference to the managers of DPS

The following table and comments recap the main remarks about the first group of direct beneficiaries, that is the managers of the DPS of Sofala (in particular the officials in charge of the Human Resources Directorate and the Training Directorate):

Beneficiaries	Benefit	Comments
managers of DPS	• technical assistance in the implementation of integrated supervisions to the health facilities • technical assistance in the programming and managing of continuous training courses and of 'on the job' training courses • contribution to the running costs and managing costs of health facilities at province level • availability of higher qualified human resources in the training centers and in the province health facilities (see following table)	• within the scope of the activities in support to the DPS of Sofala, the project aimed to strengthen the role of supervision of the health system provided by the managers of the Human Resources Directorate and Training Directorate

The on-site analysis managed to identify what follows in relation to the goods / services delivered to the managers of the DPS of Sofala and for the functioning of its Departments:

→ Thanks to the technical support of the expatriate staff, around ten integrated supervisions were carried out in some health facilities of the province (health centers and rural hospitals in particular), with the aim to evaluate the functioning of the health facilities and of identifying any weaknesses (in particular in the area

of human resources, regarding availability of materials, functioning of infrastructures and quality of some clinical sectors such as the mother-child one).

These supervision and research activities allowed for planning the following procurement of materials and of health supplies for some health facilities of the province and they were very appreciated by the DPS officials.

Even the competences provided by the project manager to the maternal -child sector (his specialization) were particularly appreciated.

→ Still thanks to the support of the expatriate staff, the DPS benefited from technical assistance in the planning and management of continuous training courses and of '*on the job*' training courses (a training course on the continuous training was organized for the DPS personnel in charge).

As for the previous case, if the lack of data prevented the evaluation team from fully understanding the provided benefit, the appreciation on the usefulness and the quality of the provided support expressed both by the director and by the officials of the Training Directorate of Sofala DPS was however significant.

It was particularly highlighted how the support provided enabled the functioning of fruitful collaboration mechanisms in the drafting of the Strategic Training Plan for the Sofala province and of the Operational Plans for Training.

→ Lastly, the Sofala DPS office could benefit of a contribution to the running costs of the health services at province level, in particular of the purchase of office equipment and material (computer, printers, photocopiers, stationary), of the purchase of fuel for the vehicles of the DPS offices, hospitals and districts, and of the purchase of various consumables, equipment (syringes, suture strings, gloves, masks, surgical tools, sphygmomanometers, metal cabinets, surgical beds, autoclave for sterilization etc.) and drugs and medicines for health facilities.

Even in this case, if on one side it was not possible to acquire detailed information on the quantity and exact type of the materials /contributions supplied by the project, in order to estimate the relative contribution of the project (compared to the government supplies) or / and its contribution in absolute terms, on the other side it must be mentioned that the key informants interviewed during the evaluation exercise confirmed that the project contribution prevented the interruption of the health service, while waiting for government supplies.

With reference to teachers and managers at the Nhamatanda Training Center and at the Institute of Health Sciences of Beira

The following table summarizes the main remarks related to the second group of direct beneficiaries, which are the teachers and managers at the Nhamatanda Training Center and at the Institute of Health Sciences of Beira:

Beneficiaries	Benefit	Comments
Teachers of CF and ICS-B (36)	• refresh courses and training of pedagogical methodologies and didactics • support and technical assistance in the planning and managing of courses and in their proper outline	• the Nhamatanda Training Center and the Institute of Health Sciences of Beira are two governmental centers for the training and re-qualification of health personnel • the project provided support to these two centers because the need analysis pointed out common problems, such as: lack of didactic material, limited pedagogical capacities of the teachers, lack of resources to cover training / requalification expenses of government health personnel

The evaluation exercise pointed out that:

→ the directors of the Nhamatanda Training Center and the Institute of Health Sciences of Beira expressed appreciation for the support on the training and update on pedagogical methodologies delivered to 36 teachers in the training centers through the following activities:

- support and technical assistance provided by the project manager to the teachers of the training centers in the planning and managing of courses and in the proper outline of practical internships;

- support of two supervisors, whose costs were covered by the project, with the specific task of strengthening the pedagogical component of the beneficiary teachers.

→ Together with the training support, it must also be mentioned the contribution provided by the support personnel of the project for the analysis of the training and organizational needs of the institutes.

Therefore, even though it was not possible to provide documented evidence, it is reasonable to believe that the technical and training support provided to the 36 teachers of the two training institutes had at least contributed to the increase of availability of qualified human resources.

with reference to human resources in the province health system

The following table and comments summarized the main remarks related to the third group of direct beneficiaries, human resources in the province health system:

Beneficiaries	Benefit	Comments
human resources in the province health system (at least 157)	• better quality of training • availability of didactic equipment and consumables • availability of better training infrastructures • access to training activities	• one of the acknowledged problems of the Mozambican health system is the lack of human resources, for number and qualification • training is considered an important incentive element for health human resources

Thanks to the project, the Mozambican health personnel benefited from:

→ training courses.

In particular, through the project funds, the following courses were delivered, for a total number of 157 beneficiaries (new health workers):

- two training courses for maternal -child nurses and basic level nurses (one in Beira and one in Nhamatanda);
- two training courses for generic basic level nurses (one in Beira and one in Nhamatanda);
- one training course for lab technicians in Beira;
- one training course for preventive medicine agents in Beira.
- training courses in addition to those directly financed by DPS, and in particular courses which involved:
  - 10 maternal-child nurses trained on basic obstetrical support
  - 10 nurses trained on H1N1 and H5 N1 flu
  - 30 technicians of preventive medicine on environmental hygiene
  - 10 border health staff trained on the problem of disease-spreading and epidemics
- *"on the job"* training for the treatment of urinary-vaginal fistulae as tutorial support of a supervisor / trainer in the workplace.

→ better quality of training thanks to the pedagogical support provided to the teachers of the two centers (see previous section) and to the support provided to the students by the project in the internship places;

→ availability of adequate didactic equipment (computer, photocopier, printers, furniture and health equipment among which phonendoscopes, sphygmomanometers, etc.), consumables and stationery for training activities (toner, paper, pens, etc.) and higher availability of books for libraries, due to the purchase of new books;

→ availability of better training infrastructures, due to small renovation works in the training rooms both at the Institute of Health Sciences on Beira and the Nhamatanda Training Center (particularly relevant the rehabilitation of the water supply in the students dormitories and in the institutes, both in Beira and in Nhamatanda, and the renovation of the IT room at the Beira institute);

→ at the Nhamatanda center availability of accommodation for the temporary residence of the teachers coming from other centers. The two houses built were visited during the on-site mission and they looked well-kept and functional.

Even in this last case, if on one side the lack of relevant data does not allow for a specific measurement of either how much the goods and services delivered by the project contributed to the achievement of the objectives, or how was the level of reception of the benefits of the Mozambican health personnel, it is however possible to state that the project contribution seems to have been appreciated and therefore it seems substantial in terms of number of people trained, as well as relevant regarding the strategic objective of contributing to the MISAU Accelerated Training Plan.

with reference to women affected by urinary-vaginal fistulae

The following table summarized the main remarks related to the fourth and last group of direct beneficiaries, women affected by urinary-vaginal fistulae:

Beneficiaries	Benefit	Comments
women affected by urinary-vaginal fistulae	• availability of personnel specifically qualified for the treatment of urinary-vaginal fistulae • strengthening of the referral system for the treatment of this pathology	• the pathology occurs especially following prolonged blocked labour and obstetrical hindrances during the delivery. It is a highly invalidating pathology, both on a physical and social level • in absolute terms, it is not a high prevalence pathology, although precise data are not available • it is often a non-declared pathology due to the connected *stigma*

The initiative carried on the experience of a similar project implemented by an Italian NGO which was particularly appreciated also at ministerial level because of its relevance, as to include the treatment of urinary-vaginal fistulae in the national protocols.

The project aimed to strengthen the referral system for the treatment of fistulae (identification of the women in the community affected by the pathology) and the improved assistance after the surgical treatment (training of specialized medical personnel in the treatment of the pathology and supply of surgical material and equipment). In particular, thanks to the project it is believed that the women affected by urinary-vaginal fistulae benefited (and will benefit) from:

→ 11 medical doctors and surgical technicians in the hospitals of Nhamatanda, Buzi, Muxunque, Marromeo and Chipunga, Beira trained on the treatment of urinary-vaginal fistulae (implementation of five on-the-job training courses as tutorial training).

It was also reported that, during the training courses, around 100 women were operated in the selected peripheral hospitals and 50 more were sent for treatment to the Central Hospital of Beira.

→ availability of surgical material and equipment supplies (surgical tools, autoclave for the sterilization of tools, etc.) and consumables (suture strings, surgical gloves, etc.) for the treatment of the pathology.

b. Evidence:

N. 10. The evaluation exercise pointed out that not all the benefits expected from the project, and described in the plan, were measured and / or described in the progress reports. In some cases the identification of merely activity indicators did not allow for the measurement and the description of benefits 'owned' by the beneficiaries thanks to the project (e.g. the improvement of the teaching skills of the teachers in the training centers); in other cases no indicators was used (e.g. the improvement of the health status of women suffering of urinary-vaginal fistulae and surgically operated).

Therefore, an accurate analysis of the benefits received by the beneficiaries due to the project was incomplete and partial and it was exclusively based on the perceptions of the various stakeholders as collected during the evaluation exercise.

The analysis of goods and services produced and delivered by the project confirmed its supplementary-complementary nature (see also evidence n.4) compared to the *ad hoc* and urgent needs of the health system of the Sofala province, as well as the request the DPS of Sofala submitted in accordance with the objectives identified in the national plans. The initiative AID 8835 perfectly integrated in the health system, by contributing to its overall functioning and respecting the principle of strengthening the national health systems, also supported by the international agencies.

The analysis of the goods and services produced by the project has also confirmed the alignment of the project strategy with the health priorities identified by the Mozambican government for the qualitative and quantitative improvement of human resources in the health system, and in particular with the objectives described in the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009*. Indeed the sectors involved by the project intervention fall within the objectives of the Plan, which includes the support to the training institutes (training, support to teachers and to institutes equipment) and to the health facilities hosting the internship programs.

N. 11. The analysis of the goods and services produced by the project confirms that the project goals fall within the strategic objectives of the Italian Cooperation in Mozambique. The initiative is perfectly integrated within the framework of cooperation agreements signed by the Italian government and the Mozambican one, which is in line with the principles inspiring the health policy of the Italian Cooperation ("Global health: guidelines of the Italian cooperation" – 2009). Nevertheless, it must be mentioned that the objectives of the health cooperation policy are not well specified as far as geographical areas and sectors are concerned.

The project component related to technical assistance basically complemented the transfer of resources to fund the activities planned by the Mozambican authorities, and favoured their coordinated implementation. There was no evidence of any contribution of the Italian assistance in the assessment of the needs that should have been met by the plan, and of its adequacy compared to the needs of the health system and of the health human resources in particular.

N. 12. The training of the DPS personnel of Sofala, together with the contribution to the running and management costs of the health facilities at provincial level, should have contributed to the improvement of the quality of the delivered services. It is certainly reasonable to consider that the technical assistance and the support provided by the project contributed to improve the capacities of the DPS officials, for example, in the implementation of the integrated supervisions, but it is not possible to quantify and to compute the improvement and therefore the increased capacity of analysis and response of the Directorate to the health needs of the province.

The technical and training support provided to the 36 teachers involved in the two training institutes likely allowed the increase of availability of qualified human resources and, therefore, the possibility of the training centers to deliver better services (with an obvious impact on the beneficiaries of the courses). On the other hand, it is not clear whether the DPS of Sofala and the two training centers have the capacity to ensure the financial resources to pay for the teachers and the supervisors paid by the project.

The same conclusions can be drawn with reference to the training delivered to 157 medical doctors, technicians and nurses employed by the national Mozambican health system, with regard to whom it is likely to suppose that the received training may have increased their skills and, consequently, their ability to deliver quality services. Furthermore, it can be presumed that the trained personnel will keep working within the health system and that it will use its (improved) skills for the implementation of the appointed tasks.

N. 13. The specific training delivered to 11 surgeons and surgical technicians in the hospitals of Nhamatanda, Buzi, Muxunque, Marromeo and Chipunga, Beira on the treatment of urinary-vaginal fistulae, in addition to the supply of surgical material and tools, certainly contributed both to the access to treatment, and to the treatment itself, of a highly invalidating pathology, both from a physical and a social point of view, which is often not mentioned because of the associated negative stigma.

The treatment of urinary-vaginal fistulae was stabilized as a model that is now included in the national treatment protocols, also due to the project contribution.

4.1.4. Identified changes

Research hypothesis n°4

The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

a. Framework of reference

Project AID 8835 general objective is to *improve the health status of the Mozambican population*, contributing to *guarantee adequate basic health assistance to all population in coherence with the Strategic Plan for the Province Health Development 2006-2010* and to *ensure equal access to basic "quality" health services given the available resources*

The change in the expected outcome was summarized as follows:

→ strengthening of the technical, logistical and financial capacities of the DPS of Sofala and of the provincial training institutes through the implementation of a continuous on-the-job training program and through training delivered to basic, medium and medium-high level health technicians.

The project logic was designed to include several sectors of intervention and as many project components, which differed for type, place of intervention and implementation method.

Although this method of operation surely contributed to support the health system of the Sofala province as a whole, it was however evident that from a less positive point of view that the project did not manage to substantially affect any of the sectors of its intervention. In fact, the already limited resources made available by the project were allocated to the different sectors without a clear priority.

In addition, an even more limiting factor against the creation of a clear evaluation framework was the fact that the project could not provide any documentary evidence in support of the goods / services delivered by the project (and the way in which such benefits were received by the beneficiaries) for the strengthening of the technical, logistical and financial capacities of the DPS of Sofala and of the provincial training institutes involved. The identification of very generic indicators for the general and specific objectives did not simplify the analysis of the changes created by the project or to those changes the project reasonably contributed to.

With reference to the identified changes, the main elements resulting from the analysis are the following:

→ the analysis of the benefits delivered was complex, as the measurement of the impact of the changes caused by the project on the improvement in the population health status and on the strengthening of the health system at province level. Even the project contribution to the strengthening of the technical, logistical and financial capacities of the DPS of Sofala and of the provincial training institutes involved in the project activities does not appear to be "scientifically" measurable.

→ considering the lack of documentary evidence provided by the project, the evaluation exercise was limited to point out the appreciation of project and of its support by the main stakeholders interviewed and to make assumptions. As a consequence:

- it is reasonable to assume that the technical assistance and the support provided by the project contributed to the improvement of the capacities of the DPS officials, for example, in implementing the integrated supervisions, however the improvement, and therefore the increased capacity of the DPS to analyse and to respond to the province health needs is not measurable or quantifiable.
- it is not possible to clearly and unquestionably identify the project contribution to the improvement of the population health status in the Sofala province (planned as a general objective of the project), in particular because of the difficulty in establishing a relation between the implemented activities (very different for sectors and ways of intervention) and the health benefits produced. It is however likely that the project contributed to the improvement of the health conditions, or at least that it did not significantly contribute to its worsening: the main epidemiological data of the Sofala province in the years following the first two years of the project showed a slow but steady improvement of the main health indicators of the population (newborn and maternal mortality, child mortality, specific pathology related mortality, such as malaria, HIV and tuberculosis).

- thanks to the project, 157 new health operators were trained, in line with the guidelines of the Strategic Plan for the Province Health Development 2006-2010 and the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009*. It can be presumed that the trained personnel will keep working within the health system and that it will use its (improved) skills for the implementation of the given tasks. Considering the lack of qualified health personnel, from both a quantitative and qualitative point of view, this is an important result.
- the support provided by the project to the improvement of the training center capacity to propose and deliver adequate training programs to satisfy the required needs was not backed by documentary evidence: it can only be presumed that the training activities carried out over time by the two centers have been ensured also due to the project support and to the supply of training equipment and material.
- from the analysis of the documents related to the activities of the DPS of Sofala and the two training centers, it is not possible to determine whether they will be able to ensure the financial resources to pay for the teachers and supervisors supported by the project.
- the treatment of urinary-vaginal fistulae was stabilized as a model which is now included in the national treatment protocols, also due to the project contribution.
- the project does not appear to have started any mechanisms to analyse and appraise the ongoing and future trends of the health system, with particular focus on the areas of intervention; in fact there were no useful remarks for the overall evaluation of the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009* and for the future health programming at province and Country level.

b. Evidence:

N. 14. It is not possible to clearly and un unquestionably identify the project contribution to the improvement of the population health conditions in the Sofala province (planned as a general objective of the project), in particular because of the difficulty in establishing a relation between the implemented activities (very different for sectors and ways of intervention) and the health benefits produced.

It is however likely that the project contributed to the improvement of the health conditions, or at least that it did not significantly contribute to their worsening.

In the end, the analysis of the changes caused by the project did not allow to confirm the capacity of the technical assistance provided by Italian experts to put in place mechanisms for the appraisal of the ongoing health trends, to the advantage of the strengthening of the counterpart analysis and programming capacities, or to assess the implementation of the Accelerated Training Plan in view of future intervention plans.

The evaluation exercise instead fully confirmed the project contribution to the enforcement of the ministerial guidelines on the health human resources training, and therefore of the objectives of the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009*.

4.2. Project AID 9147

4.2.1 Project implementation status

Research hypothesis n°1

The projects were carried out according to shared procedural standards which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorization of the lessons learnt.

a. Project summary

Title of the project	Managing Body	Partners involved	Location	Period of execution	Total Budget (€)	Donor agency
Italian participation to the financing and the management of the sectoral program of the Mozambican Government for the Health sector (AID 9147)	DGCS, direct management Government management (ex art. 15)	• MISAU	National	December 2008 / ongoing	4,618,000	• DGCS

The initiative *'Italian participation to the financing and the management of the sectoral program of the Mozambican Government for the Health sector PROSAUDE'* was approved on October, 14th 2008 with act. N.187 by the Directorate Committee; the act planned an allocation of 4,618,000 Euros, to be implemented in three years and sub-divided in Government Management (ex art. 15 of the regulation of execution of law n. 49/1987 – 2,500,000 Euros), *In-Situ* fund (564,000 Euros) and *Experts* fund (1,554,000 Euros). The project started in December 2008 and it is scheduled to end in August 2013.

Under code AID 9147, the Italian Government participated to the financing of the PROSAUDE II fund, the fund managed by the Mozambican Ministry of Health (MISAU) for the implementation of the *National Health Plan*. The fund collects the budget support contributions of donors signing the *Memorandum of Understanding that* is the agreement that regulates the program for the support and development of the Country health sector.

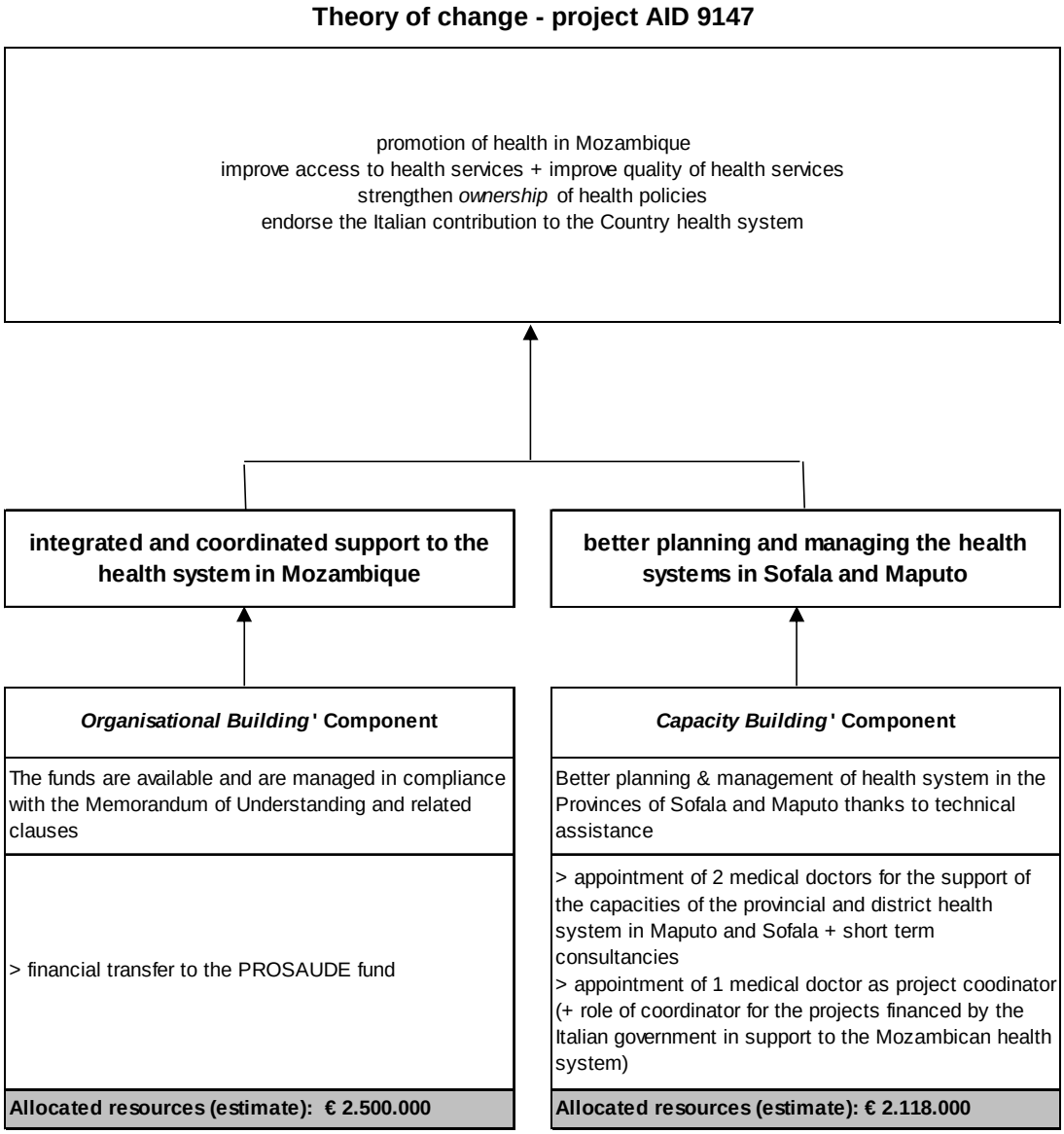
The project aim is to *financially and technically contribute to the development of the Mozambican health system, with particular reference to the decentralization process and the coordinated, efficient and effective use of the technical and financial resources allocated for this aim*[24]*,* to *contribute to the promotion of health among the Mozambican population, improve the quality of health services and make the Country's health services gradually accessible to the whole population basing on criteria of fairness and equality*[25]*.*

The achievement of the objectives is ensured, as for project plan, first by the transfer of financial resources to the common fund PROSAUDE II according to the procedures and schedule stipulated in the signed *Memorandum of Understanding*, and secondly by the establishment of a single coordination unit of the Italian cooperation initiatives in the health sector and by the active Italian participation to the meeting and forum for the coordination, orientation and technical dialogue of the Mozambican health sector. It is also expected that the project provides institutional support, especially in the decentralization planning and management activities, to the MISAU and to the local, provincial and district health systems of Maputo and Sofala.

The *Memorandum of Understanding* of PROSAUDE II was signed by the Maputo donors group in July 2008. Italy signed a specific addendum in May 2009 that came into force in June 2010 following the exchange of Verbal Notes.

[24] Specific objective of the intervention.
[25] General objectives of the intervention.

The following diagram summarizes the project logic by sub-dividing the planned activities in two components, *organizational component* and *capacity building component:*



b. *Deviation from plan*

The following description of the deviation from plan is related to the activity progress and to the state of achievement of the expected results of the initiative AID 9147, as observed in May 2013, month in which the evaluation exercise was completed. In fact as already mentioned, the initiative is still ongoing.

The analysis is based on the project logic as described in the approved project proposal and relies on the indicators identified during the project planning. It is also based on the information gained during the evaluation exercise, on the available documents and the interviews with two out of the three long-term experts who worked in the project[26].

[26] Interviews were carried out with Claudio Volpe MD (long-term expert in charge for technical assistance in the Municipality of Maputo, and following the interruption of the project manager's contract also in charge of the *ad interim* coordination of the initiative) and with

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punto.sud for Office IX, General Directorate for Development Cooperation (DGCS) – Ministry of Foreign Affairs

Logic of intervention	Indicator	Initial Target	Actual Target	Reason for deviation / remarks
General obj. – contribute to the promotion of health among the Mozambican population; improve the quality of health services; make the Country health services gradually accessible to the whole population basing on criteria of fairness and equality	rate of vaccination coverage (DPT/EB-3° dose)	n.a.	n.a.	The joint annual evaluation (ACA) is considered the reference document for the analysis of the improvement of health status. In the matrix of the indicators used by ACA (QAD) there are several indicators (the ones mentioned in this logic of intervention and some others) which are jointly analyzed by MISAU and by the partners of the initiative
	rate of assisted deliveries	n.a.	n.a.	
	number of pediatric Antiretroviral Treatments (TARV)	n.a.	n.a.	
	number of pediatric cases under Antiretroviral Treatments	n.a.	n.a.	
	number of pregnant HIV positive women + in prophylaxis treatment	n.a.	n.a.	
Specific obj. – financially and technically contribute to the development of the Mozambican health system, with particular reference to the decentralization process and the coordinated, efficient and effective use of the technical and financial resources allocated accordingly	planning tools developed and institutionalized	n.a.	n.a.	Reference is on the tools defined and discussed by the technical working groups established by the MoU of the PROSAUDE II fund and used during the joint annual evaluation (ACA). The participation of the experts' team to the technical working groups ensures the Italian contribution to the achievement of objectives; however, it is very complex to quantify such contribution.
	evaluation and monitoring tools developed and institutionalized	n.a.	n.a.	
Result 1 – increased financial resources available to the Mozambican health sector managed according to harmonization and alignment criteria	central level capacity of expenditure	n.a.	n.a.	Even in this case, reference is on the ACA document and on the minutes of the meetings of the various technical working groups. However it is not an element which was used during the project progress to describe the activities progress / the achievement of results
Result 2 –Italian health cooperation initiatives coordinated and harmonized in the framework of the sector wide approach	level of coordination and harmonization of the initiatives	n.a.	n.a.	As described in the following sections, the expected level of coordination relates the Italian Cooperation initiatives
	level of active participation to the technical working groups	n.a.	n.a.	Despite the standard of the 'active participation' has not been defined, the experts participated constantly and regularly to the various working groups (PIME, HR first of all)
	co-chairmanship of a technical group	1	0	The Italian experts did not cover the position of co-chairman in any of the technical working group in the coordination mechanisms for the common fund PROSAUDE II
Result 3 –increased planning and management capacity of the Sofala and Maputo local health systems	capacity of expenditure in the target provinces	n.a.	n.a.	The component of technical assistance to the two provinces was not carried out as planned and it was interrupted after the termination of the two experts' contracts (see following section). However, for the period during which such support was provided, no evidence has been

Giuseppe Braghieri MD (long-term expert in charge of technical assistance in the Sofala province). It was not possible to interview the long-term expert in charge of general coordination of the initiative, Giuseppe Masala MD

				provided to describe the initial expenditure capacity and to confirm the change over time.

As shown in the following table, in essence, it was not possible to reconstruct the deviations from plan compared to the original plan for two reasons:

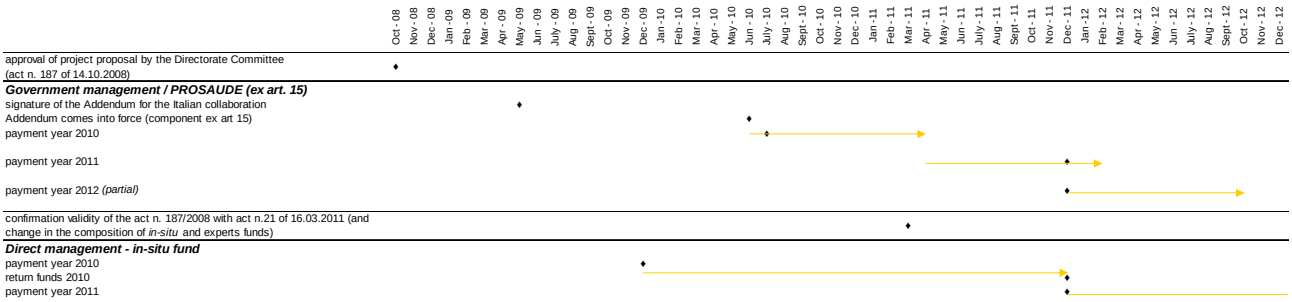
→ firstly because the initial targets of the selected indicators were not defined and, in addition to that, there was no documentary evidence for their monitoring, thus making it difficult to describe the implementation status,

→ secondly, because the appointed experts used other indicators, such as accounting – financial ones, to describe the progress of project activities.

c. Procedural standards and delivery of services

no-cost amendments

The following table shows the reconstruction of the main project phases based on the documents acquired during the evaluation exercise:



As shown in the table, the project activities were carried out during the course of a significantly longer period than the originally planned one. With act n. 21 of March 16th 2011 the budget allocation for 2011-2012-2013 was approved, in order to avoid the expiry of validity of funds. As a matter of fact, this act was actually confirmed by act n. 187 of 2008.

financial resources and project reports (narrative and financial reports)

The initial fund allocation approved in 2008 was confirmed in 2011 and the funds were re-budgeted in the budget; at the same time, the composition of the *in-situ* fund and of the *experts* fund has been amended, as shown in the table below:

Government management PROSAUDE	***total***	***2.500.000,00***
year 2010		**800.000,00**
payment on 20.07.2010		800.000,00
year 2011		**800.000,00**
payment on 16.12.2011		800.000,00
year 2013		**900.000,00**
payment on 18.12.2011		831.997,74
	to be paid	*68.002,26*

In-situ fund		
Year I		
payment on 18.12.2009		132.000,00
returned and not used as of 15.12.2011		*114.653,33*
year (2011)		
payment on 19.12.2011		194.900,00
	available as of 31.12.2012	*127.128,79*

Starting from project inception, the use of resources allocated to the component 'government management' and to the *in-situ* fund is detailed in the table below[27]:

Gestione governativa PROSAUDE	***totale***	***2.500.000,00***
annualità 2010		**800.000,00**
erogazione in data 20.07.2010		800.000,00
annualità 2011		**800.000,00**
erogazione in data 16.12.2011		800.000,00
annualità 2012		**900.000,00**
erogazione in data 18.12.2011		831.997,74
	da erogare	*68.002,26*

Fondo di gestione in loco		
I annualità		
erogazione in data 18.12.2009		132.000,00
restituiti e non utilizzati in data 15.12.2011		*114.653,33*
annualità (2011)		
erogazione in data 19.12.2011		194.900,00
	disponibile al 31.12.2012	*127.128,79*

With reference to the allocation of funds, it is useful to mention the following:

→ Government management component (ex art. 15):

- following the exchange of the Verbal Notes and of the coming into force of the related MoU addendum of "PROSAUDE" (09/06/2010), the first year (2010) disbursement of Euros 800,000.00 was carried out on July, 20th 2010, while the second year (2011) disbursement of Euros 800,000 was carried out on December, 16th 2011.
- because of the reduction of public expenses in Italy, the disbursement of the fund for the third year was carried out only in December 2011 and for a total amount inferior to the requested one, despite the submission of the request to the DGCS in compliance with the applicable terms and conditions,.

→ *In-situ* fund:

- the allocation of the *in-situ* fund was planned to cover the logistic and support expenses for the activities of the three experts assigned to the program.
- the first installment was disbursed in January 2010; however, it was possible to use the fund only upon arrival of the three experts in Mozambique in April 2010.
- only 15% of the first installment was used and the balance (not committed and not disbursed) was later returned to the Bank of Italy.
- the second installment pending, it was necessary to advance the payment of the binding logistic costs (the following no-impediment document allowed to use the installment to cover for the advanced expenses).
- in May 2013, the fund has around 133,000 Euros left, necessary to cover the support costs and the project manager contract.

→ *Experts* fund: it was used to pay for the contracts of the following three long-term experts:

- Giuseppe Masala, project manager: from 26/04/2010 to 02/07/2011
- Giuseppe Braghieri, long-term expert - Beira: from 26/04/2010 to 18/12/2011
- Claudio Volpe, long-term expert - Maputo: from 29/04/2010 to 31/08/2012.

[27] Updated in May 2013

Unlike the plan of the approved project, neither the *general operational plan* nor the *annual operational plans* were defined, and they were also supposed to include specific indications related to Maputo and Sofala. There were instead some *biannual progress status reports* for the use of the *in-situ* fund, consisting of *administrative-accounting reports* together with *notes* written by the project manager (with the contributions of the two experts). Some technical notes were also prepared.

During the project implementation, the requests of disbursement of the installments of the *in-situ* fund were submitted together with detailed explanations of the operational planning for the related period.

Internal procedures

The evaluation exercise highlighted the overall compliance with the applicable procedures.

The budgets and the related technical-financial reports were prepared by the project manager and submitted to the Director of the Cooperation Office in order to be later submitted to the office concerned at the DGCS[28], upon approval of the Ambassador.

human resources

The following table shows the human resources allocation during the project implementation:

Qty	Role in the project	Appointed role	Total time allocation	Expert
1	expert	Project Manager	36 months	Giuseppe Masala MD
				Claudio Volpe MD (**)
2	expert	long term experts (*)	30 months each	Giuseppe Braghieri MD
				Claudio Volpe MD (**)
	expert	short term experts	22 months	

(*) in the approved project proposal it was foreseen that the two experts would start working 6 months after the project manager
(**) Claudio Volpe MD actually acted as project manager after Giuseppe Masala MD left

As per the approved project proposal, the general coordination of the initiative and the technical assistance to MISAU were assigned to the project manager. In addition, the general plan assigned two long-term experts the tasks of providing technical assistance and coordination of the health initiatives in the Municipality of Maputo and in the Sofala province. The project manager was allocated for 36 man / month, coinciding with the project duration, while the other two experts were assigned 30 man / months each. Finally other 22 man / months were allocated to short-term experts.

Compared to the original plan, the evaluation exercise observed:

→ the non-full implementation of the assigned tasks with regard to their related terms of reference.

→ the change in the composition of the expert team during the implementation of the project.

→ the non-allocation of short-term experts in support to the initiative.

d. Evidence

N. 1. The transfers of funds that ensure the Italian participation to the PROSAUDE fund, as per agreement of Italy with the Mozambican Government, are not subject to the achievement of any target of performance related to the health system and / or the Mozambican population health status. Similarly, there are no planned performance thresholds to which the transfer of funds for the initiative under evaluation is bound; therefore, there are no specific and relevant indicators to monitor the activity implementation and the achievement of results.

[28] During the evaluation exercise it was not possible to confirm that all the documents were actually submitted, in compliance with the applicable procedures and with schedules

Although the long-term experts' terms of reference included the participation to the coordination mechanisms and the technical groups for the functioning of the fund itself and the promotion of the coordination of the Italian initiative in the two target areas (Municipality of Maputo and Sofala province), the plan reconstruction showed however the purely marginal nature of the technical assistance delivered to the decentralized structures of the MISAU. From what was gathered, the technical assistance did not manage to go beyond the mere continuation of institutional relationships with the health authorities and with the non-governmental organizations in the field. Furthermore in some cases, as pointed out by the documents of internal evaluation of the two experts, they were assigned some tasks related to the support of the management of the on-going projects (e.g. in the evaluation of the requests of budget amendments of '*promoted'* projects).

N. 2. The documents collected and the interviews carried out during the evaluation exercise confirmed the compliance with the AID 9147 resources management procedures. The evaluation exercise also confirmed the compliance with the communication and responsibility lines within the project, between the project and the Cooperation Office at the Italian Embassy in Maputo and, in the end, between the latter and DGCS.

However, such compliance does not seem to have ensured the efficient use of the *in-situ* and of the experts' fund available resources. In fact, the arrival of the three long-term experts after some months from the start of the project required the *in-situ* fund re-estimation. Such re-planning, however, did not manage to ensure the implementation of the planned activities, in particular those related to the technical assistance in the two areas of intervention (Maputo and Sofala province). The new allocation of funds did not even ensure the implementation of the project within the planned three years, not even managing to allow the commitment of all the allocated funds[29] and the recruitment of the short-term experts. In fact the project, started in 2008, was still not finished by the time of the present evaluation (May 2013). Finally, in spite of the project extension, the re-financing of the *Experts* Fund was not requested for the only expert left and, in order to ensure his remuneration until the end of the project, the contract of the project manager was then financed through a local contract.

As a conclusive remark, it is believed that the limited efficiency of the use of the *in-situ* fund does not seem to be due to the applicable procedures. Said limits, on the other hand, seem to be mainly related to the points of view of the experts involved in the project management.

[29] As described in section 4. only 15% of the first installment was spent and the remaining funds were returned to the Bank of Italy

4.2.2. Analysis of the actors and of the coordination

Research hypothesis n°2

The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).

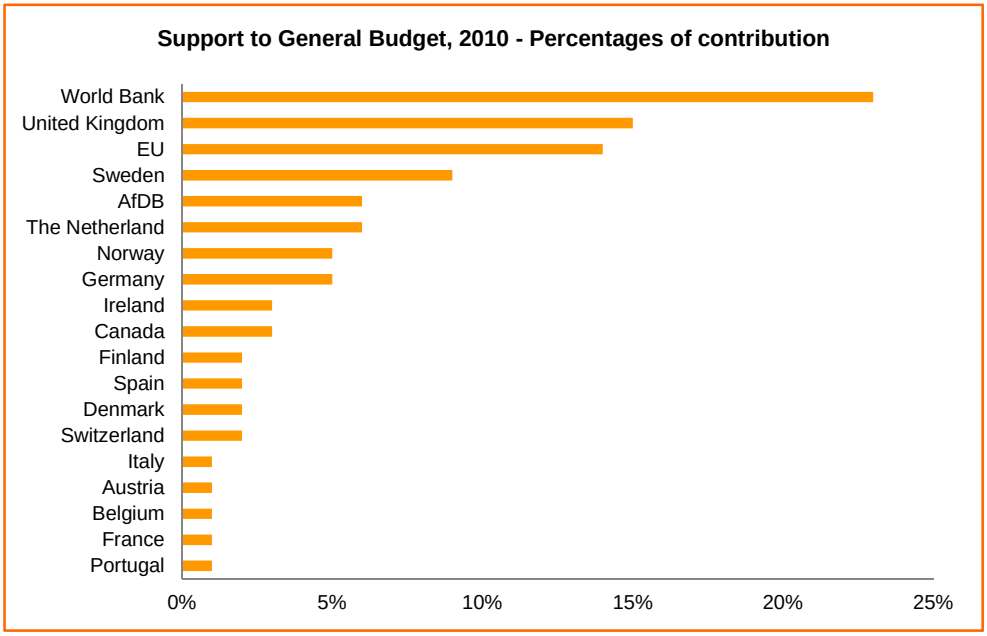
a. Framework of reference

SWAp and health sector

Project AID 9147 has a particular outline if compared to the other projects examined by the present evaluation exercise; the project plan includes in fact the provision of budget support to the sector aimed to ensure the coordination mechanisms of the PROSAUDE II fund. Therefore, its evaluation entails a more sector-related analysis and a specific focus on the national context and on the coordination mechanisms the project participates to.

Mozambique has a long experience with coordination mechanisms both at central level and at sector level. After the war, there was a very quick increase of the number of agencies (bilateral and multilateral) and NGOs involved in the reconstruction process; after that the HIV control activities contributed to further strengthen the coordination mechanisms. With the aim to improve the programme efficiency and effectiveness, the main donors and the government set up various schemes for aid coordination. These initiatives, developed and planned during the 1990s, gradually put in place the coordination mechanisms existing in the Country today, adapting the international trends such as the ones mentioned, for example, in the Paris Declaration. In particular, the donors' coordination was formalized in 1999/2000 through the establishment of the *Joint Donor Programme for Macro-Financial Support*. Since then the institutional platform for the coordination of external aid rapidly spread, growing from an initial group of only 6 donors in 2000 to a total of 14 donors in 2004. Nowadays the 19 donors, the so-called *Programme Aid Partners*[30], provide funds through the support to the general state budget (SSGB). There are also some well-established mechanisms, the sector working groups[31], which ensure the integration and participation of the sectors at this coordination level.

The Italian Cooperation has been participating to the coordination mechanisms since 2004, although it falls within the donors with the lowest amount of contribution for this type of aid, as shown in the diagram below:



Source: processing data from the PAP website

[30] Programmed Aid Providers also known as PAP or G19
[31] *Sector Working Groups*

It is important to point out that, despite the limited financial contribution, Italy gained a relevant role in the coordination mechanisms in Mozambique: as a matter of fact since 2011 the Italian Cooperation has been in charge of the coordination of two crucial groups, the Budget Analysis Group (BAG) and the decentralized working group. Besides, since 2012 Italy is part of the structure of donors' coordination[32] and around the half of 2013 it should gain its chair. This fact represents an important opportunity in order to influence the political decisions both at the government and at the sector level, including health.

As far as the health sector is concerned, since the beginning on the 1990s some coordination mechanisms regarding the activities and funding of the various donors were started. Such initiatives gave origin to common funds used to jointly finance different areas and activities; among them it is worth mentioning the procurement of medicines, the coverage of province (and related districts) running costs and the wages of foreign experts. It is about programs which essentially brought forward the principles of the Paris Declaration and which laid the foundations for the development of the sector wide approach (SWAp) strategy, which started in 1996 and was formalized in 2000. As it is known, the SWAp objective was to improve the performance of the health sector and strengthen the government leadership. A specific focus was also based on the development of sector policies and strategies, on the decrease of fragmentation and on the decrease of aid transaction costs.

Despite the fact that the results of this approach can be judged as inferior to expectations, today SWAp is the main platform for coordination among donors and between donors and MISAU. The technical and political dialogue have the *Plano de Acção para a Redução da Pobreza* (PARP) as a reference together with the implementation of the Strategic Plan of the Health Sector (PESS, *Plano Estratégico do Sector Saúde*) and it is structured on three levels:

- → The sectoral coordination committee. It is the main dialogue forum for the political and strategic decisions, it is chaired by the Ministry of Health and it meets twice a year.
- → The joint coordination committee which is chaired by the Permanent Secretary and meets once a month; the donors are represented by the "focal donor". It represents the place for operational discussion.
- → Six working groups[33], whose task is to ensure the dialogue with the MISAU on specific operational topics. Each group has a chairman (the MISAU spokesperson) and a co-chairman (the partner spokesperson).

The most important moment for the dialogue and the monitoring is the Annual Joint Evaluation (*Avaliação Anual Conjunta* - ACA) which is carried out at the beginning of the year and it regards the activities implemented during the previous year. The mechanisms and instruments for the joint evaluation were reviewed during 2008/2009. Before this revision, the evaluation was carried out through an external consultancy. On the contrary, nowadays the process is more internal and involves both the MISAU and the donors. In addition, with the revision of the instrument there are now some indicators used both in the monitoring and evaluation process between the government and the G19 donors. However, the instrument still has its limits: one of the most relevant ones is that the assessment on the availability of resources, of health coverage and the use of services refers to the whole Country and it does not allow an analysis of the progress and the differences among the provinces and within the provinces.

the PROSAUDE fund

As known, PROSAUDE is the financial instrument used to integrate the external aids to the sector budget. Through PROSAUDE, the participating donors support the national plan in all its components, which include: i) infrastructural investment; ii) running costs for operational activities; iii) training of personnel; iv) procurement of medicines; v) wages of the nontenured personnel.

Until 2008 there were three common funds in the health sector:

1. Provincial common fund with equity criteria for its allocation;
2. Common fund for medicines and
3. PROSAÚDE I.

[32] Such structure is known as the Troika and it includes 3member states, elected on a rotation base for a three-year period. During the second year they take on the chairmanship of the structure.
[33] In 2011 6 working groups were established: PFM - *Public Finance Management*, PIME - *Planning, Infrastructure, Monitoring and Evaluation*, HRH – *Human Resources for Health*, MSC – *Medicines and Supply Chain*, SDP – *Service Delivery Programmes*, NGO – relations with the non-governmental organizations.

In 2008, the government and the donors signed the *Memorandum of Understanding* for the support of the sector budget through the PROSAUDE II, which became the only sector financial joint instrument. The MoU stipulates the guidelines, the principles and mechanisms for the implementation of the partnership between the Mozambican government and the donors' groups for the management of the common fund. It also describes *'the shared procedures related to dialogue and decision-making, to disbursements, to monitoring, to revision and evaluation, to the audit of expenses and procedures, to the financial management, to the exchange of information and to cooperation'.* Italy subscribed to MoU in 2009; the MoU came into force in 2010 following the exchange of Verbal Notes.

PROSAUDE II (or simply PROSAUDE) is included in the SWAp more general initiative for the support to the sector strategic plan (PESS), to which little more than twenty different partners and agencies contribute with different projects and programs. In particular, in line with the SWAp strategy and the principles of the Paris Declaration, the fund aims to improve the way of collaboration between the donors and the government thus reducing fragmentation of the external aid and at the same time facilitating the harmonization among the same donors, due to the merge of common funds and the subscription of the various donors to the unified instrument.

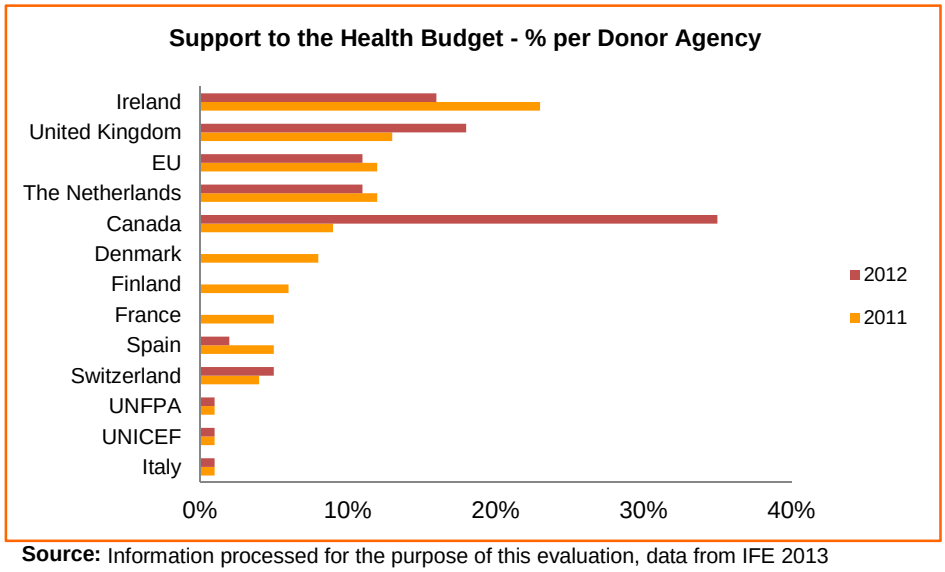
The new set-up also entails a better alignment with the government systems, with more decision-making responsibilities of the MISAU regarding the allocation of funds. This is particularly significant considering that PROSAUDE represents an essential contribution to the budget of the Mozambican national health system, not only because of the actual weight of the funding of the sector, but also for the possibility to finance all the expenses of the sector itself, otherwise from what happens with the vertical or project-based financing.

As shown in the table below, during the course of the years the number of donors gradually increased and then slightly decreased starting from 2010:

Number of Donors Participating to the Common Funds / PROSAÚDE					
	2003	**2005**	**2007**	**2010**	**2012**
Provincial Common Fund	6	6	5	_	_
Drugs Common Fund	9	8	1	_	_
PROSAÚDE	6	11	8	15	11/10
Total Donors for the Common Funds	**9**	**15**	**15**	**15**	**11/10**

Source: Information processed for the purpose of this evaluation

Today the donors contributing to PROSAUDE are 11, the most important ones are Ireland, the United Kingdom, the EU, the Netherlands, Denmark and Canada, which in 2012 considerably increased its contribution. Percentage-wise Italy's contribution is one of the lowest among the donors, as shown in the diagram below:



Source: Information processed for the purpose of this evaluation, data from IFE 2013

As already mentioned in the chapter on the context[34], it must also be considered that the data about the level of funding to PROSAUDE show very significant yearly fluctuations. The flows in and out of the Global Fund are one of the main reasons of this. Another important data refers to the decreasing weight of the fund in relation to the total of available funds allocated to the sector. The weight of PROSAUDE on the national level has indeed gone from 30% in 2008 to 20% in 2010. This trend can also be noticed in the Sofala province (relevant for the Italian project) where the fund contribution went from 29% in 2011 to 23% in 2012.

The reduction of impact of PROSAUDE in funding the sector is due to several factors: the increase of internal funds, the increase of projects funded (especially by USAID) and, not least, the pulling back of some donors. The default of some donors is justified also by the effects of the reduction of international aids.

The operation of PROSAUDE ran into some difficulties regarding the management of the funds and their use in ways not always agreed upon (e.g. the payment of some topping up although not planned), and in the procurement of drugs. Such problems caused suspensions and delays in the disbursement of funds from the donors: according to data supplied by ACA 2013, the percentage of disbursed funds compared to the planned amount fluctuated from 86% (2009) to 97% (2010) to 69% (2011) and to 82% (2012). However, these data measure the quantity and not the quality of the health expenditure, as the quality was significantly affected by the fluctuations in the disbursements and by the subsequent less reliability to forecast the funds allocated to the sector.

Despite this, the contribution of PROSAUDE to the sector is substantial and still important. As already mentioned, the PROSAUDE funds are used in all provinces, all districts and all health facilities and to cover all running expenses. PROSAUDE has also been used to pay the wages of the health operators waiting to become tenured and to cover around 90% of the expense for drugs that are not within the scope of the vertical projects. It must also be noticed that 100% of the PROSAUDE funds included in the financial information is used only for the sector, while the amounts of the vertical funds declared in the sector expenses can also include resources which are not spent for the sector (for example the overheads). Therefore, the real contribution of the PROSAUDE is to be considered higher than what suggested by the financial statistics.

the evolution of the coordination mechanisms

For the purposes of this analysis, it is also useful to consider the evolution of the coordination mechanisms in the last years. In fact, if on one side the coordination mechanisms among donors and between donors and the Mozambican health authorities can be considered well structured, on the other side some operational difficulties have been confirmed over the years, which made the collaboration among partners difficult, actually hindering the effectiveness and efficiency of the coordination initiatives. Among them, the following ones can be pointed out:

- → during 2008-2010, the prolonged and complex process of transition from the various common funds to the PROSAUDE II caused quite some tensions between the Government and the donors and this made the collaboration among stakeholders difficult. The same finalisation of the *Memorandum of Understanding* was indeed dominated by discussions about the administrative procedures, and less attention was paid to key topics such as the definition of the criteria for the allocation and use of funds.
- → the weaknesses of the national health systems as pointed out by the annual evaluations (ACA), in particular related to the limited availability of qualified personnel, to the frequent stock out of drugs and the financial management, which keeps being one of the main critical points because of the irregularities, the delays and the not compliance with fundamental principles by the Mozambican counterpart[35].

[34] See table on p. 13 with the details of the contributions to the health sector

[35] As an exmple here are some of the critical points highlighted during the last three years. In 2010, because of the delays of the audit related to year 2008, donors only managed to communicate their pledge provisionally for year 2011 (and confirm it only upon submission of the audit by the MISAU). There were also delays in the submission of the 2009 audit by the MISAU, and therefore also for 2012 the commitments of the various donors was also given in a provisional way; the audit was circulated only around the half of 2011, its quality was considered very poor and donors recognized the non-compliance with the fundamental principles of the MoU, as much as to connect the disbursements to a further independent evaluation about the more serious irregularities. Due to the MISAU commitment, the following evaluations recognized some obvious improvement in the MISAU key sectors. However donors communicated their commitment for 2012 as depending upon some issues, such as the implementation of further monitoring and appraisals. The PROSAUDE donors concern was also due to the results of the audit on the '*global fund*' (2008-2010), which confermed the critical points already mentioned in the PROSAUDE audits, highlighting non-justifiable and non-sufficiently-documented expenses for an initial value of nearly 14 million US dollars (thanks to the establishment of an internal commission, 11 million were later documentary supported). Among the irregularities commonly noticed in the way MISAU uses the PROSAUDE funds, there are the payment of top up for the ministry officials, the little

→ the delays in the disbursement of funds and, in some cases, the interruption of the disbursements of some donors, due both to problems related to the public administration management and to the critical points encountered in the management of the Fund[36], and to the international financial crisis.

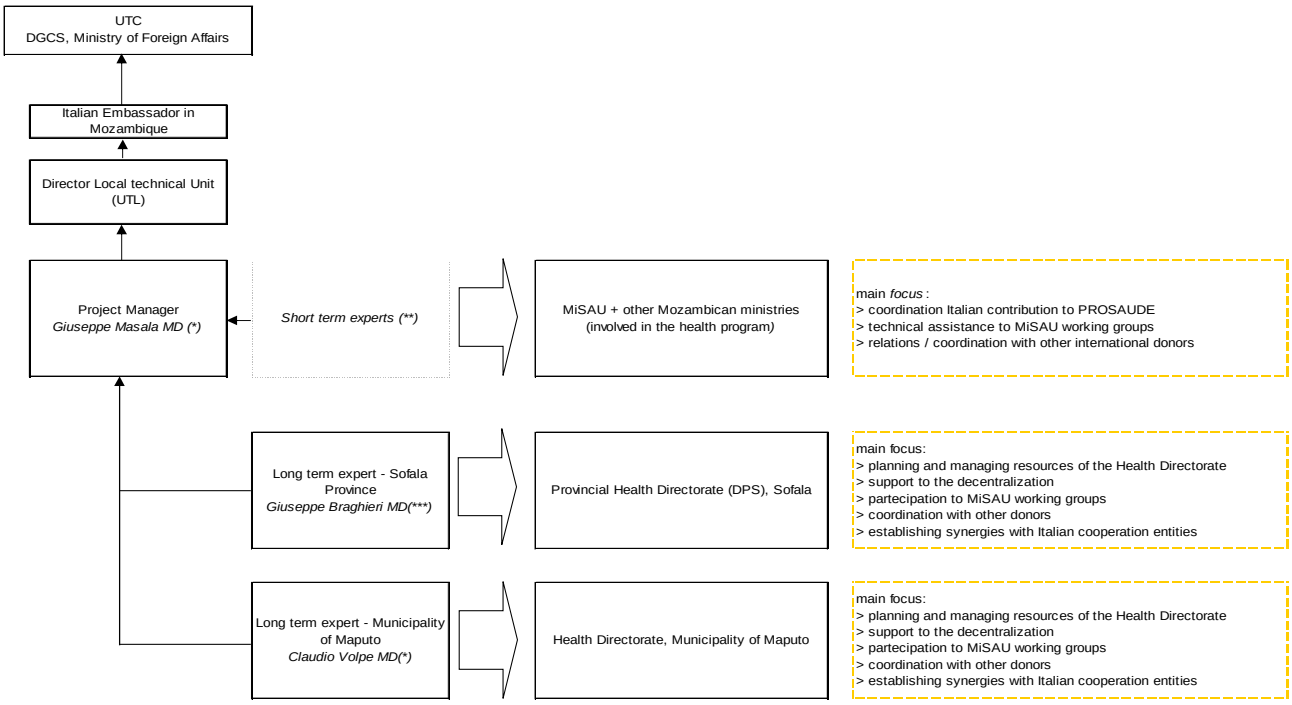
→ the demanding elaboration process of the new *Plano Estratégico do Sector Saúde* – PESS 2013-2017, which has not yet allowed the acquisition of a new reference document for the sector strategic objectives[37] .

→ the permanent centrality of administrative-management issues in the political and technical dialogue within the PROSAUDE and the consequent less attention paid to the delivery of services, as to the equal allocation of resources, above all the financial ones.

Because of these problems, today the partnership process seems to be in a deadlock, mainly characterized by difficult relationships and by a growing request for clarity and administrative control donors ask to the MISAU. This situation hampers the cohesion among the donors, who inevitably tend to answer in different and not-coordinated ways to what is happening in the sector.

project governance

The following graphic reconstruction describes the main mechanisms for project AID 9147 internal coordination, which considered the key role of the project manager both with regard to the participation to the common coordination mechanisms of the PROSAUDE fund and to the participation in the components of technical assistance and coordination of the health initiatives in the two project areas (Sofala province and Municipality of Maputo).



(*) starting from the end of Masala MD contract (July 2011), the project manager role was de facto carried out by Claudio Volpe MD (who was substituted in his role as an expert supporting the Municipalitiy of Maputo HD)
(**) no short term experts were deployed
(***) following the resignation of Braghieri MD (Dec 2011) the position of expert supporting the Sofala PHD was vacant.

transparence in the implemented procurement procedures, the number of nontenured personnel paid by the funds. It must be rememberd that as of December 31st 2010 around 18% of the health personnel is *fora do qadro* (source: *I° Anuario Estatistico sobre Recursos Humanos para a Saude em Moçambique – 2010*, MISAU – Human Resources Directorate, Maputo 2011)

[36] See previous footnote

[37] The evaluation process for the implementation and contents of the PESS 2007-2012 started in 2011 upon initiative of the MISAU, which started a process of analysis of the health sector in Mozambique in collaboration with the donors, the national and international partners to contribute to the drafting of the new PESS 2013-2017. Such evaluation process was concluded in September 2012, however the new PESS 2013-2017 has not been finalized and formalized yet, as of the date of closing of the present document.

During the project implementation, the initially planned organizational layout underwent some changes. In particular, the following changes in the project internal coordination mechanisms were noticed:

- → as already mentioned, the composition of the Italian team was changed and entailed a different coordination structure with regard to the planned one.
- → the program for the technical support did not manage to ensure the adequate valorisation of the Italian competences and the short-term mission experts in support to the activities were not allocated [38];
- → the expected mechanism for coordination and harmonization of the non-governmental projects within the health cooperation, within the sector-integrated approach, was not implemented as planned.
- → regarding the two geographical areas within the scope of the project, the technical assistance to Sofala was guaranteed only for one year (placed in an external office, basically without interacting with the DPS), while in the Municipality of Maputo the technical assistance was substantially focused on the management of the *in-situ* fund.

b. Evidence

N. 3. The subscription of the Italian Cooperation to the PROSAUDE program allowed the presence of a higher number of Italian experts in the different coordination mechanisms ensuring the sector support to the Country budget. In particular, it is worth remembering the participation to some relevant working groups concerning the budget analysis and decentralization, human resources, monitoring and evaluation, in addition to the Italian presence in the structure of coordination of the donors (G19).

Nevertheless, it is also evident that the Italian presence, particularly in the participation to the Fund coordination mechanisms, did not seem to have expressed a particularly significant job. The Italian participation is considered by various actors as an activity that has a very limited and poorly effective technical and political influence to be able to provide important contributions and clear positions.

Some limits may have been a direct consequence of the fact that the coordination activities, quite relevant in the original planning, were only partially carried out, as explained at the end of the previous paragraph.

[38] As shown in the diagram, where the component short-term experts is only dotted.

4.2.3. Services and products delivered

Research hypothesis n°3

The beneficiaries received the goods and the services provided within the schedule, thus confirming the relevance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.

a. Framework of reference

The contribution of the Italian Cooperation to PROSAUDE through the initiative AID 9147 adopted the approach of working together with other donors in the support and strengthening of the national health system. Within this scope, the project planned:

→ a support to the national health plan (*Plano Estratégico do Sector Saúde* – PESS), aimed to provide structural responses to the population bad health status and to the low coverage rates of the health services;

→ an answer to the low quality of services, where the lack of human resources and the weakness of the drug procurement systems, especially at peripheral level and in the remote districts, put into serious risk the operation of the health system;

→ a development work aimed to make the Country health services gradually more accessible to the whole population basing on criteria of equity and fairness

The project identified the following categories of beneficiaries:

Category of beneficiary	Type of beneficiary
Direct beneficiaries	MISAU officials and officials of all the bodies receiving PROSAUDE funds (DPS, DDS, first and second level health facilities, training institutes for health staff, and the health personnel of the three levels of the health system – national, provincial, district)
Indirect beneficiaries	population of Mozambique

The difference between the MISAU officials and officials of all the bodies that receive the PROSAUDE funds was made to underline the difference between them. As far as the province and district levels of the health system are concerned, it must be considered that although the province and district theoretically are the indirect / intermediate partners, they have however a limited role in the real participation to the process of allocation of the PROSAUDE funds. This entails a very limited collaboration and interaction between donors and provinces and districts benefiting from this fund.

The following table recaps the main considerations regarding the direct beneficiaries:

Beneficiaries	Benefit	Comments
Personnel of MISAU, DPS, DDS, health facilities, training institutes, health workers, health personnel	• availability of financial resources for the development of the health sector through the transfer of financial resources to the common fund PROSAUDE; • coordination of the technical dialogue at sector level • coordination aimed at the harmonization of the Italian cooperation initiatives within the framework of the sector wide approach in particular in the Sofala province and in the Municipality of Maputo; (*) • Italian cooperation support to the joint bodies (government-cooperation partner) with regard to technical dialogue on the Mozambican health sector (technical groups); • synergy with the program on budget support, maximizing the impact on the health sector, which is already one of the focal aspects (technical groups).	• the beneficiaries are the personnel who, at national level, work on the several national directorates of the MISAU, in charge of the definition of the health policy and of the global monitoring of the health progress in the Country. • the beneficiaries also include directorates at province and district level, the first and second level health facilities, the training institutes for health operators and the health personnel of the three levels of the health system (national, provincial and district).

(*) benefit planned through the technical assistance but not actually delivered by the project.

Project AID 9147 is therefore characterized by the institutional support activities through the joint mechanisms of coordination, monitoring and evaluation of PROSAUDE II. Basing on the information collected during the evaluation exercise, as described in the first paragraph, the project actually operated as follows:

- → the project made available the planned resources to the PROSAUDE II fund and it allowed the support to the coordination of the technical dialogue.
- → through the participation to technical groups and to the missions for the Fund annual joint evaluation (ACA), the project ensured the Italian presence in the joint bodies and activities.
- → However, the project did not actually work in support to the coordination aimed at the harmonization of the Italian cooperation initiatives within the framework of the sector wide approach[39] and it did not set up the unified coordination of the Italian cooperation initiatives intended for the promotion of health[40].
- → In the end, it must be pointed out that the expected co-chairmanship of a working group did not take place.

In this framework, the key issue is to understand the actual capacity of the project to ensure the expected services and, consequently, how these services were received by the beneficiaries. On one side, because of the participation to the fund, it was noticed that there was a considerable effort to ensure a better coordination, alignment and harmonization of the Italian initiatives with those of the donor community and the Mozambican government; however, on the other side it is difficult to confirm the actual capacity to positively affect these issues.

Regardless of the limited financial Italian contribution to the PROSAUDE fund, the information collected during the evaluation exercise highlights the considerable weakness of the intervention in relation to the expected capacity to affect both the coordination on a sector level, and the coordination of the Italian cooperation initiatives, ensuring that active participation to the debate on the harmonization, alignment and effectiveness of aids which was well defined in the project text [41].

As noticed during the mission in Mozambique, the Italian participation was deemed by various actors as an activity with very limited influence. In fact, despite the regular participation to working groups and other coordination meetings, the stakeholders interviewed during the evaluation did not notice any significant technical contributions that were actually expected, considering the long experience in some fields of the health sector[42]. In addition, the strategic vision of the participation of the Italian government to the PROSAUDE fund was not clear, and this seems to have limited the effectiveness of the Italian contribution.

From a financial point of view, the Italian contribution seems to have been too small to be able to significantly affect the volume of the funding to the sector and its disbursement had some delays. Basin on the data collected, it was possible to confirm that the first Italian disbursement through the PROSAUDE occurred in 2010, following the entry into force of the addendum to the MoU with which Italy formally subscribed to the PROSAUDE, although late compared to the internal programming of the fund. In 2011 there were delays in the requests of fund from the MISAU, while in 2012 only part of the funds was disbursed, because of the reduction of public expenditure in Italy, as explained by the experts interviewed during the evaluation exercise (however it is worth mentioning that in 2012 also the disbursements of other donors were delayed or stopped: a measure taken following to the problems noticed during the audits related to the contribution to the global fund and the poor transparency in the procurement activities).

[39] For example there was no evidence of coordination and synergy mechanisms between the experts of project AID 9147 and the office in charge of Support to the State General Budget. Indeed in order to encourage the valorisation of the Italian contribution, the technical-economic evaluation of the follow up of project AID 9147 plans the creation of synergies between the two working teams.
[40] To this concern it can only be pointed out that there is an initiative to re-launch the coordination of contacts with the Italian NGOs in Mozambique, which was promoted in April 2013.
[41] On this subject, the approved project AID 9147 clearly identified some problems and it also set clear objectives such as, for example, to "*reduce the scattering of international aid resources and make their management more transparent and effective", the "possibility to affect the destination of the shared resources in order to improve the system effectiveness, considered Italy's specific interest" and a "development of local systems and above all the increase of their capacity to plan and manage resources"*
[42] For example in the fields of health human resources training and in the rehabilitation and construction of infrastructures.

The following table recaps the allocation and disbursement of funds from the Italian Cooperation:

Planned and disbursed Funds – PROSAÚDE 2010 – 2012 (million Euros)

	2010	2011	2012	Total 2010 – 2012
Planned	800	800	900	2,500
Disbursed	800	800	830	2,430

In the end, a final remark can be made with regard to the general coordination activities to which the Italian cooperation participated. As the PROSAUDE fund applies the same mechanisms and procedures as the financial management national systems (integrated in the budget and managed by the treasury), this actually required a collaboration also with the national directorates of "Planning and Cooperation" and of "Human Resources". In this framework, the Italian cooperation participated in the PIMA and human resources working groups. The Italian cooperation also took part in the group "public finances and management" through the technical assistance of the group to the *General Budget Support* – GBS, social-health component.

b. Evidence

N. 4. Regardless of the coordination activities (see evidence no. 3) it can be stated that while the financial contribution was ensured (although with the limits described in the previous paragraph), the technical support was instead poor and less significant compared to the initial planning. As a matter of fact the project should have ensured the continuous presence of three experts to ensure the active participation to the coordination tables of the PROSAUDE and the development of an overall strategy for the Italian activities in the sector (including also the directly managed interventions and the '*promoted'* projects managed by the NGO), besides the support to the health directorates of the Sofala province and of the Municipality of Maputo. However, it was clear that this second part of the program, which should have strongly ensured the quality of the Italian intervention, was partial and substantially lacking.

Such evidence seems to be confirmed also by the following project data:

→ the strong reduction of the experts presence (from three to one);

→ the lack of contracts for short term experts;

→ the substantial use of the project resources to cover the running costs and the contract of a single expert for nearly five years.

Therefore, from the evaluation analysis there is the feeling that the technical assistance provided by the Italian Cooperation, essentially limited to a simple presence at the coordination tables (and to the administrative management) more than to an effective strategic and operational support activity, substantially decreased the strength of the Italian role.

4.2.4. Identified changes

Research hypothesis n°4

The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

a. Framework of reference

As already mentioned, the project general objective is to *contribute to the promotion of health among the Mozambican population*. However, the available information does not allow an accurate comparative analysis between the main indicators of the period preceding the Italian participation to PROSAUDE and the current ones. The three-year period is also too short to be able to evaluate the real impact on the population health conditions.

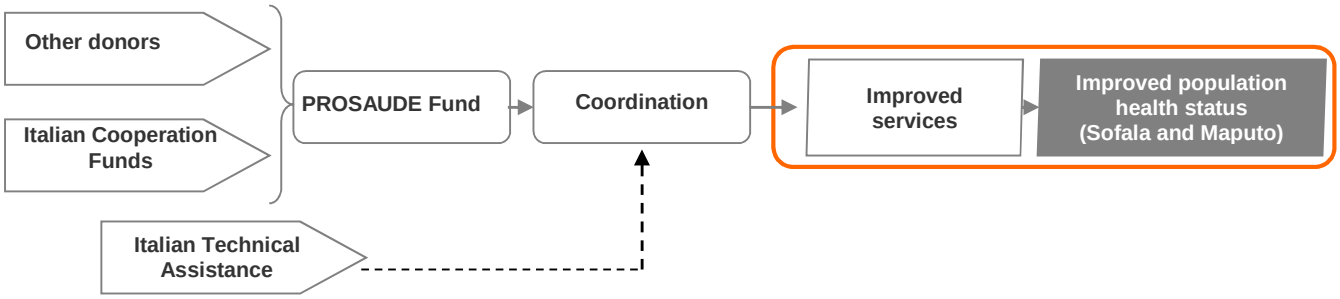
To reconstruct the contribution of project AID 9147 to the promotion of health in the Country, the following analysis provides a description of the trends on the health services coverage in the main areas of intervention, as they are measured by the internal evaluation mechanisms of PROSAUDE. In order to complete this analysis the trend of some priority health indicators was also taken into account, which are part of the priority objectives of the sector and of the government and which examine the impact of the services delivered by MISAU with donors' support. The work is based on information provided by the demographic and health surveys, the more reliable sources of information carried out nationwide in 1997, 2003 and 2011.

the annual joint evaluation and the health indicators

As known, in compliance with the regulations of the PROSAUDE fund the allocated resources are not earmarked for a specific sector or area as per suggestion of the donor agency (the funds are not earmarked). It is therefore obvious that the evaluation of the changes produced by the contribution of the fund are not easily identifiable and that the impact evaluation of a specific single contribution can only be based on the general evolution of the services financed by the PROSAUDE (state budget and other funds), by assigning to each donor the "weight" related to their contributions. Project AID 9147 falls within this model, though considering the limits presented in the previous paragraphs. Therefore, it follows that the Italian participation is to be evaluated in relation to its contribution to the funding of the national health plan and to any technical contribution in support to the national plan that has been provided through the participation to coordination technical groups and the annual joint evaluations.

However in order to reply to the research hypothesis, some priority health indicators were analyzed, which allowed to provide some information about the possible impact of the services delivered by the MISAU with the donors' support.

The analysis follows the project logic as shown in the diagram below:



Basically, it was an analysis of the way these indicators performed during the last years, which suggests a direct connection between them and the health services and the financial and support mechanism behind, which is the connection highlighted in the diagram.
The assessments of the health sector results were jointly carried out in the first quarter of each year, and compared to the previous year. Such annual evaluations, *Avaliaçao Conjunta Anual* (ACA), are carried out to appraise the implementation of the health economic-social plan and produce results that are later also used for the identification of the financial commitments for the following year.

In the annual joint evaluation, the 35 indicators selected by the QAD (Framework of joint evaluation) are taken into account, among which some are essential for the economic-health plan (e.g. drug management, community participation, and human resources development plan). All the selected indicators are therefore yearly measured and compared to the final expected targets, highlighting the trend of some variables in the last years.

The following table shows a summary of the ongoing trends in the priority sectors, as described in the ACA reports of the last three years:

mother and child health	control HIV/AIDS	Tuberculosis and malaria control
Progress		
· decrease of some important indicators (mother, child and newborn mortality and < 5 years mortality); · increase services coverage rate (ante natal and post natal care, assisted deliveries, pre-delivery waiting accommodations) · Increase vaccine coverage (BCG, DPT3[43], polio and measles vaccines).	· Increase of treatments and services (TARV treatment , increased TARV for pregnant women, PTV services)	· TBC: increase of preventive activities (notification new cases Bk +, 100% coverage of DOT strategy, the strategy of administered treatment) · Malaria: decrease of the no.of notified cases, increase of control interventions
Main bottlenecks		
A decrease in the coverage of family planning services was pointed out. Despite the recorded improvements, the service coverage is still poor especially in rural areas and access to information and to reproduction health services is still poor. Child health needs improvement as far as the adequate treatments for malaria, diarrhea and respiratory infections are concerned	There are still strong regional differences regarding the access to and quality of preventive treatments. The following problems were pointed out: the failure of drugs for the treatments of opportunistic infections, the lack of pediatric personnel, and the lack in the registration of data and in the monitoring and evaluation activities.	TBC: there are still strong geographical differences regarding the notification rate; Malaria: in 2011 there were both a worrying involution and a decrease of the coverage for preventive and treatment services

Source: reports ACA X, XI e XII

Mother and child health and demographic trends (with regard to health)

The analysis concentrated on two areas, namely the mother and child health and the demographic trends with regard to health. In particular, the following indicators have been considered:

→ vaccination coverage and assisted deliveries (DPT/EB-3° dose);

→ chronical malnutrition in children below 5 years of age, child mortality (for 1,000 born alive) and mortality in children below 5 years (for 1,000 born alive).

Vaccination coverage and assisted deliveries

The following table shows the data related to the trend of the mother and child sector, which is one of the PESS priority objectives. The most reliable information comes from the demographic and health surveys; this was used as the basis for the appraisal of the progress of these indicators. From the results, there is evidence of a positive trend, considering the increase of coverage rates and the decrease of regional differences.

Vaccines coverage[1] and assisted deliveries 1997→ 2011

	1 – Children vaccined with DPT/HB 3rd dose				2 – Children with complete vaccination				3 – Coverage of assisted deliveries			
	1997	2003	2008	2011	1997	2003	2008	2011	1997	2003	2008	2011
National	**60%**	**72%**	**74%**	**76%**	**47%**	**63%**	**60%**	**64%**	**44%**	**48%**	**58%**	**55%**
Niassa	59%	55%	75%	83%	48%	47%	56%	77%	44%	47%	75%	61%
Cabo Delgado	29%	69%	88%	68%	25%	58%	71%	59%	31%	31%	46%	36%
Nampula	47%	62%	64%	75%	34%	54%	51%	66%	29%	38%	61%	53%
Zambézia	30%	53%	62%	60%	23%	45%	47%	47%	24%	32%	40%	28%
Tete	63%	64%	56%	80&	48%	55%	34%	58%	41%	47%	50%	51%

[43] For diphteria, whooping cough and tetanus.

Vaccines coverage[1] and assisted deliveries 1997→ 2011

	1 – Children vaccined with DPT/HB 3rd dose				2 – Children with complete vaccination				3 – Coverage of assisted deliveries			
Manica	63%	74%	75%	77%	47%	62%	58%	65%	43%	56%	57%	75%
Sofala	65%	77%	81%	85%	50%	64%	72%	78%	35%	51%	65%	73%
Inhambane	83%	94%	91%	82%	72%	91%	80%	65%	56%	49%	62%	58%
Gaza	85%	90%	89%	89%	63%	82%	74%	76%	66%	61%	68%	71%
Maputo Province	74%	98%	87%	97%	62%	93%	82%	88%	76%	85%	75%	88%
Maputo City	88%	97%	90%	90%	82%	91%	82%	77%	87%	89%	93%	92%

Note: [1]Children below 1 year.
Source: Data 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2012.

In particular the following remarks can be pointed out:

→ a significant increase of vaccine coverage. A positive circumstance even though it must be noticed that in the last years the increase rate was smaller because of some problems related to the supply and management of vaccines. In any case, it is undeniable that between 1997 and 2003 there was a significant increase in the percentage of children fully vaccined, as the rate went from 47% to 63%. On the other hand, from 2003 to 2011 this indicator did not show a further significant increase (63% - 64%), while in urban areas there was even a reduction.

→ with regard to the deliveries, it can be observed that only half of them occur in health facilities, even if during the last years the growth was more significant. The assistance to delivery is still therefore one of the areas that are more difficult to improve[44].

In order to understand the role of the project it can also be useful to take into account the same indicators suggested for the analysis of the general situation in Mozambique in the two areas of intervention: Sofala province and the Municipality of Maputo.

Vaccines coverage* and assisted deliveries 1997→ 2011 – Trend of demographic and health analysis

	1 – Children vaccined with DPT/HB 3rd dose			2 – Children with complete vaccination			3 – Coverage of assisted deliveries		
	1997	2003	2011	1997	2003	2011	1997	2003	2011
National	**60%**	**72%**	**76%**	**47%**	**63%**	**64%**	**44%**	**48%**	**55%**
Rural	50%	65%	72%	36%	56%	60%	33%	34%	45%
Urban	94%	87%	86%	85%	81%	75%	81%	81%	82%
Proportion Urban: Rural	**1.9**	**1.3**	**1.2**	**2.4**	**1.4**	**1.3**	**2.5**	**2.4**	**1.8**
Lowest income		52%	65%		45%	54%		25%	31%
Highest income		96%	87%		90%	76%		89%	92%
Proportion Rich : Poor		**1.8**	**1.3**		**2.0**	**1.4**		**3.4**	**2.9**
Best province	29%	53%	60%	23%	45%	47%	24%	31%	28%
Worst province	88%	98%	97%	82%	91%	88%	87%	89%	92%
Proportion best: worst province	**3.0**	**1.8**	**1.6**	**3.7**	**2.0**	**1.9**	**3.6**	**2.9**	**3.3**
Sofala	**65%**	**77%**	**85%**	**50%**	**64%**	**78%**	**35%**	**51%**	**73%**
Maputo City	**88%**	**97%**	**90%**	**82%**	**91%**	**77%**	**87%**	**89%**	**92%**

Note: *Children younger than 1 year.
Source: Data 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2012.

In particular the following remarks can be pointed out:

→ the indicators related to the Sofala province show a positive trend, as highlighted by the increased use of health services. In the last years, the indicators of this province not only improved but they

[44] The problems of infrastructuresaside, there are still some relevant cultural factors which no doubt play a negative role in certain regions of the Country. To this it must also be added the difficulty to allocate an adequate number of nurses for mother and child health in the rural areas.

are approaching the national average. Furthermore, in some case the province has even better results[45].

→ in Maputo, the evolution of the use of services, measured by these three indicators, suggests a less positive trend especially in relation to the children vaccination. The reduction of the vaccination coverage recorded deserves to be monitored over time, in order to identify the causes.

Chronic malnutrition and child mortality

The data in the table below gives an interesting picture of the overall indicators trend. In fact, between 1997 and 2003, if on one side there is a reduction of the child mortality indicators, on the other it highlights how the chronic malnutrition is growing.
The data on child mortality keeps showing imbalances among provinces, rural and urban areas and among different socio-economic categories, even though they suggest a reduction of the disparities.

Health status 1997→ 2011 – Trend of demographic and health analysis

	1 –Chronic malnutrition in children < 5 years				2 – Child mortality (for 1,000 born alive)*				3 – Child mortality < 5 years (for 1,000 born alive)			
	1997	2003	2008	2011	1997	2003	2008	2011	1997	2003	2008	2011
National	**35.9**	**41**	**43.7**	**43**	**147**	**124**	**93**	**64**		**178**		**97**
Niassa	54.6	47.0	45	47	134	140	97	61		206		101
C. Delgado	56.8	55.6	56	53	123	178	132	82		241		116
Nampula	38.4	42.1	51	55	216	164	105	41		220		67
Zambézia	36.9	47.3	46	45	129	89	147	95		123		142
Tete	45.7	45.6	48	44	160	125	108	86		206		129
Manica	40.5	39.0	48	42	91	128	94	64		184		114
Sofala	38.6	42.3	41	36	173	149	76	73		205		105
Inhambane	26.0	33.1	35	36	151	91	75	39		149		58
Gaza	30.0	33.6	34	27	92	92	98	63		156		110
Maputo Prov.	16.0	23.9	28	23	92	61	67	68		108		96
Maputo City	21.5	20.6	25	23	49	51	67	61		89		80

Note: *Children below 1 year.
Source: Data 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2012.

From the data provided in the table, it is possible to point out the following:

→ chronic malnutrition in the population below 5 years has kept growing, going from 36% in 1997 to 43% in 2011.

→ the disparity between rural and urban areas keeps steady, while the proportion between the best and worst provinces seems to be decreasing. This data is only apparently positive as is actually caused by the worsening of the situation in urban areas rather than by an actual improvement in the rural ones.

→ the trend of the child mortality rate is characterized by a continuous improvement, as it went from 147% in 1997 to 64% in 2011.

→ the decrease of this rate in the period 2003-2011 goes together with the decrease of the level of unfairness: from a difference on 1.4 to 1.0 between rural and urban areas, and from 2.0 to 1.3 between the richest and the poorest groups; during the period going from 1997 to 2011 the proportion between the best province and the worst one went from 4.4 to 2.4.

The contradictory trends of the malnutrition levels and the mortality rates, which show indeed different trends, provides evidence of the worsening of the poverty, in some cases mitigated by effective public health interventions, such as vaccination. However, it must be observed that the increase of malnutrition together with a prolonged economic growth represents a surely alarming data, which highlights a social (and distributive) problem rather than a weakness only attributable to the health system.

Some more remarks can be suggested, when taking into consideration the project target area (Sofala province and Maputo city).

[45] This data is undoubtedly important considering that at the beginning of the 1990s the Sofala province had indicators in line with the most disadvantaged provinces of the Country.

As far as the Sofala province is concerned, a trend contradicts the general one. In fact, Sofala is one of the few provinces to show a decrease in chronic malnutrition, with a better rate with regard to the national average. Unfortunately, the other indicators do not confirm these improvements and, even considering a decrease in child mortality, the province still has higher rates compared to the national average.

Health status Indicators 1997→ 2011 – Trends basing on health demography surveys

	1 –Chronic malnutrition in children < 5 years			2 – Child mortality (for 1,000 born alive) *			3 – Child mortality < 5 years (for 1,000 born alive)		
	1997	2003	2011	1997	2003	2011	1997	2003	2011
National	**36%**	**41%**	**43%**	**147**	**124**	**64**	**245**	**178**	**97**
Rural	39%	46%	46%		135	72	271	192	111
Urban	27%	29%	35%		95	69	174	143	100
Proportion Urban: Rural	**1.4**	**1.6**	**1.3**		**1.4**	**1.0**	**1.6**	**1.3**	**1.1**
Lowest income		...	51%		143	83	278	172	129
Highest income		...	24%		71	64	145	110	91
Proportion Rich : Poor		**...**	**2.1**		**2.0**	**1.3**	**1.9**	**1.6**	**1.4**
Best province	57%[2]	56%[2]	55%[5]	216[5]	178[2]	95[6]		241[2]	142[6]
Worst province	16%[3]	21%[4]	23%[3,4]	49[4]	51[4]	39[7]		89[4]	58[4]
Proportion best: worst province[5]	**3.6**	**2.7**	**2.4**	**4.4**	**3.5**	**2.4**		**2.7**	**2.4**
Sofala	**39%**	**42%**	**36%**	**173**	**149**	**73**		**205**	**105**
Maputo City	**22%**	**21%**	**23%**	**49**	**51**	**61**		**89**	**80**

Note: *Children below 1 year.
Worst: [2]Cabo Delgado; [5]Nampula; [6]Zambézia
Best: [3]Maputo province; [4]Maputo City; [7]Inhambane
Source: Data 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2012.

Closing remarks

The data provided above shows how the support to the sector produced the improvement of some important indicators, also confirming the results of the sector evaluation and the health statistics, which suggest a remarkable expansion of the services provided (infrastructure, coverage and use of health services). The evolution went together with the improvement of a wide group of health indicators, as with the reduction of some geographical imbalances. At the same time, these same indicators show a still critical situation in the Country, with particular reference to the more disadvantaged areas.

In principle, even though the technical-structural characteristics of the health units have improved, the coverage rate of the health network is still insufficient. The construction and rehabilitation of health facilities, the management development, the drug supply[46] as well as the technical re-qualification of the existing health units are still priorities.

b. Evidence

N. 5. The statistical survey of the annual joint evaluation (ACA), together with the data processed for the present evaluation, seem to confirm a partial improvement of the health sector in Mozambique. It is however necessary to point out that during the last years there is a certain trend reversal, as the rate of growth of some indicators has considerably slowed down and some other indicators show some negative trends. In addition, there are still some significant differences in the trend of the main health indicators among the different areas of the country and within the areas themselves.

Still considering the expected objectives and results of the Italian support to PROSAUDE, there are some additional considerations to be made:

→ despite the fact that one of the most emphasized results of the last year was the actual assignment of a medical doctor in every district of the Country, in some districts the main health units are not adequately equipped, thus making the assignment of medical personnel inefficient. In addition, more than half of the medical doctors (generally the more experienced ones) are working in the capital Maputo.

[46] The management problems in addition to the lack of funds has just recently caused some serious problems to the drugs supply system.

→ the health system keeps facing huge difficulties with regard to infrastructures, human resources and drugs.

N. 6. Within the SWAp the mechanisms for coordination and collaboration among donors and the government were developed and strengthened. In line with the principles of the Paris Declaration, this process gave and keeps giving the concrete possibility to carry out an alignment of the donors' policies with the national ones, and to intervene in support to the drafting, and evaluation, of the strategies meant to support the Mozambican health system. Within this framework, it seems undoubtedly that the common funds before, and the PROSAUDE fund today, increased the level of funding for operational activities, the procurement of drugs, the development of infrastructures, significantly contributing to the delivery of health services, as well as to the impact on the Mozambican health conditions, at least in the "contribution" attributable to the health activities.

However, it must also be said that, in the management of the PROSAUDE fund, some important problems occurred. They were about the strategic formulation, the weak management capacity of the Mozambican structures, the not-always transparent management of funds and, last but not least, the lack of quantification of funds. Furthermore, the PROSAUDE fund still does not include important donor agencies for the health sector, who prefer a direct relationship with the Government and the MISAU above all (this is the case of the US cooperation and the Japanese one). Therefore, even the fragmentation remains a serious problem affecting the development of the sector. The most alarming data observed in the analysis is that these problems are actually reducing the efficiency and effectiveness of the PROSAUDE fund, with an inevitable negative impact on the delivery of services. These problems, together with the effects of the international financial crisis, have negative repercussions on the health sector in general. Therefore, the strategic development embedded in the SWAp approach is today going through one of its most difficult times.

To recap it can be stated that today the process is heavily slowed down and many administrative and operational issues are still not adequately addressed and resolved. These difficulties are persuading many donors to reconsider their participation to the fund, thus causing a decrease of their contribution, if not even the suspension of the funds or the neglect of the sector itself.

The subscription of Italy to the PROSAUDE certainly happened during one of the most difficult times in this development process. Nevertheless, the participation of the Italian Cooperation can no doubt be considered important not only for the priorities and the needs of the Mozambican health sector, but also for the strategic implications that this subscription entails for the Italian Cooperation itself. These implications could have some important consequences in terms of visibility and credibility. There are still some aspects, which hampers the efficiency and effectiveness of this contribution. In summary:

→ the level of the Italian contribution does not allow a significant impact on the volume of the funding to the sector;

→ the role played by the technical assistance remains below its potential and it does not have a significant impact on the sector policies.

Considering the position of the Italian Cooperation, apparently interested to continue ensuring its participation to the PROSAUDE fund, these changes could certainly also create new opportunities, which however will require the establishment of a genuine dialogue with the government and the search for a common position with the other donors, focused on the uncertainties arisen and on new cooperation strategies required by the health situation in the Country and by the problems related to the fund management.

4.3. Project AID 9189

4.3.1. Project implementation status

Research hypothesis n.1

The projects were carried out according to shared standard procedures, which helped the implemented of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorization of the lessons learnt.

a. Project summary

Title of the project	Managing Body	Partners involved	Location	Period of execution	Total Budget (€)	Donor agency
Support to the development of human resources in the health sector (AID 9189)	DGCS – direct management Government management (ex art. 15)	•MISAU •Provincial Health Directorate - Sofala •Health Directorate – Municipality of Maputo •Institute of Health Sciences – Beira •Institute of Health Sciences – Maputo •Nhamatanda Training Center	National with focus on the city of Maputo and Sofala province	12/2009 – on going (3 years, approved and confirmed)	7,499,350	• DGCS

The initiative 'Support *to the development of human resources in the health sector'* was approved with act n. 233 by the Directorate Committee of 9.12.2008 with a total allocation of 7,499,350 Euros, to be implemented in three years and sub-divided in *government management* (ex art. 15 of the regulation of execution of law n.49 / 1987 – 4,856,400 Euros), *in-situ fund* (2,057,950 Euros) and *experts fund* (585,000 Euros). The project activities started in 2009 and they were still ongoing in May 2013, when the analysis described in the present document terminated.

Planned within the framework of the *Aide Memoire* signed between the Mozambican Government and the Italian Government in December 2000, the project mirrors the medium-term strategy and the *Poverty Reduction Strategy Paper* of the Mozambican Government and its aim is to increase the number of qualified human resources in the health sector. The intervention proposed a work plan aimed to guarantee a better and rational allocation of qualified personnel in the Country, in particular in the provinces of Sofala and Maputo, facilitating measures aimed at personnel retention. The project consists of two components: a first component related to the training of human resources in health (including quantitative and qualitative aspects) and a second component related to the organizational development of human resources management.

The applied methodology is based on an integrated approached intended to:

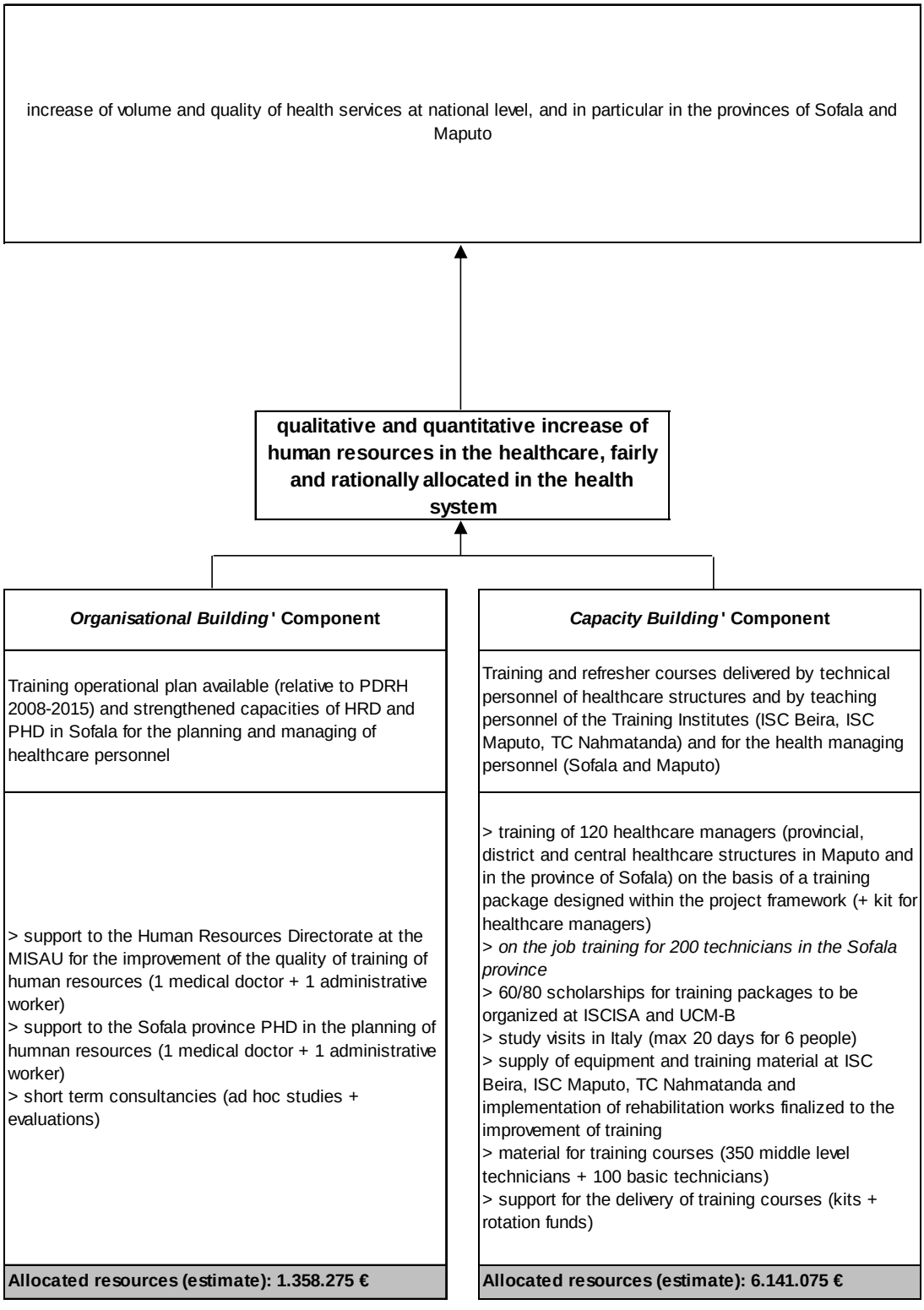
→ Training an increased number of high, medium or basic level technicians in technical areas relevant both for the development of local health systems and for the technical requalification of the training network, strengthening the pool of trainers;

→ Improving the decentralized management of human resources in the health sector through training activities aimed at provincial and district managers and to the people in charge of large health facilities in the areas of intervention, at the same time providing inputs to improve the working conditions;

→ Valorising and motivating the human resources, through incentives, in order to facilitate the steady employment process in the peripheral health facilities and in remote areas.

The operational bodies involved in the project are the Ministry of Health and, for the activities in the Sofala province, the relevant Provincial Health Directorate (DPS). To ensure the proper management of the initiative, the plan foresees the establishment of a management unit and of two operational groups, respectively in Maputo and Beira. At the beginning of the project, an agreement was signed between the Italian and the Mozambican governments, which disciplines the allocation of the funds according to article 15 of the regulation for the execution of law 49/1987.

Theory of change - project AID 9189



b. *Deviation from plan*

The description of the deviation from plan regards the progress of activities and the state of achievement of expected results of the initiative AID 9189, as observed in May 2013 (when the project was not yet finished).

The development of the project plan is integrated to the Economic and Social Plan 2012 and to the National Human Resources Development Plan[47]. This strategic - programming layout made actually unnecessary to draft a General Operational Plan for the project.

The following table was filled in with the information acquired during the evaluation exercise through the analysis of the available documentary evidence, in particular the narrative reports, the operational plans, the technical-financial reports, the internal monitoring plans, the minutes of meetings of the management committee and of the operational groups set up by the project. The picture was completed also using the data collected during the interviews with the project manager and the other experts, Italian and Mozambican, who collaborate (or collaborated) to the implementation of activities.

The table describes the indicators, the expected targets and the achieved targets for every level of intervention (objectives, expected results) as observed by the evaluation exercise:

Logic of intervention	Indicator	Initial target	Actual Target	Reason for deviation / remarks
General obj. – available increase in the volume and quality of health services at national level and in particular in the provinces of Sofala and Maputo	population set of selected indicators: trends, coverage, activity, use, quality and efficiency (national indicators and province indicators with Sofala case study)	n.a.	n.a.	The indicators were not measured, nor initial targets were provided
Specific obj. – quantitative and qualitative increase of health human resources and rational and equal distribution and retention in the health system	n. of trained technicians for technical area and level, n.of trained technicians as per national training plan for the period and provincial plans	n.a.	n.a.	The project proposal provides for initial targets splitted into different categories from those included in the indicators. *Initial targets:* 500 trained technicians, 600 technicians up-to-date in thematical areas not covered by vertical programs, for the establishment / strengthening of district centers for continuous training in the Sofala province, 120 supervisors up-to-date on the decentralized management of human resources *Achieved targets:* 24 training courses financed (total 733 participants), ensured up-to-date courses for 163 technicians, 354 trainers of the beneficiary training institutes and internship tutors trained
	n. of trained technicians as planned by the intervention. Personal pyramid according to level in the Sofala Province	n.a.	n.a.	
	Ratio selected professional categories / inhabitant (case study in Sofala and its districts; comparison of Sofala with other provinces)	n.a.	n.a.	
Component 1: *Training and Improvement of the quality of human resources training in the health sector*				
Result 1.1 – Training Operational Plan available (regarding PNDRHS 2008-2015)	plan in use	yes	yes	it was drafted before the beginning of the project and included in the PES
Result 1.2 – 60/80 high level technicians (*bacharel* and graduates), 350 medium level technicians specialized and 100 basic level technicians trained in different technical areas	trained technicians / planned technicians	60/80 high level technicians, 350 medium level technicians specialized and 100 basic level technicians	56 scholarships, 356 trainers, 63 basic level technicians (see note)	25 scholarships assigned to health operators of the Sofala province with tasks of theoretical and practical training at the ICS-Beira and the Nhamatanda Training Center, to attend courses at the Catholic University of Mozambique (9 in administration and hospital management, 10 in clinical psychology, 4 in nursing sciences, 1 laboratory and 1 in information technology)
	Technicians admitted to courses / finalists	~85%	n.a.	

[47] In particular for the items: contracting of personnel, strengthening of the planning capacity at all levels, strengthening of the management, decentralization of the human resources management and interventions on the level of motivation of the personnel.

	planned length of courses / actual length of courses	different according to each case	n.a. (see note)	31 scholarships assigned to health operators coming from various provinces of the Country, with theoretical and practical training tasks at the training institutions, for the attendance of courses at the ISCISA (26 in anesthesiology, 1 in nursing sciences for maternal health, 1 in public health, 1 high level technicians in radiology, 1 nursing sciences, 1 anesthesiology) During the first months of 2013 there was the evaluation of the quality of the experimental course in anesthesiology with the French cooperation
	% theoretical vs practical training	n.a.	n.a.	
	planned costs / actual costs	n.a.	n.a.	
	average final evaluation of the courses	n.a.	n.a.	
Result 1.3 – 4 training *curricula* up-to-date	*curricula* up-to-date and used/ *curricula* up-to-date planned	4	1	the anesthesiologist curriculum was brought up-to-date
Result 1.4 – teachers at the ICS Maputo and Beira, CF Nhamatanda and related health facilities for internship strengthened in quality and quantity	total and % teachers with high level training	n.a.	n.a.	The project proposal provides for initial targets splitted into different categories from those included in the indicators. *Achieved targets:* implementation of 6 seminar for trainers and internship tutors in the provinces of Maputo (city) and Sofala for a total of 258 beneficiaries. In Maputo, supervision of trainers carried out and evaluation session of the program of the pedagogical seminar and of its impact on the quality of training. Training of managers of Blue Libraries[48] carried out for a total of 16 officials (7 in Maputo and 9 in Sofala). In Maputo the supervision and support of internship tutors were financed, course for Executive Secretary financed for the secretary of the Directorate ICS – Maputo. In collaboration with I-TECH an impact evaluation of the continuous training carried out, which confirmed its usefulness and effectiveness. Little rehabilitation works were carried out in the training centers and teaching material was supplied
	total and % teachers with specialization in teaching (see result 1.2)	n.a.	n.a.	
Result 1.5 – 6 health units selected as locations for internship with adequate conditions for the practical training of students and for the on-the-job training of system personnel	ratio technical personnel/ interns / interns supervisors	n.a.	n.a.	The project proposal provides for initial targets splitted into different categories from those included in the indicators *Achieved targets:* 6 health units selected as internship locations (Maputo: HG of Mavalane, Health Center Xipamianine; Sofala: Beira Central Hospital, health Center of Munhava and Chingussua, Nhamatanda Training Center)
	average final evaluation of the internships	n.a.	n.a.	
Result 1.6 – information network technically and logistically reinforced (in particular in the 3 selected training institutions)	logistic resources available / logistic resources planned	n.a.	n.a.	The collaborations with the three selected training centers are described (ICS-Maputo, ICS Beira, Nhamatanda Training Center) and the purchase of two 30 and 33 seat minibus confirmed (ICS Beira, Nhamatanda Training Center)
	n. manual and audio-video translated, produced, acquired and/or adapted to the courses	n.a.	n.a.	
Result 1.7 –studies and researches on topics related to health HR training carried out and disseminated	n. studies and researches available	1	1	Draft and publication of a study on the decentralization in the health sector.

[48] It regards book kits selected by the World Health Organization for the health operators in developing countries working in peripheral health units

				The study on the improvement of the quality of performance of the clinical operators (pediatrics) was not approved by the ethical committee due to lack of positive aspects for the users.
Component 2: *Management of health human resources (HHR)*				
Result 1.2 – programming capacity of HHR at province level increased (DPS - Sofala)	annual HHR plans documented	yes	yes	Technical assistance ensured through the project manager and an administrative manager
Result 2.2 – around 120 HHR manager trained (province, district level managers, large HU of the Sofala and Maputo provinces, City of Maputo)	trained managers / trained managers planned	120	0	Training activity carried out by the Belgian Cooperation
Result 2.3 –training program for HHR managers available for the replication in other contexts	training package used in other contexts (n. of replications)	n.a.	0	Training activity carried out by the Belgian Cooperation
Result 2.4 – improved working conditions of the district HHR managers (Sofala and Maputo provinces, City of Maputo)	district HHR sector working (standard to be defined)	60	60	60 installation kit supplied
Result 2.5 – mechanisms for integration and retention of HHR in the system / finalists of the courses strengthened (with focus on the peripheral HU)	n. and level of high level workers employed with hiring incentives in service after 6-10 months (ex post evaluation, case study Sofala)	n.a.	n.a.	The indicator used in the project proposal do not coincide with the one used in the monitoring plan, where the reference is to 163 technicians (over the planned 200) who benefited from the continuous training.
Result 2.6 – approx. 200 technicians updated annually (continuous / on the job training in the Sofala province)	availability of continuous training plans and state of implementation; n. of technicians updated / planned technicians updated	n.a.	n.a.	The indicator used in the project proposal do not coincide with the one used in the monitoring plan, where the reference is to 163 technicians (over the planned 200) who benefited from the continuous training.
Result 2.7 – studies and researches available	n. studies and researches available	2	1	Study on decentralization carried out (however not accompanied by a training program for local personnel)

Although the project proposes a good number of indicators for the different levels of the project logic, from the evaluation analysis it is clear that there are some limits related to the specificity of the information and its completeness.

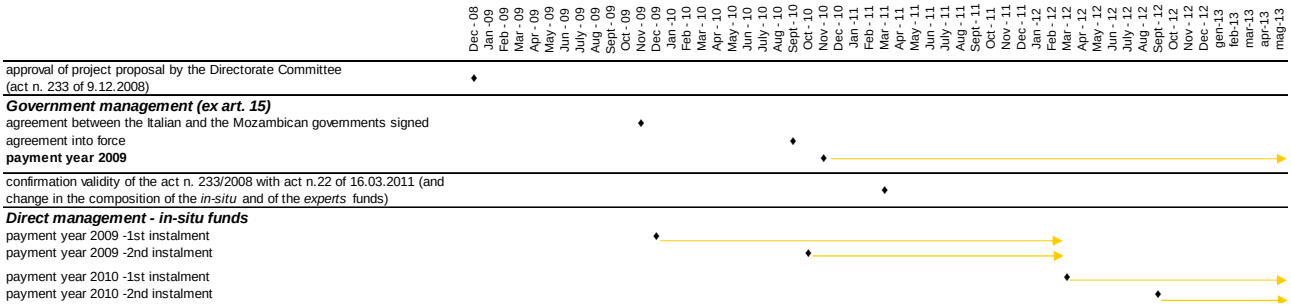
In a nutshell, it must be noticed that the implementation of activities and the state of achievement of results as of May 2013 are coherent with the funds used and disbursed during the same period, while there are noticeable delays compared to the initial planning, as described in the previous section.

c. Procedural standards and delivery of services

no-cost amendments

The following table shows the reconstruction of the main project phases starting from the approval of the financial proposal to the end of May 2013. The reconstruction is based on the annual activity reports drafted by the project manager, on the monitoring plans, on the summary sheets of the project, on the minutes of the meetings (both of the project operational groups of Maputo and Sofala and of the management committee), on the activity progress and, in the end, on the information collected during the interviews with the project-manager and the experts involved in the implementation of activities.

As shown in the table below, the project activities were carried out during the course of a significantly longer period than the originally planned one (the project is still ongoing), largely in compliance with the original plan. There is a request and subsequent approval (end of 2011) of a no-cost budget amendment of the *in-situ* fund in order to ensure the continuation of the courses and of the scholarships planned on a three-year basis for the teachers of the training institutes and the personnel on duty, considering the situation of uncertainty in the disbursement of *in-situ* fund following to the economic steadiness measures taken in Italy. In designing the amendment, the budget items that are no longer financed under the chapter management and training shall be covered by funding approved under the government management component.



In addition, on the base of the documentary evidence produced, the following remarks can be suggested:

- → The project is characterized by the allotted allocation of the resources to the *in-situ fund* (delegated to the Italian Embassy) and to the *Government management* (subject to the inter-government agreement). In particular, the *in-situ fund* aims to provide technical assistance and organizational support to the MISAU. However, despite this clear distinction, part of the resources allocated to the *in-situ fund* was used for the implementation of other activities thus in addition to those allocated to the *Government management fund*, which have a different way and schedule for disbursement and management.
- → While waiting for the coming into force of the inter-government agreement between Italy and Mozambique for the government management component, the project activities financed with the *in-situ fund* were planned together with the Mozambican counterpart (in coordination with the Cooperation Office at the Italian Embassy in the Country) in the framework of a temporary commission established at the MISAU Training Department level. The allocation of *the in-situ funds* was specifically agreed with the MISAU Director of Planning and, in relation to the activities to be carried out outside Maputo, also the Province Health Directorate of Sofala. This process was actually carried out also after the validation of the agreement and its coming into force (September 2010), through the establishment of the *management committee* and the *project operational groups* in Sofala and Maputo. Such measures ensured the sharing of the Annual Operational Plan and its related monitoring.

financial resources and project reports (narrative and financial reports)

As already explained, the complex procedural system behind the management of the initiative AID 9189 caused some difficulties in the program management because of the a-synchrony of the disbursement of the installments to the *in-situ* fund and to the government component ones. In particular, as mentioned by the MISAU officials and the Italian experts, there were delays in the use of funds, difficulties in identifying the ministerial stakeholders in charge of the activities planned in the operational plan and lack of an administrative support during the implementation of the activities. This latter aspect also entailed a significant delay in the identification of the audit company, an essential step in the government component management as the audit, according to the signed agreement, is required for the approval of the technical-financial progress report upon commitment of the 70% of the first transferred installment. This bottleneck had obvious consequences on the disbursement of the following funds and thus in the implementation of the activity program.

Because of the limited project expenditure capability for both components, the initial allocation approved in 2008 was later confirmed in 2011 and the funds were once more re-budgeted. Firstly, the expiration of funds was avoided, at the same time the composition of the *in-situ fund* and the *experts fund* was also amended, as seen in the following table:

Evaluation of Development Cooperation Initiatives in the Health Sector in Mozambique
punto.sud for Office IX, General Directorate for Development Cooperation (DGCS) – Ministry of Foreign Affairs

act n. 233 of the Managing Committee of 9.12.2008

	2009	2010	2011	TOTAL
direct financing to the Mozambican government (ex art. 15) - N.Aid 9189.01.4	1.835.900,00	2.049.900,00	970.600,00	4.856.400,00
expert s fund - N. Aid 9147.03.5	195.000,00	208.000,00	182.000,00	585.000,00
in-Situ fund - N. Aid 9189.02.6	788.850,00	743.850,00	525.250,00	2.057.950,00
	2.819.750,00	**3.001.750,00**	**1.677.850,00**	**7.499.350,00**

act n.22 of the Managing Committee of 16.3.2011
confirmation of act n. 233/2008 and change of local and experts funds (for a total leftover amount of € 1.547.228,06)

	2011	2012	2013	TOTAL
expert s fund - N. Aid 9147.03.5	161.393,06	96.735,00	20.000,00	278.128,06
in-Situ fund - N. Aid 9189.02.6	543.850,00	425.250,00	300.000,00	1.269.100,00
	705.243,06	**521.985,00**	**320.000,00**	**1.547.228,06**

The use of the resources allocated to the government management component and to the *in situ fund*, starting from the beginning of the project, is described in the following table[49]:

***Government management* ex art 15**	***4.856.400,00***
year 2009	**1.835.900,00**
payment on 22.11.2010	1.835.900,00

***In-Situ* Fund**	
year 2009 (year I under act 233/2008)	**788.850,00**
payment on 22.12.2009 - instalment I	489.400,00
payment on 20.10.2010 - instalment II	299.450,00
year 2011 (year II under act 22/2011)	**543.850,00**
payment on 14.03.2012 - instalment I	100.000,00
payment on 13.09.2012 - instalment II	325.500,00
instalment III declared expired	*118.350,00*

It must be pointed out that because of the accrued delays in the management of the available funds, despite the confirmation of their approval, the two installments missing from the government management funds were declared expired in the first months of 2013. This is valid also for the third installment of the second year of the *in-situ* fund. To overcome the problem, the procedures to re-budget the ex art. 15 funds again were started. Based on the updates provided during the evaluation exercise, however, the time required for the fund disbursement do not seem to be known[50].

As far as the *in-situ* fund is concerned, it must be noticed that the Local Technical Unit of Maputo requested the disbursement of the third year and it was decided not to start the procedure of re-budgeting the third installment of the second year in the budget. These measures should allow avoiding further delays in the project.

human resources

The contract of the project manager (Giulio Borgnolo[51] MD) until 14.03.2012 was financed through the *Experts* Fund, in addition to a short-term support mission carried out by Ferruccio Vio[52] MD. Later on, the contract of the Project Manager was paid by the *In-Situ* Fund, which allowed covering the costs of other positions involved in the program.

The following table shows the use of the *Experts* Fund:

Qty	Role in the project	appointed role	Total time allocation	expert	Nov - 09	Dec - 09	Jan - 10	Feb - 10	Mar - 10	Apr - 10	May - 10	Jun - 10	July - 10	Aug - 10	Sept - 10	Oct - 10	Nov - 10	Dec - 10	Jan - 11	Feb - 11	Mar - 11	Apr - 11	May - 11	Jun - 11	July - 11	Aug - 11	Sept - 11	Oct - 11	Nov - 11	Dec - 11	Jan - 12	Feb - 12	Mar - 12	Apr - 12	May - 12	Jun - 12	July - 12	Aug - 12	Sept - 12	Oct - 12	Nov - 12	Dec - 12	Jan - 13	Feb - 13	Mar - 13	Apr - 13	May - 13
1	expert	Project Manager	36 months	Giulio Borgnolo MD																																										
1	expert	Consultant	9 months																																												

[49] Updated as of May 2013
[50] This data is confirmed by the project manager
[51] Contracted from 14.11.2009 to 14.03.2012
[52] November - December 2012

Despite the plausible availability of funds[53], there was no authorization of new missions of experts. Furthermore, according to the elements found, the Local technical Unit did not request any re-financing of the fund itself. It is important to point out that the *in-situ* fund allowed to ensure the presence of the project manager also for the period following the end of the contract with DGCS. This presence, as for the related terms of reference, guaranteed the general coordination of the initiative (in particular with the human resources allocated) in close collaboration with the government counterpart, as well as the coordination with other sector initiatives financed by the Italian Cooperation, initiatives of decentralized cooperation, and the participation to the 'human resources' working group of the PROSAUDE common fund.

The *in-situ* fund was also used to cover expenses related to other administrative coordination positions (in Maputo and Beira) and to training sector positions. In coherence with the terms of reference of the project operational groups, the competences made available by the various local technical assistance components supported the planning, management and monitoring of the various activities. This support ensured the close collaboration with the ministry, province and municipality health authorities and with the training institutes involved in the project implementation. Finally, an important support was guaranteed by the position denominated "administrative assistant". This position, financed by the ex art. 15 government management fund, was recruited to ensure the use of the fund both in compliance with the Mozambican procedures and regulations and with the inter-government agreement. This activity was particularly delicate and it allowed overcoming the problem of the bureaucratic slowness of the Mozambican institutions, as the interviewed official confirmed more than once.

internal procedures

The evaluation exercise mainly confirmed the compliance with the guidelines and the procedures to be applied to the management of the *in-situ* Fund and the government component (ex art. 15). In particular, regarding the management of the *in-situ* fund, the operational plans and the disbursement of funds requests were prepared by the Project Manager in collaboration with the operational groups and their members; the requests were submitted to the attention of the Director of the Cooperation Office, in order to be later submitted to the office in charge at the DGCS upon approval of the Ambassador.

It is the inter-government agreement that details the operational modalities of collaboration and it clearly identifies the guidelines applicable to the transfer, the planning and the use of ex art. 15 funds and their related financial reporting. In particular, it is useful to remember the following clauses, which were substantially applied as noticed during the period under analysis:

- → the funds were directly disbursed to a *Forex* account opened at the *Banco de Moçambique*, the account holder is the Ministry of Finance which, according to procedures, transferred the funds to a Single Account of the Treasury upon request of the MISAU, guaranteeing the compliance with the accounting procedures provided for by the law regulating the system of financial administration of the Mozambican State (SISTAFE);
- → the procurement activities were carried out based on procedures specifically detailed in an annex to the agreement. [They include the No-impediment from the Ministry of Foreign Affairs– DGCS in case of procurements for amounts higher than 133,000 Euros (for the purchase of goods / services) and 200,000 Euros for civil works.]
- → the MISAU commits to submit technical-financial progress reports together with an audit report produced by an audit company to certify the regularity of expenses and the procurement activities (on the basis of the terms of reference jointly drafted by the two parties of the inter-government agreement).

d. Evidence

N. 1. The deviation from plan allowed reconstructing the project progress status until May 2013. The achieved targets show some deviations compared to the original planning both because of the delays occurred in the planning of activities and in their implementation, and because of some changes in the activity planning depending on the availability of funds (*in-situ* fund and government component). In all the cases, the changes were decided to adapt the project to the modified context (and to the fund

[53] During the evaluation exercise it was not possible to acquire data on any leftover of the *Experts* Fund

availability) and such changes were always agreed upon with the project counterpart in mutual collaboration and availability.

The progress described by the evaluation exercise seems coherent with the funds spent and committed for the same period. Despite in some cases the initial and expected targets are not very detailed, it seems plausible that the available resources allow the achievement of all the targets expected.

N. 2. The analysis of the progress of activities and of the state of achievement of the expected results of the initiative AID 9189 clearly shows that the program has been defined and developed in the frame of the Economic and Social Plan 2012. In addition, even though the strategic layout of the project has an objective at national level, its main attention was actually focused on two specific geographical areas: the Sofala province and the Municipality of Maputo. This specificity does not limit the overall "relevance" of the initiative, nevertheless makes it difficult to assess the general objectives and the adequacy of the identified measures in relation to the national strategic plan.

N. 3. The non-clear identification of the direct beneficiaries and the consequent weak definition of the really specific indicators to measure the project expected results (*delivered*) made the understanding of the actual implemented outcomes partial (or at least non-systematic) and so was their impact on the target structures and the contribution to the implementation of the Economic and Social Plan 2012. The following comments confirm these statements:

- → the indicators identified to evaluation of the expected results are often the simple repetition of the process indicators selected to monitor the implemented activities.
- → although they cannot be put in direct relation to the objectives of the national plans, the indicators used do not include any reference to the expected qualitative standards, such as to facilitate the understanding of the benefits pursued during the activity implementation.
- → the indicators identified during the project planning have been rarely used in the measurement of the periodical progress. Indeed, it is not a case that the indicators were often replaced by a detailed narrative description of the activities carried out.

If on one side these limits did not prevent the reconstruction of the plan of intervention, due to the documentary evidence which provided an accurate description of the implemented activities and the processes started by the project, on the other they did not allow for a clear analysis of the achieved progress status.

N. 4. The close integration between the activities financed by the *in-situ* fund and by the *ex art. 15 government component* had a negative impact of the implementation of activities and on the related achieved results, because of the irregular disbursement of funds and of the a-synchrony of the related transfers (on this topic, also see the following paragraph).

It can then be more correctly stated that the project had to be planned more on the actual availability of funds, rather than on the priorities of the plan itself. In order to avoid the interruption of some activities, for example the disbursement of scholarships, some amendments in the financial plans were submitted and authorized, which entailed a different allocation of resources of the *in-situ* fund and moved some activities, which were initially forecast in the *in-situ* fund, on the government component one.

Finally, although the complex procedure system was largely abided, it does not seem that all the budgeted resources were fully allocated because of the insufficient linearity of the decision-making processes within the Cooperation Office of the Embassy in Maputo. Despite the availability of resources of the *Experts* Fund for short term missions, it was decided not to allocate any; the two years of the government component and the third installment of the second year of the in-situ fund were declared expired and the procedure to register the funds in the budget again does not seem to have been done on time, in order to ensure the continuation of activities.

4.3.2. Analysis of the actors and of the coordination

Research hypothesis n°2

The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).

a. Framework of reference

Project governance and coordination mechanisms with the counterpart/s

As the general objective of the project was the contribution to the increase in volume and quality of health services at national level, and in particular in the provinces of Sofala and Maputo, the project focused on the qualitative and quantitative increase of health human resources, on the rational and equal distribution and retention in the health system. During this process, the main stakeholders of the project are identified as follows:

- → Directorate for Planning and Cooperation, MISAU
- → Human Resources Directorate, MISAU
- → Finance Directorate, MISAU
- → Province Health Directorate (DPS) of Sofala
- → Human Resources Directorate, DPS Sofala
- → Training Centers, in particular:
  - Institute of Health Sciences – Beira (ICS-B)
  - Institute of Health Sciences – Maputo (ICS-M)
  - Nhamatanda Training Center (CF)
- → Catholic University of Mozambique
- → Health personnel working in the locations for internship
- → NGO I-TECH[54]

The project has an interesting and effective coordination mechanism set up among the several involved bodies. According to the perceptions gathered, this collaboration was designed during the feasibility study which was carried out by the Italian experts[55] who drafted the preliminary study that led to the development of the partnership model described in the text of project AID 9189.

The work insured the involvement of the counterpart[56] and put the basis of the actual 'ownership' of the project, facilitating the widely participated analysis. The preliminary establishment of coordination mechanisms, which is not always to be taken for granted in the formulation of cooperation projects, seems to have set some solid foundations for the project, facilitating communication and co-decision modalities which facilitated the activity implementation, as they had been preventively agreed upon[57].

As soon as the inter-government agreement for the management of the funds of component ex art. 15 came into force, a management committee was established. To this political-institutional level there was later the addition of two project operational groups, one in Maputo and one in Beira, to ensure the coordination with the institutional counterpart.

[54] With the task of revising some training *curricula,* nursing and medicine technicians courses
[55] See the study carried out by. Rino Scuccato MD and by Marina Buffolano MD in 2008
[56] In particular reference here is to the Directors of the MISAU Human Resources sector, the directors and pedagogical representatives of the Nhamatanda Training Center and the Institute of Health Sciences in Beira and Maputo, and, finally, to the provincial director and the medical director of the Sofala province
[57] The appropriateness of the approach was greatly underlined by the provincial health director of the Sofala province

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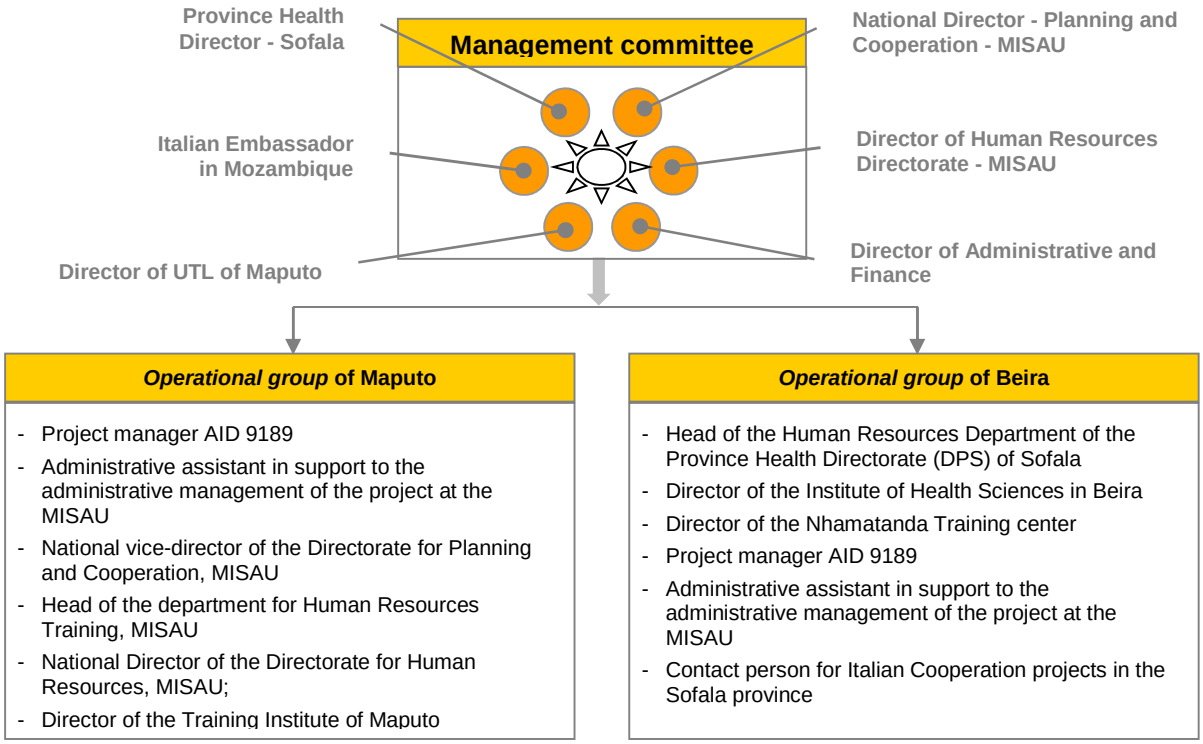


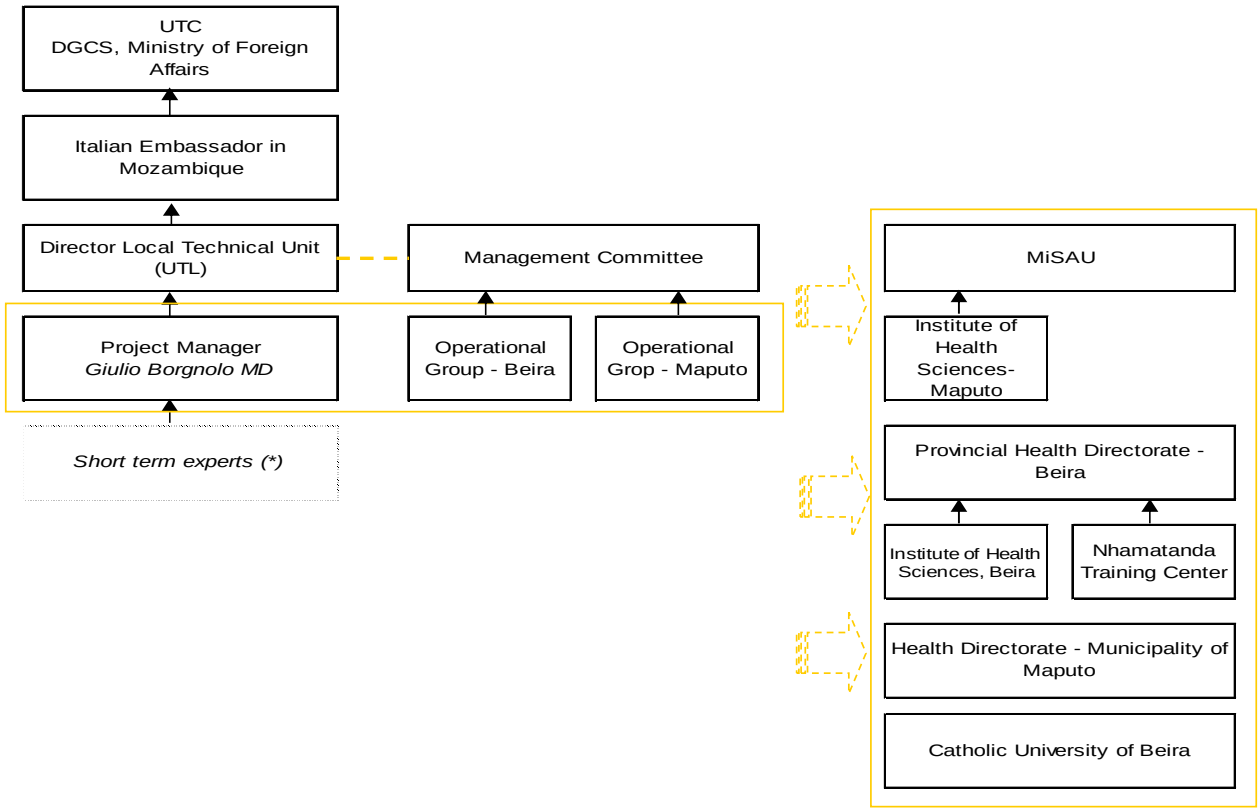
Both the *management committee* and the *operational groups* met according to the agreed terms and they carried out the functions for which they were established. This is confirmed both by the minutes of the meetings, which highlight an actual institutional and operational collaboration among the parties, and by the key informants interviewed.

As already mentioned in the final report of the short-term expert[58], the layout of the composition of the management bodies seems somewhat unbalanced. The operational groups consist of individuals among whom there are relations of direct hierarchical dependence (both among the Italian and the Mozambican counterparts), which make the participation of most part of the members useless in relation to the proposal and decisions made by the higher hierarchical levels about the operational and administrative management of the project (e.g. there are the coordinator of initiative AID 9189 and the local administrative coordination staff for the Italian part; there are the MISAU national director of human resources and the director of the Institute of Health Sciences of Maputo). Similarly, in the management committee, which is supposed to approve the operational plans and the technical reports carried out by the operational groups, it is evident that there is a conflict of interest determined by the participation, as a member, of the national Director of Human Resources, who is also member of the operational group.

The interaction among the different actors (and operational units) for the project management required a complex cooperation system which was critically reconstructed during the evaluation analysis. The following table describes the coordination modalities and the main communication and decision-making flows among the various figures and committees in charge of the project management, and highlights the central role of the coordination with the MISAU, the Sofala province and the training institutes.

It can be stated that the most part of the work carried out by the project manager was in particular devoted to keep the coordination with the institutions that the project aimed to support and that he was mainly concerned to keep contacts in order to plan the various training activities and to address management-administrative kind matters, thus reducing the possibility to start other relevant supporting actions. It was a coordination made even more important, as mentioned before, by the difficulties occurred because of the project funding modalities (the government component and the *in-situ* fund).

[58] Final Report, Maputo 2010, Ferruccio Vio – Short term expert, mission November 11th – December 29th 2010



(*) it was possible to ensure the contribution of only one expert, Ferruccio Vio MD, for a period of less than two months

The difficulties related to the fund management, in particular due to delays of the transfer of installments and the required administrative tasks in the MISAU complex administrative structure, also made necessary to add an additional position[59] in the project. This position carried out a specific role in support to the administrative coordination between initiative AID 9189, and in particular its government management component, and the MISAU, by also facilitating the institutional communication among the various ministerial departments involved in the project: the Finance Directorate, the Directorate for Planning and Cooperation, the Human Resources Directorate. According to the critical reconstruction carried out, the position added by the project proved necessary to facilitate the administration and the communication flows, actually reducing the delays in the implementation of activities.

The project personnel also kept continuous collaborations with the training institutes of Maputo and Beira and with the Nhamatanda Training Center. In particular, it is worth mentioning the contribution of the responsible of trainings[60] in support to the Institute of Health Sciences in Maputo. From the data collected it seems that this activity played a crucial role not only in the coordination of the training of health non-medical personnel sector, but also in the planning and quality of trainings.

From the operational point of view it is important to notice a difference between the collaboration modalities established with the Maputo institute and those with the two training centers of the Sofala province (Beira and Nhamatanda). While the Maputo center directly refers to the MISAU Human Resources sector, the Sofala province centers fall under the responsibility of the Human Resources Sector of the Province Health Directorate (DPS). In these latter institutes, therefore, the strategic decisions and the administrative authorizations have necessarily to go through a peripheral level. For these reasons it was conveniently decided to place the coordination of initiative AID 9189 within the Sofala Province Directorate, and to allocate a position for the local coordination, in order to ensure a more efficient flow of information, a faster accomplishment of the administrative tasks and a particular support to the *human resource plan* of the DPS of Sofala, which provides precise directives to guide the training courses and, for the newly graduated from the Nhamatanda center, it also defines the assignment to the working places within the province[61].

[59] The position was covered by Ivo Saccomandi
[60] The position was covered by Maria Salghetti
[61] The assignment of the newly graduated from the training centers of Maputo and Beira is instead managed by the MISAU at central level

To conclude this paragraph it can be stated that the reconstruction allowed pointing out the effective coordination among all institutional levels of the Mozambican counterpart in the shape of a continuous flow of information and its sharing, in addition to the acceptance of the roles and responsibilities. This was clear from the meetings carried out during the field mission, which proved how the interviewed stakeholders have a very detailed knowledge of the project[62].

b. Evidence

N. 5. The project draws the attention to the administrative-management difficulty which seems to be mainly attributed to the tight integration between the activities covered by the *in-situ* allocated funds and by the ex art. 15 component. The imperfect linearity of the administrative processes also determined other difficulties with regard to the strategic decision-making, such as:

→ substantial delays in the implementation of activities and of the overall inter-government agreement;

→ difficulty to apply those managerial procedures established in the inter-government agreement, which also due to their complexity led to the appointment of an administrative assistant in order to facilitate the collaboration;

In addition, considering its members, the management bodies created by the inter-government agreement (management committee, operational groups) are somewhat irregular. The presence of some of the same figures (e.g. the national Director of the MISAU Directorate for Human Resources) in both bodies points out some conflict of interests between the two different operational and hierarchical levels, to which some clearly different tasks are connected. Furthermore the presence, within the operational groups, of figures in relation of direct hierarchical dependence (e.g. Human Resources Director and Training Institute Director) might significantly reduce the participation to the decision-making process of the figures at the lower hierarchical level.

The project management system also prevented the project manager to play any role in the provision of technical assistance and consultancy to the counterpart, as it was certainly expected. The management difficulties and complexities forced the project manager to allocate a significant amount of his time to the accomplishment of administrative tasks. Although acknowledging their importance to ensure the correct use of funds and the transparent administrative-financial project reporting, said tasks reduced the capacity of the Italian initiative to provide the planned highly specialized technical contribution, which was possible and, finally, required a per agreement with the counterpart.

N. 6. The project manager and the experts assigned to the project contributed to facilitate the operational processes, in compliance with the applicable procedures. This is clear in the organization of training courses (both basic and continuous), in the development of the plan for scholarships and in the procurement of materials. These activities seem to have compelled the various MISAU offices to pay particular attention to the coordination, by encouraging good practices in management efficiency.

In this framework, not being able to modify the applicable procedures, it was fundamental to assign a specific figure who thanks to his professional attitudes and skills was able to manage coherently and efficiently the administrative processes within the MISAU, thus facilitating the collaboration between the project and the counterpart. The good choice of the stakeholders proposed by the Italian project was confirmed by the MISAU officials, who well explained how this facilitation role was useful in order to meet the deadlines and optimize the available resources.

[62] The MISAU managers and officials (both of the training and human resources department and of the planning sector), the officials of the Province Health Directorate of Beira and the Institutes and Training Center showed an excellent knowledge of the project, for example by mentioning the exact number of the financed training courses, their schedule, the correct number of scholarships delivered and the criteria for their allocation, the quantity of allocated funds, the delays, correctly explaining their role within the project and proving to know the role of the other institutional people involved. This remark, which should not be taken for granted considering the complexity of the ongoing mechanisms and the number of the actors, coincides with what reported by the coordinator ath the MISAU Directorate Human Resources, who proudly underlined how the joint project management between MISAU and the Italian counterpart can be taken as an example of good communication, transparency and involvement of both parties for the achievement of a common goal.

4.3.3. Services and products delivered

Research hypothesis n°3

The beneficiaries received the goods and the services provided within the schedule, thus confirming the relevance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.

a. Framework of reference

The project identified the following categories of beneficiaries:

Category of beneficiary	Type of beneficiary
Direct beneficiaries	Health human resources (in particular at medium and basic level)
	Teaching personnel at the training centers (ICS – Beira, ICS – Maputo and Nhamatanda Training Center)
Indirect beneficiaries	Population of the Country (in particular Sofala province and Maputo, capital and province)

The project falls within the framework of the National Human Resources Development Plan 2008-2015 officially approved by the Ministry of Health. The plan was drafted with the political and technical support of the multilateral and bilateral agencies, with the aim to strengthen the whole health system thanks to a horizontal approach integrated into the sector development. The plan regards human resources systematically, during their whole cycle, starting from their initial training to their assignment in the system, to the improvement of their technical skills. Moreover, the plan specifically defines the steps required to reach the objectives related to the increase of the number, qualification and quality of the staff employed by health national system.

The achievement of the objectives of human resources development is considered an necessary condition to reach the Millennium Goals which, as it is known, include some important targets in the health sector by 2015 (child mortality, maternal mortality, impact of the endemic diseases).

Therefore the project works perfectly within the key priorities of the MISAU, which assignes a high strategic stance to develop the training of health human resources. The project alignment to the MISAU priorities seems to be consequent to the analysis carried out during the assessment phase which, as mentioned in the previous paragraph, was characterized by a shared analysis with the counterpart of the sector needs both at institutional level (with regard to the National Human Resources Development Plan) and at operational level (with regard to the specific needs of the training institutes, which have been identified as priorities). Even maintaining a 'national' perspective, the project focuses its activities and resources on two specific areas, the provinces of Sofala and Maputo, where the indicators of availability of human resources and of use of services are above the national averages, risking to create qualified skills above average in comparison with other provinces of the Country, which already start from a disadvantaged perspective, as they have fewer resources.

Considering the actual benefits guaranteed by the project, it is first of all useful to analyze the beneficiaries and the type of benefits as planned in the intervention. The following table recaps the main remarks related to the benefits delivered by the project to the health operators of Sofala province and of other various provinces in the Country, to the teachers of training institutes:

Beneficiaries	Benefit	Comments
health operators (at least 665 + 75)	• Acquisition of skills facilitated by the improvement of didactics • Supervision and support in their integration in health facilities • Access to specific updating courses • 56 scholarships, 25 of which for health operators of the Sofala province with theoretical and practical training tasks at the ICS-B and the Nhamatanda Training Center, to attend courses organized by UCM, and 28 for operators coming from various provinces with theoretical and practical training tasks at training institutes, to attend courses organized by ISCISA	• The total of 656 students equals 50% of all students trained in courses of medium level delivered by the training institutes of Maputo and Beira during project implementation. • In addition to these there are two basic level training courses for a total of 75 students at the Nhamatanda Training Center (equal to 10% of all basic level

	• increased availability of teaching equipment and subsidies in the training centers, and of infrastructures (even water supplies, e.g. Nhamatanda Training Center) • increased management capacity of the libraries' personnel (both in Maputo and Sofala) • increased supervision and evaluation capacity of the teaching staff	courses carried out between Maputo and the Sofala province)
teaching staff (256)	• didactic refresher activities with regard to teaching methods • requalification in supervision and evaluation techniques • continuous training (4 seminars for a total of 80 participants) • availability of teaching equipment, subsidies and logistic resources for the theoretical-practical training network provided basing on the needs • availability of better infrastructures (in particular in the health facilties that were location for internships in Sofala and in the Nhamatanda Training Center thanks to some small rehabilitation works even in the water supply infrastructures)	• The teaching staff referred to here is that of the Maputo and Sofala Training Institutes and of the health facilities location for internships

In consideration of the benefits actually received, the project can be presented as the development of two main components, one aimed at training human resources and the other at their management.

Health human resources training

The project financed and delivered 22 basic training courses aimed at medium-level health personnel (14 in Maputo and 8 in Beira). In this framework 624 people benefited from the courses; in particular the training activities regarded the following professional categories:

→ nurses;

→ pharmacy technicians;

→ medicine technicians;

→ mother and child health nurses;

→ laboratory technicians;

→ mental health technicians;

→ preventive medicine technicians;

→ odontostomatology technicians

In addition to the basic training courses, 56 health operators already in service benefited from a scholarship aimed to update their qualification bringing it to a degree level. The beneficiaries of scholarships were selected by the MISAU according to merit-based criteria, to the individual commitment shown during their service and to specific needs of the health facilities they are assigned to.

The project mainly financed the following courses: Anesthesiology, Administration and Hospital Management, Clinical Psychology carried out at the Catholic University of Mozambique, and in Anesthesiology, Nursing Sciences for maternal health and public health carried out at the ISCISA. The health personnel was selected in order to ensure the representation of all provinces in the Country (in particular for the courses carried out at the ISCISA).

The technical improvement and the professional requalification are to be considered an important effort for at least two reasons. Firstly, they provide an vital incentive for the staff employed, facilitating the process for their better integration in the system. Secondly, the idea to include'geographical' criteria for the graduates allows, in principle, to promote a better distribution of health personnel in the Country. This latter aspect also has a strategic value in a Country where the medical doctors are still insufficient also on a quantitative level to cover the needs especially in remote areas.

In order to improve the quality of the training delivered, some pedagogical training courses were also delivered to the trainers and professors of the Maputo and Beira Institutes and of the Nhamatanda Training Center, aimed to optimize the skills development in the medium run. Within this framework a total of four courses were

carried out (two in Maputo and two in Beira) involving all trainers of the three beneficiary training institutes, that is all professors fully dedicated to training and other figures within the health structures who occasionally collaborate with the training institutes as professors and as tutors in charge of the students' practical training.

It is not easy to objectively evaluate the actual benefit of these courses. On the basis of the elements gathered, however, it is possible to presume a positive effect on the professors' skills to have a higher impact on the development of the teaching programs, therefore allowing students to acquire competences. The value of this initiative is confirmed by the professors and the pedagogical directors of the institutes interviewed, who clearly confirmed the usefulness of the trainings received.

In particular, in the Training Institute in Maputo, the pedagogical courses were followed by a specific pedagogical support in class, provided by the project responsible for the training in her role as expert on training of paramedic personnel. This method seems to have been clearly successful: in fact the direct support provided to the teachers in class allowed the direct and practical application of the teaching methods acquired during the pedagogical courses, with very positive results according to the stakeholders interviewed. Still with regards to the Maputo example, the pedagogical follow-up was ensured also for the organization of the didactic activities: the responsible for the project training activities collaborated with the teachers of the Institute in the definition the new *curricula* to include pedagogical and training methods examined in the courses. This was applied to the last two year course, to the courses for nurses and for the medicine technicians. If however the practical follow-up seems clearly to strengthen the teachers' skills, it is also clear that the lack of a similar support in the Beira Institute and in the Nhamatanda Training Center arises the question that the overall accoplishments in the teachers' pedagogical training was not complete, with a less visible effect on the didactics developed in the centers of the Sofala province.

Further to the pedagogical and technical support, the institutes supported by the project were strengthened in their logistic capacity, in their technological equipment and in their teaching materials. Due to the funds made available by the project some small rehabilitation works were carried out in some buildings and some computers, copiers, printers and projectors were purchased and handed-over to the Institutes. To promote the practical teaching component in the beneficiary Institutes, the 'human-sciences labs' were also noticeably unpgraded through the purchase of new health equipment. The libraries were also provided with several text books.

No doubt these new assets allow the increase of the level of training offered with a desirable positive impact also for the future. From the point of view of overall project logic, it is indeed coherent to support the development of skills (technical and didactical) as well as to upgrade the teaching equipment that is necessary to ensure an effective learning program. Even only the fact that, due to the project, all students and professors can have internet access represents a clear improvement of the basic conditions of the institutes.

Another important aspect, related to the benefits delivered to the project beneficiaries, is about the practical training. Some project activities were meant to strengthen the six centers identified for the practical training of the students, which were selected among the health facilities deemed as particularly strategic to ensure an effective internship[63]. Some health equipment was purchased, including phonendoscopes, sphygmomanometers, thermometers; some furniture was supplied for the identified rooms (cabinets, tables, chairs) and 10 WHO 'blue libraries' were complemented with further reference manuals (among which Harrison, Nelson, lab manuals etc.).

The purchase of "mobile libraries" for the six facilities selected for the practical training was considered by the evaluation exercise as an important activity that will have positive impacts not only for the students but also for the whole personnel to ensure the availability of reference manuals also in the peripheral centers. In addition, the stakeholders met during the field mission anticipated that the training action for the administrative personnel of the health centers was in particular focused on library management.

In order to strengthen the practical training, two 33-seater buses each were purchased for respectively the training institute of Maputo and the Nhamatanda training center. The asset is not marginal for the centers, as the transport of the students to the peripheral centers for their practical training is one of their chronic problems. Therefore there is no doubt that the idea to purchase the buses will facilitate the development of practical activities not only during the project implementation, rather in the following years, provided that the buses receive the proper maintenance over time.

[63] The centers selected for the practical training are: Mavalane Hospital and the Xipamianine Health Center in Maputo, Central Hospital of Beira, Munhava and Chingussura health Centers and the Nhamatanda Hospital in the Beira province

In Maputo some "logistic subsidies" were also disbursed to cover the transfer costs of the *tutors* internal to the institute who were in charge of supervising the practical training and of monitoring the external *tutors*'s activity. This simple task was deemed interesting during the evaluation as it seems to have provided a useful exchange between internal and external *tutors* (which was less frequent before) ensuring a more continuous support to the students. It must also be underlined how this subsidy, although having little impact on the project costs, was never disbursed in Beira and, during the evaluation exercise, it seems to have been stopped also in Maputo.

In conclusion, the update of the training *curricula* must also be mentioned. In the original plan four *curricula* were expected to be updated, but due to the lack of funds the evaluation exercise confirmed the revision of only one *curriculum* (for anesthesiology technicians), carried out in collaboration with the Belgian cooperation. The complete revision and the update of contents of a training course occur every ten years, together with its precise organisation in disciplines, single lessons and internships. In this sense, the expectation to update four *curricula* seems to have been somewhat ambitious. However, the result is important and the revised manual looks complete and already in use in the Country.

Despite a result below the original targets, the revision of the *curriculum* for anesthesiology technicians can therefore be considered a project success. This can be stated also considering its future application which will have positive effect on future didactics.

b) Management of human resources already on duty

The project component related to the 'human resources management' was mainly addressed to the Sofala province and included first of all the technical support to the human resources sector of the Province Directorate. With regard to the expected results of the project, as a general comment it can be stated that this phase of the intervention was overall less incisive compared to the basic training.

The main support activity was ensured by the project administration coordinator[64], who actually worked as technical expert in support to the Human Resources Sector of the Sofala Province, with authority carrying out a central role in the activities of supervision and re-organization of the sector, and in particular for the continuous training.

During the evaluation mission it was noticed that this technical support was positively ensured and perceived[65], in particular because it has facilitated the communication between the project manager and the members of the operational group of Sofala, and provided a substantial contribution to the organization of training courses both at the Beira institute and at the Nhamatanda training center.

Still with reference to continuous training, during the evaluation analysis it emerged that:

- → In Beira a training course for human resources management was carried out for the officials of the Human Resources Directorate of the Province Directorate of Sofala and the in-charge of Human Resources of all districts of the province. It is difficult to provide objective elements to prove the actual impact of training activities in a complex organization. However, it must be pointed out that the participants interviewed during the evaluation exercise confirmed the usefulness of the course and that such positive impression is in line with what reported by the province health director, according to whom the training activities entailed a better management of staff at district level.
- → The positive evaluation of the course suggests that probably the development of further training activities on the same topic could set the basis for a real didactic program on personnel management, as already mentioned by the project document which, among the expected results, lists: *"the elaboration, trial and delivery of a training program for Human Resources managers applicable in the whole Country".*
- → As for the training activities addressed to students, some equipment were procured for the continuous training component too. In particular, the project made available computers, printers, file cabinets and cabinets to better organize the work places of the Human Resources managers in the districts of the Sofala province. Even this small contribution was appreciated and deemed useful to make possible and motivate the work of the human resources managers in the districts, by coherently supporting, in

[64] Reference to Jil Chamusso MD
[65] This role was particularly appreciated by two key figures to understand the relevance and effectiveness of this project component: the Director of the Province Health Directorate and the responsible of the Province Human Resources Sector, who positively evaluated the expertise and the *curriculum* of the person selected

this case as well, the training activities to the availability of specific equipment aimed to improve the quality and efficiency of the work.

The project also addressed the problem of integration of the health personnel in their assigned facilities. The lack of availability of adequate accommodation is an additional problem that makes the assignment of personnel in peripheral districts and health centers particularly difficult. The problem increases even more for the managerial positions, for example the medical doctors, who usually require some minimum living standards.

To solve this problem, still only for the Sofala province, 60 "installation kits" were purchased to facilitate the integration of new health personnel in their peripheral working sites. The kits (specifically detailed by the MISAU for each professional figure) include furniture, appliances and furnishings that facilitate the integration in a house and make it livable., it must be pointed out that, during the evaluation exercise the interruption of purchase of new kits was reported[66], despite that fact that the purchase of the installation kits seems to have contributed to the quick entry into duty of the new health operators allocated to the Sofala province.

A total of four continuous training courses were organized for the personnel already on duty (around 60 health operators benefited from them). The project in particular financially supported two courses for health personnel at the Mavalane Hospital (one on the health information system and one on the management of pediatric emergencies) and two courses for personnel working in the health services of the city of Beira (one on the management of the Transfusion Center and one on mental health).

Unlike the previous component, the training activities on the strengthening of human resources management seem limited. First of all this is clear from the ratio between the number of beneficiaries actually involved (around 60 units) and the overall number of operators (around a thousand).

This can also be stated considering the analysis carried out during the feasibility study, which estimated the expected result in the involvement in continuous training of at least 200 health workers already on duty. Also in this case, the deviation was clear during the evaluation. It must also be added that the original program included also some on-the-job training, an activity that was never carried out.

Other benefits delivered by the project

The project envisaged the development of studies and operational researches to examine in depth some crucial topics related to the organizational development within the health sector. The work carried out at the end of 2010 by an expert contracted for two months, Ferruccio Vio MD, seems to be particularly relevant. The terms of reference of the study were modified at the beginning of the work due to some unforeseen events occured (not least the sudden replacement of the Minister of Health in Mozambique) however it was nevertheless completed. The research provided some relevant thoughts and indications on some essential strategic areas and in particular it detailing:

- → The feasibility of the application of the administrative decentralization in the health sector, verifying the crucial aspects related to planning, administration and management of personnel;
- → An analysis on the impact of continuous training on the performance of health personnel working in basic pediatric services;
- → The comprehensive elaboration of a teaching program for a training course on health personnel management;
- → The analysis of the strong and weak points of project AID 9189 as of December 2010.

The final document provides important remarks and considerations for each of the mentioned topics, which were also used in the present evaluation exercise and which seem not to be considered in the implementation of project activities. This is particularly true for the remarks regarding the training program related to *management* of health personnel, which do not seem to have been adequately taken into account and even disseminated in the places concerned[67].

[66] This suspension might seem to be caused by a lack of funds and not by a change in the project strategy. This data was highlighted as the activity under consideration seemed to be particularly useful in order to ensure a reallocation of human resources in the Country, an aspect which is included in the approved project proposal.
[67] Among other surely relevant and feasible indications, it was also expected to draft a manual for Human Resources Managers which, however, has not been drafted yet.

b. Evidence

N. 7. The lack of qualified health personnel in Mozambique, both at basic and medium and higher level, is certainly the most relevant problem for the good functioning of the health services in the Country, and for the improvement of the population health conditions. This remark is widely confirmed in the MISAU strategic documents, and it was well confirmed in the interviews with the main stakeholders during the field mission (hospital directors, province health directors, health operators etc.).

Starting from these consideration, the contextual pertinence of project AID 9189 is unmistakable, as it addressed prominently the health personnel training both for basic and for continuous training, to face its lack in this sector in the Country. Within this framework, the project contributed to achieve the following targets:

→ almost 700 new professionals were trained;

→ 60 professionals already on duty completed a study program such as to equal their training to that of a degree;

→ the pedagogical skills of the professors at the three Training Institutes (ICS – B, ICS – M and Nhamatanda Training Center) were supported by the project and their pedagogical skills are now more adequate to allow them conveying new competences to the students of the courses;

→ the human resources managers in the districts of the Sofala province were put in the conditions to work more efficiently in their working environments.

Furthermore the fact that all trained personnel are included in the MISAU structures presumes that all the project efforts affect and will affect in particular the operational level. It is however worth mentioning that the assignment of trained personnel was possible partly thanks to the PROSAUDE funds and therefore that in the future the Mozambican State might not be able to continue paying their wages.

N. 8. The overall project logic and its implementation, besides the limits already mentioned in the previous evidence, appear substantially coherent both with regard to the development of activities and to the directive stated in the National Human Resources Development Plan 2008-2015.

In particular, it is deemed important to highlight the work carried out by the project in support to the human resources development. This area of intervention is no doubt part of the history of the Italian Cooperation in Mozambique: the support to Health Human Resources has indeed always been among the most relevant sectors, as also confirmed by the presence of Italian experts with the role of technical support within the MISAU Human Resources Directorate, also in the years before to the project under evaluation.

It is a particularly interesting data when considering the cooperation activities of the other donors in the Country. In fact although all main donors acknowledge the importance of training, the majority actually finds it difficult to finance a project completely dedicated to this specific component. As already mentioned in the previous paragraph, this can be explained with the preference to focus on more specific problems (such as for example the limited vaccination coverage or the effects of the epidemic HIV-AIDS), as these activities ensure more visibility in terms of results achieved straight (and swiftly). It must also be highlighted that the management activities of the Italian Cooperation also in such a strategic and ‘historical’ sector risk to undermine that position held until now. It is not a case, as confirmed by the experts of the project AID 9189, that part of the activities planned for were carried out by the Belgian cooperation, known for its quick and flexible capacity of intervention (see also evidence n. 12).

Even the idea to implement project actions exclusively through the existing public structures, which were also strengthened in their institutional functions, can be taken as a proof of the extensive coherence of the Italian intervention. The Maputo and Beira Training Institutes, the Nhamatanda Training Center, the Human Resources Management sector of the Sofala province Health Directorate and of the province districts were actually the main actors in the change facilitated by the project, rather than passive subjects of the project actions. At the same time the support to the training institutes not only through the funding of courses but also through the infrastructural, technological and pedagogical upgrade had an impact on these structures in a medium-long term term, well beyond the end of the single financed courses.

4.3.4. Identified changes

Research hypothesis n°4

The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

a. Framework of reference

Due to its project design, the impact of initiative AID 9189 entails the actual capacity of the health operators to put into practice the acquired skills, in that sense working for the strengthening of the Mozambican health system.

with reference to the training of new health operators and their employment in the Mozambican health system

From a quantitative point of view this impact seems to be guaranteed by the amount on 656 new middle-level health professionals and by the 75 basic-level operators trained according to the modalities described in the previous paragraph.

In this sense the significant data is that all new professionals have really been employed within the structures of the Mozambican Health System, some of them contracted through the PROSAUDE funds and others already incorporated in the State budget. Therefore it is not a simple contribution to operators training, rather a direct action to strengthen the overall sector's operations.

As already explained, this data has a specific relevance considering that, during the project implementation, double the amount of middle-level operators were trained in the Maputo and Beira Institutes compared to the amount the MISAU could have trained if the project had not been implemented (or of equal resources). Therefore the intervention of the Italian Cooperation allowed to speed up the achievement of some targets planned in the Human Resources Plan 2008-2015, whose benefits, although difficult to quantify, consist at least in having made some health operators available in some structures in shorter time.

For sure another essential aspect, which should be examined in the next years, is the actual impact on the population health as a direct consequence of the training activities and the subsequent allocation of personnel in health institutions in Mozambique. As it would be important to verify the actual assignment of personnel in the areas considered in the project and by MISAU.

It is however undeniable that an essential step is the actual presence of the personnel, without which there would be no possibility to deliver any kind of service. Therefore it is believed that the project had at least allowed to facilitate the presence of personnel in the health facilities, a necessary but not sufficient provisionin the strategy to ensure good quality services and, consequently, to improve the population health conditions. Without such step even the support to infrastructures, the purchase of drugs and materials, as the development of updated guidelines would be insufficiently relevant.

For example there is a consequence that the training and employment of new people had on the organization of services in the Sofala province; due to the newly graduated in the last years, nearly half of whom were trained thanks to the project, the objective of allocating one mother and child health nurse (who is also qualified as an obstetrician) in all the province health units was achieved. This result is undeniably significant both for the implications in clinical practice and for the clear impact on the motivation of the personnel of the Province Health Directorate. To this end it is useful to remember that this represents the achievement of a goal identified in the middle of the 1990s. It is not only an achieved goal with a clear clinical impact. In fact the benefit for the population in general must not be ignored to know to count on qualified assistance in delivery in the closest health structure.

The data related to assisted deliveries in the table below, provided by the Ministry, confirms a positive growing trend which no doubt proves the relevance of the activity and the impact on the beneficiaries.

Years	1997	2003	2008	2011
% assisted childbirths for total births	35%	51%	65%	73%

Source: Data 1997 and 2003, IDS 1997 and 2003; Data 2011, IDS 2012.

Even the fact that the practical training themselves were improved (through the involvement of tutors in pedagogical trainings, the procurement of health material the students can use during their practical activities and the purchase of two 33-seater buses certainly facilitated the allocation of the students in the various centers.

with reference to the organizational development of the training institutes

A second impact expected by the intervention, according to project logic, is represented by the organizational development of the three training institutes. In this case the impact refers first of all to the availability of better infrastructures, new teaching materials, books, equipment (computers, photocopiers, projectors) and means of transport. Secondly, as extensively mentioned in the previous paragraph, the project expected a significant change also in the teaching activities, pursued through the pedagogical trainings and the technical follow-up[68].

As explained before, the project activities promoted an improvement of the teaching activities according to the principle that the teaching methods (and not only the technical skills) are essential to facilitate the learning process of the students. As confirmed by the institutes directors, by the students, by the teachers themselves and by the objective results of the evaluations carried out (tests, direct observation guided by evaluation grids) the result is that the didactic was improved both in the clarity of the explanations and in the learning methods[69].

In fact, presuming that the project activity helped in improving the quality of the training, even from a strictly pedagogical point of view, it is possible to formulate further remarks about the impact which the project might have in the following years. In particular, three remarks seemed relevant:

- → the expected impact does not concern only the courses directly financed by the Italian Cooperation, rather all future courses. Even in this case it would be ideal to establish some monitoring mechanisms in the following years, aimed to verify to which extent these changes are real and how much, without a policy for continuous update, they will be kept over time.
- → although project AID 9189 focused exclusively on the revision of the course for anesthesiology technicians, it is believed that the investment for the improvement of the teachers' and the tutors' training skills played an important role also for the development of other *curricula*. In fact it is believed that the pedagogical approach promoted, which considers students central and as active figures in their learning program, also allowed identifying a new role for the teachers. In this sense there is the perception that the activity addressed to teachers encouraged them to think about their task, thus somehow bringing them to set up their role as "facilitators of learning processes". This aptitude-base approach is really different from the traditional one which, in a few words, sees the role of the professors as lecturing from their desk.
- → the internship supervisors and the tutors selected in the health facilities selected for the practical training were involved in the pedagogical training program with a positive impact on the "effectiveness of training". Some direct visits to the two of these locations (without advance announcement) allowed c that the students were actually personally followed by the tutors, using the planned learning charts. Although they have no statistical value and it cannot be concluded that the activities were always compliant with the guidelines, the visits provided the opportunity to prove some examples of correct application of what was planned for the practical training.

Another interesting data is the critical interpretation of the status of teaching provided by the teachers themselves and by the institute directors during the interviews carried out, which points out the clear awareness of the need to further improve the teaching skills as a central factor for the development of the national health system. It is believed that this vision is a consequence of the project investment in the pedagogical area and that it is an important factor to keep the focus on the future objectives for the sector development.

Finally it is useful to point out that all the professors and tutors who delivered lessons, supervised the students in their practice and worked in the courses financed by the project, are employed within the beneficiary institutions. Therefore nobody was employed *ad-hoc* ensuring that the received know-how will be available in the health institutions also for the following years.

[68] As mentioned, this latter guaranteed only to the Maputo Institute.
[69] To this end it is interesting to point out that the two Institutes and the Nhamatanda Training Center supported by the project during the last two years always came up at the top of the specific chart which the MISAU Human Resources Department compiles every year on the quality of the teaching regarding all training institutes and centers of the Country (around 20 overall).

with reference to other specific activities of the project

The disbursement of 56 scholarships to as many health professionals already on duty, in order to equal the selected beneficiaries' qualifications with the degree, seems to have had positive repercussions on the sector. First of all this seems clear with regard to the relevance of the selected disciplines, which largely take into account the recognized priorities of the Country such as anesthesiology, hospital management and clinical psychology.

From a simple quantitative point of view this result on its own is a positive factor for the Country development, which still seriously suffers from the lack of medical doctors, especially in disadvantaged remote districts, where medical doctors are less likely to accept and keep their assignment over time. In this framework the employment of new operators, although not at medical doctors' level, allows to strengthen the more disadvantaged structures with the perspective of a smaller turnover.

Still with reference to the assignment of scholarships, a secon remark seems interesting related to the fund disbursement which was reported by the director of the Province Health Directorate of Sofala. According to the Mozambican official, the availability of quite a high number of scholarships all at once had a positive impact on the health personnel on duty as the they had the chance to appraise that, with transparent and value-based criteria, it was actually possible to start a professional growth program. In a context where it is difficult to see any career and personal development and where the scholarships, financed by ministry funds or by international donors, are usually made available in small 'lots' of 3-5 each, the offer of a high number of scholarships seems to have been an extraordinary event proving a really important attention to the category.

Even the contribution to the revision of the curriculum for anesthesiology technicians will probably have repercussions for around ten years (average period of *curricula* revision). The course manual looks well structured and adequate to its target. This latter remark is not negligible as it is not rare to find manuals written for intermediate levels with excessively complex structure, substantially similar to the medical doctors manual, in substance underestimating the different preparation of the two categories[70].

Within the area of human resources management, the bigger repercussions of the project refer to the only Sofala province. As already mentioned, the technical assistance provided by the project to the province human resources sector certainly contributed to a more systematic planning of the continuous training, as explained both by the province directorate and by the officials working in that sector. This support, together with the training of human resources managers in every district of the Sofala province and the supply of means to do their job (computers, printer, file cabinet), certainly sets the basis for a better work organization. Due to the project every district identified its contact person in charge of human resources. The overall improvement of the working conditions should also allow for a reduction of the turnover, which has been already identified as a problem, particularly in some remote and peripheral centers. In this sense the statements of the director of the Sofala health directorate sounds promising, as during a meeting she stated that the continuity of work of the personnel even in the more disadvantaged areas seems to be more guaranteed today also because of the strengthening of the human resources sector.

Still within this project component, it must however be added that the partial elaboration of a training program for human resources managers unfortunately limited the repercussions expected on the sector, making it difficult to replicate the course all over the Country.

With regard to the project objective to guarantee the stable work of the personnel in disadvantaged areas, the appreciation of the installation kits can be considered a good indicator, as the kits are aimed to facilitate the quick installation of the professionals assigned to new locations. Although it is not an innovative element introduced by the project[71], the project under evaluation was given credit for the insurance of the quick allocation of at least 60 health operators during the implementation period, a number which can increase as the purchased material will be at least partly usable also in the future.

The impact of the project component related to continuous training seems on the other hand very small. The four continuous training courses organized in Maputo and Sofala were a very smaller number compared to that expected in the project (which planned at least 200 operators trained every year). During the on-site mission there was no particular information collected toward proving a specific reason behind the less

[70] As already described in the previous chapter, despite the planned revision of four *curricula*, the project exclusively focused on the revision of one. For sure in consideration of the long-term repercussions of *curricula* revision processes this component is a success but also a limit as the reduction of the expected target will likely entail a smaller impact than the planned one.
[71] As previously described, the specific definition of the installation kits was carried out by the MISAU

importance given to this activity[72]. Therefore the smaller impact of the project in this field seems not fully justified.

Finally, with regard to studies and researches, reference can be made to the only operational study carried out, which provided directives which the evaluation considered interesting and relevant in order to strengthen the ongoing project. From the data collected it is however clear that the results of this work were not used very much, probably making the impact of this study very limited.

Conclusive remarks

Some general remarks are about the project impact on the population health, an aim which remains central for the interventions addressed to the health system, and which is the general objective of project AID 9189. The actual measurement of the effects of the implemented activities on the tangible improvement of health conditions is actually quite difficult for two reasons:

→ Firstly, it is because of the same nature of the intervention (the development of 'crosscutting' skills and competences in the national health system) which makes it difficult to isolate the project impact as a consequence of the implemented activities.

→ Secondly, projects focusing on the strengthening of the health systems as a whole, even when they identify the priority of qualified health personnel, barely manage to clearly point out the effects on the beneficiary population. This is particularly evident unless some specific evaluation tools are set up within the project so to isolate, during the course of action, some "case studies" on which to focus the analysis of the evolution of the processes under implementation and (even partially) the consequent effect on the final beneficiaries.

Some general remarks on the project impact on the population can however be deducted by the indications of international health agencies (first of all the WHO), which point out that the strengthening of human resources in the health services is the key to ensure the effective and sustainable health cooperation. In this sense, the idea of the Italian cooperation to propose and implement a project with the objective of "transversally" strengthening the Mozambican health system (therefore not focusing on a single specific issue) can be positively considered. This also in the light of the observation that, in many cases, the donors are more likely to finance more specific initiatives; this latter approach, although ensuring more visible results during the project, risks however to be less relevant on the medium and long-term sector development.

In addition, the ministerial data[73] confirms a gradual improvement of the main health indicators. If this does not confirm the positive impact of the project, at least it gives some hints for futher analysis. In particular the Sofala province is considered as represents a typical example of the health conditions of the Country, being different from the capital, Maputo, which for obvious reasons is a case on its own. During the last five years the province health indicators show a continuous improvement. Maternal mortality indicators (as a consequence to assisted deliveries), child mortality indicators, vaccination coverage, prevention and vertical transmission of HIV, access to antiretroviral treatment for adults, occurrence and mortality of malaria and gastroenteritis infections indicators have improved. Although it is not possible, in any way, to extract the (actual and partial) project contribution it certainly cannot be denied that the intervention AID 9189 is moving in a growing and encouraging context.

With regard to the sustainability, as documented by the main international specialized agencies, there is no area of health cooperation which has more long-term repercussions than the training, whose long-term benefit for the population is expected to last at least twenty years. In principle the project therefore significantly contributed to a development which will have benefits for a period far longer than the implementation period. In this perspective the strengthening of the overall training institutes and the organizational development for personnel management seem the most relevant project areas.

Considering the economical-financial area, that is to say trying to verify whether and when the new organization will be able to autonomously continue once the project is terminated, it is necessary to point out the following two remarks:

[72] Of course aside from the management and financial problems explained in the second paragraph which, however, are common to all activities
[73] For further details see section 4.5 of project AID 9147 of the present document

→ it is probable that at the end of the project the Mozambican administration will not be able to continue providing the supplementary courses and funding the scholarships;

→ Despite this limit, it seems also certain that the activities of the training institutes and of the human resources in the Sofala province, strengthened by this intervention, shall continue thus guaranteeing the functions which the present chapter has tried to explain. In the light of the infrastructural, technological and cultural strengthening occurred during the project duration, it is possible to estimate that the supported structures can carry out their institutional task in a more adequate way than before the project.

b. Evidence

N. 9. The identification of some specific support figures turned out to be decisive for the development of some project areas, confirming that the qualification, the placement of experts and the possibility to fully carry out their role is crucial in the activities of organizational development.

This evidence is based on some considerations:

→ During the evaluation mission it was observed that there were sufficient elements to state that the technical support provided to the Maputo Training Institute and to the human resources sector at the Sofala province health directorate were particularly central to significantly affect the implementation of the actions planned by the project in the long run.

→ Even the project a-symmetry, given the lack of a figure with a “pedagogical support” role for the Beira Institute and the Nhamatanda Training Center compared to what was done for the Maputo Institute, seems to clearly show how the technical support is crucial in an intervention aimed to develop new skills on a medium-term run, such as project AID 9189.

→ In the case in which they covered generic “technical support” functions, experts played a less operational role by substantially ensuring a minor support for the achievement of the expected results. This is more evident in cases where the experts were actually busy solving several administrative issues, as mentioned in the previous evidence.

It is clear the project managed instead to allocate human resources with a specific and immediately operational role, which facilitated the processes, the coordination and the transfer of required skills.

N. 10. The most lacking project component was that of personnel continuous training. In addition to the four pedagogy courses for the teachers and tutors of the three target institutes and one course for human resources managers in the Sofala province, there were only four courses in three years addressed to the staff on duty. This amendment reduced the expected benefit, which the project originally estimated to cover the training of 200 professional/year.

It is believed that this decrease of the expected result is significant as for a national health system the continuous training of the personnel on duty has the same importance of the basic level training. In fact such activity guarantees the update of the professionals trained in previous years and it contributes to encourage their motivation. The motivational aspect must not be neglected. If on one side for health operators improving and refreshing their skilss are surely important, on the other the trainings allow also for an economic gratification (the *per diem*), allowing the personnel, among other things, to leave the working routine for some days, especially for those working in remote districts (probably the more demotivated workers). On the basis of the observations carried out, it is believed that the project lost an important component which should certainly be reconsidered at least for its remaining duration.

Another ‘low performance’ is found in the *curricula* revisions. As mentioned in the previous chapters, as of today the project has not managed to complete the *curricula* revisions as drafted in the original plan. The activities implemented certainly ensured the revision of the anesthesiology technicians curriculum, something which can be considered a successful result of the project. In consideration of the framework problems to face (well considered in the project plan which in fact estimated the revision of four *curricula*) the implementation of only a quarter of the planned activities will however reduce the positive long-term repercussions that this important project component might have ensured.

N. 11. The project included in its work plan some operational researches and studies, an undeniably important activity with regard to the general strategic framework of the intervention and of the planned

objectives. During the evaluation analysis it was noticed how this project component was carried out and used only in a small part.

The relevance of this kind of activities can be confirmed by the value of the study which provided some important indications (not fully applied in the project follow-up) which, depending on the considerations made during the evaluation, could have (and still can) provided the Mozambican institutions with some operational guidelines in some working areas. Two aspects are particularly relevant:

→ The first one refers to the development of new guidelines which the study produced on the subject of "on-the-job training" within the continuous training activities. The proposal is based on the consideration that if classroom training is an unavoidable step, the "on-the-job training" becomes essential to help professionals in really changing their operational methods, motivating their role and facilitating the continuity of service. According to this approach, a first theoretical training moment must be followed by a second necessarily practical and application-based. These strategic indications are no doubt relevant, even though it must be said that their application is not easy in Mozambique. The "on-the-job training" in general is an activity which requires important institutional support, as for example the disbursement of *per diem*, the issue of training credits (the certificates, certainly appreciated for any career improvement) and, of course, the setting up of a structured method and of the presence of a teacher / supervisor. Despite these undeniable difficulties, the proposal of this approach seems worthy of future attention, also considering the fact that several MISAU officials appreciate it.

→ A second aspect, connected to the previous one, refers instead to a hypothesis of operational research emerged during the evaluation mission. It specifically pertains the opportunity to identify a comprehensive approach aimed to decrease the turnover of health personnel in the peripheral districts. As explained in chapter four, during the feasibility study the difficulty to guarantee the permanence of personnel in the more disadvantaged districts was well identified. It is redundant to underline that if the health personnel is trained and then they leave the system or do not ensure any continuity in the peripheral centers, the impact of the training effort is compromised. But despite the relevance of this problem the project has not yet defined a relevant strategy further to the installation kits provided to facilitate the integration in disadvantaged centers. For such reasons a specific research could propose some "experimental methods" trying to define new working hypotheses.

The topics of continuous training and retention of health personnel in national structures are both essential to define a development policy in the health system able to ensure an adequate coverage of services in the Country. In this area it is useful to underline that the definition of guidelines aimed to give value to the skills and to guarantee the staff retention in the national health system could also decrease the risk that excellent figures are hired by international organizations, an additional problem which came out during the meetings and interviews carried out[74]. Certainly in consideration of the sector priorities, other measures might be considered, such as the signature of specific agreements between the MISAU and international health organizations to limit the phenomenon. It remains however evident that the development of an adequate strategy to consolidate the health personnel is a priority for the future development of the sector and the fact that the intervention did not fully fulfilled the expectations with regard to the development of operational researches is a limit of the project.

This aspect is also connected to the problem that the sector expatriate personnel (medical doctors, nurses, obstetricians) face in the Country. Some bureaucratic-related difficulties (for example the acceptance of certifications at the Faculty of Medicine in Maputo, the registration to the professional association, the approval of tasks on the side of the cooperation and health ministry) are often perceived by the international health organizations as a suggestion not to bring expatriate health personnel in the Country. Even this factor pushes the international organizations to draw from the local health personnel, who in absence of a strong support policy are certainly encouraged to start a new working career, thus actually weakening the public health system.

N. 12. The analysis of project AID 9189 allowed also verifying the position of the Italian Cooperation at the MISAU Human Resources Directorate. To this extent it must be observed that in the last years other organizations have been actually replacing the Italian one, in particular the Belgian Cooperation and

[74] The phenomenon of the 'brain drain' to international organizations is surely known and difficult to solve. However during the evaluation mission it was peculiar to meet a highly qualified Mozambican medical doctor who was contracted by an international NGO with the specific task to strengthen the public health service, considering that the same figure was previously employed right within the MISAU.

the American NGO I-TECH. In this document there is not the intention to negatively evaluate the interest of these organizations on the health human resources development in Mozambique, just in consideration of the Country's priorities. In relation to the disbursed funds and the ensured commitment, however, it is highlighted that the limited technical and political contribution of the Italian Cooperation can be also considered as a lack of opportunities, considering the nearly thirty years of expertise that the Italian Cooperation accrued in support to this MISAU sector.

Some MISAU directors[75] wished for a return of the Italian Cooperation in the role it covered in the past, suggesting that, within the context of health cooperation in Mozambique, it should take on the important task of cross-cutting support to the three pillars on which, according to this point of view, the Mozambican health system rests and which keep it functioning: i.e. health personnel, infrastructures and the instrumental and technological equipment. It is believed that this system and non-sectoral approach would also be important in order to encourage other partners and donors on the relevance of pursuing policies in support to the health sector as a whole, in a vision of complementarity and efficiency of the system.

[75] In particular the deputy director to the Directorate for Planning and Cooperation

4.4. Project AID 9231

4.4.1. Project implementation status

Research hypothesis n.1

The projects were carried out according to shared procedural standards which helped the implementation of the expected services according to a coherent and monitorable sequence, simplifying the decision-making processes and the valorisation of the lessons learnt.

a. Project summary

Title of the project	Managing Body	Partners involved	Location	Period of execution	Total Budget (€)	Donor agency
Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique (AID 9231)	Opera San Francesco Saverio – Cuamm	• Faculty of Health Sciences at the Catholic University of Mozambique • Central Hospital of Beira	Provincia di Sofala	12/2009 – 12/2012 (37 months)	1,701,183	• DGCS (‘*promoted*’*) • NGO and counterpart contribution • Others (*fondazione* CARIPARO)

**Translators’ note: the project was proposed by the NGO, in accordance with the applicable DGCS guidelines and the related guidelines for the so-called ‘promoted’ projects’*

Approved with act n. 19 of the Directorate Committee of 10.3.2009, the project *Doctors training in Mozambique – Support program to the Faculty of Medicine of the Catholic University of Mozambique* (AID 9231) was promoted by the religious Foundation “Opera San Francesco Saverio – Cuamm”, for a period of three years. The project started on December 1st 2009 and it ended on December, 31st 2012 for a total duration of 37 months.

The ‘Opera San Francesco Saverio – Cuamm’ has been active in the Sofala province since the 1990s through the delivery of a different kind of health cooperation interventions, which in a first phase are decentralized in the various districts of the province and later focused on the support to the Central Hospital of Beira, of the suburban belt and of the Catholic University of Mozambique (UCM). The UCM is a university institute of the catholic church of Mozambique established in 1995 to offer high level training to the population of the Northern provinces of the Country (the most disadvantaged with regard to access to resources and essential services).

In support to the UCM the ‘Opera San Francesco Saverio – Cuamm’ backed the first years of the courses of the Faculty of Medicine, inaugurated in 2000, through a three-year project recognized in conformity by the Ministry of Foreign Affairs and which finished at the end of July 2007. The support of the Italian NGO to the Faculty of Medicine, which in 2008 became the Faculty of Health Sciences for the new courses launched in several health sciences, carried on with others funds (*Conferenza Episcopale Italiana, Fondazione Cassa di Risparmio di Padova e Rovigo* and own funds), until the beginning of the project under evaluation.

With the general objective of contributing to the decentralization of training at university level in Mozambique, the project specifically aimed to *“provide support to training of medical doctors to meet the need for health workers for the whole network of primary service in Mozambique”* (specific objective), through the delivery and implementation of training on the subjects of Anatomy, Surgery and Internal Medicine for the Department of Anatomy and Surgery and for the Department of Internal Medicine. It also promoted more accessibility to study for students coming from Northern areas of the Country.

Project AID 9231 provided support to the Faculty by supplying didactic material, by directly covering some of its running costs and by contributing to the students’ training (from 1st to 6th year) in the Departments of Internal Medicine and of Anatomy and Surgery, thanks to the contribution of the expatriate medical doctors.

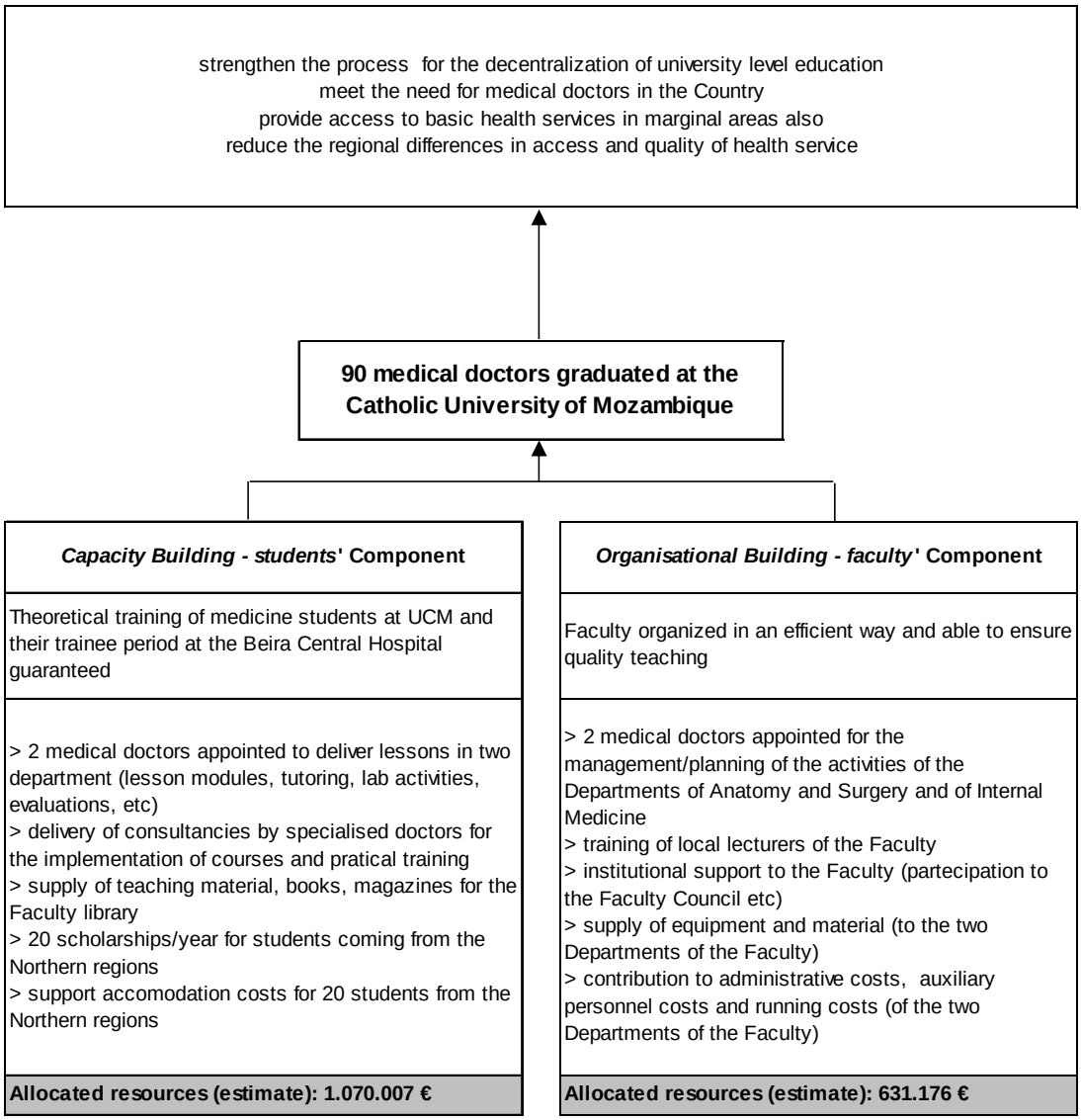
Furthermore, due to the agreement between the University and the MISAU and the involvement of two others expatriate medical doctors, the NGO ensured the support to practical training of 5th and 6th year faculty students at the Central Hospital of Beira. Finally, only during the first two years of the project, it provided financial contribution and supervision to the implementation of rural practical training programs for medicine students organized in close collaboration with the DPS of Sofala.

The initiative was planned and implemented in collaboration with the Faculty Direction of the Faculty of Health Sciences, project counterpart, with which a partnershipt agreement was signed in May 2008 (and later revised in February 2010, following the project approval). This collaboration benefited from the partnership between the University and the MISAU that since 2004 allows the practical training of the students of the Faculty of Health Sciences at the Central Hospital of Beira (the government health referral facility in the province).

Finally the initiative falls within the framework of collaboration started by the three-year Protocol of Agreement between the Veneto Region and the Sofala province dated 2005 (and later renewed for three years) to contribute to the improvement of health services in the Sofala province. The protocol commits the Region and the Province to involve the implementing NGO as on-site stakeholder in the promotion of collaboration initiatives, but it does not include any direct allocation of funds.

The following diagram summarizes the project logic, sub-dividing the activities in the two components: *organizational component* and *capacity building component:*

Theory of change - project AID 9231



b. *Deviation from plan*

The *deviation from plan* highlights the deviations documented in comparison with the original project planning, derived from the initiative logical framework and from the following annual planning.

Considering the fact that when the present document was being prepared only the draft of the third year narrative report was available, some elements were inferred through non documentary sources (interviews with personnel of the Opera San Francesco Saverio – Cuamm involved in the initiative).

The following tables identify, for each level of intervention (objectives, expected and achieved results), indicators, expected and achieved targets, reasons for (any) deviation:

Logic of intervention	Indicator	Initial Target	Actual Target	Reason for deviation / remarks
General obj. – strengthen the decentralization process of university level training in Mozambique and decrease the regional disparities regarding access and quality of health services	not planned in the logical framework	n.a.	n.a.	
Specific obj. – provide support to training of medical doctors to guarantee the need of health workers for the whole network of primary service in Mozambique	n. of medical doctors trained	90	79	in the sum the medical doctors graduated in 2010 and 2012 were also considered (no graduating sessions in 2011)
Result 1 – implementation and functioning of the department of anatomy and surgery and the department of internal medicine[76]	availability of personnel and infrastructures in the departments	n.a.	n.a.	Infrastructures, material and human resources were provided by the project according to plans
	implemented teaching activities	100%	90%	the deviation was determined by the simultaneous absence of two teaching medical doctors due to serious health issues
Activity 1.1 –ensure the presence of two expert medical doctors for the direction of the Department of Anatomy and Surgery and the Department of Internal Medicine	presence of medical doctors	100%	90%	during the first year the position of an Italian medical doctor expert was replaced by a Mozambican medical doctor (amendment approved)
Activity 1.2 – ensure the presence of two specialized medical doctors for teaching within the two departments	n. medical rotation followed with the 5th – 6th year students	12 (4/year)	14	
	n. students of the medical rotations of the 5th and 6th year trained	120 (60/ year)	Data not provided	
	n. surgical rotations followed with the 5th – 6th year students	12 (4/ year)	14	
	n. students of the surgical rotations of the 5th and 6th year trained	120 (60/ year)	Data not provided	
Activity 1.3 – ensure didactic activities within the scope of the two departments (teaching modules, tutoring, lab activities, practical training, evaluation)	coordinated blocks in 2011 for 1st – 4th year students	48	n.a.	The indicated data (10) does not seem coherent with the data indicated in the previous reports.
	n. tutorial groups followed for 1st – 4th year students	48	n.a.	The indicated data (35) does not seem coherent with the data indicated in the previous reports.
	n. researches concluded	2	2	
Activity 1.4 – ensure short term missions of specialists for didactics and clinical training	n. short term missions of expert medical doctors	27	24	
Activity 1.5 – ensure the wages of administrative personnel for the two departments	presence of administrative personnel and secretary	2	2	one administrative figure was included for all years through a non-onerous amendment
***Activity* 1.6** –ensure the running costs of the two departments	Departments functioning	n.a.	n.a.	stationary material supplied
***Activity* 1.7** –pay the costs for the teaching trainee programs in the rural hospital	n. trainee programs implemented	n.a.	8	the funds allocated for the third project year for the trainee programs were

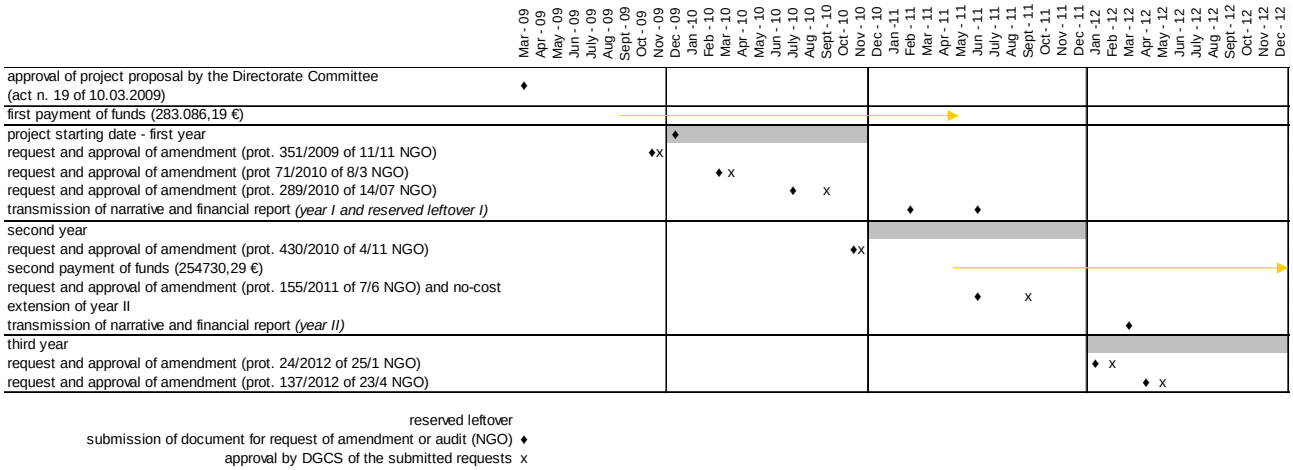
[76] Even if it was not specifically pointed out in the logical framework, it is necessary to highlight that in addition to the mentioned activities some telemedicine activities were also organized thanks to the collaboration of the University with the Hospital of Beira and the Hospital of Cremona (later included in a manual drafted just for the exams of the 6th years students); an economic contribution was also provided for the participation to the Annual Health Festival.

				used to purchase material for the students practice at the Central Hospital of Beira (no-cost amendment)
Result 2 – Quality teaching for the disciplines of anatomy, surgery and internal medicine	availability of infrastructures and material for didactics	n.a.	n.a.	consumable surgical material was provided for the practical training of the students at the Hospital, anatomical models were purchased, as books for the library and IT material and the Anatomy Lab was set up
	% presence of professors with the students	100%	80%	as for result 1, the deviation was due to the simultaneous absence of two teaching medical doctors due to serious health issues
***Activity* 2.1** – ensure the supply of equipment and material	equipment and material available	n.a.	n.a.	consumable material for the students practical internships supplied
***Activity* 2.2** – cover the costs of auxiliary personnel	n. auxiliary personnel on duty	n.a.	n.a.	The costs for the following auxiliary personnel were covered: 2 auxiliary workers, 1 driver, 8 watchmen
***Activity* 2.3** – supply of updated teaching material (books, magazines, audiovisuals, IT material)	teaching material available	n.a.	n.a.	provision of PCs with LCD screen, anatomical models, copies of a manual for exam preparation
***Activity* 2.4** – provide books to updated the faculty library	Available books	n.a.	n.a.	Books for the library supplied
Result 3 –higher accessibility to students coming from the Northern areas of the Country	% students of the Northern region compared to the total	n.a.	n.a.	
	% students of the Northern region benefiting from scholarships and subsidies	n.a.	95%	
***Activity* 3.1** – provide a total of 20 scholarships for students coming from the Northern areas of the Country	% students of the Northern region benefiting from scholarships compared to the total	20	22	In the actual targets there are the absolute data and not the percentages, as for indicator. During the third year no scholarships or subsidies were disbursed to ensure the purchase of material for the students practical training and to cover the costs of a mission for the preparation of a film in Mozambique about maternal-infantile health (non-onerous amendment)
Activity 3.2 – cover the costs for the lodging of 20 total students coming from the Northern areas of the Country	% students of the Northern region benefiting from subsidies	20	28	

c. Procedural standards and delivery of services

no-cost amendments

During the period of project implementation some no-cost amendments to the plan were requested by the Opera San Francesco Saverio – Cuamm, justified by the need to better adapt the project to the circumstances and to use the resources more efficiently, as highlighted by the following time schedule:



In particular before the end of the first year the implementing NGO requested the authorization to spend the already committed budget items within 6 months from the end of the same year; within the deadlines established by the applicable DGCS procedures, in addition, there was the request (then authorized) to extend the second year of the project for one month.

The analysis of the documents acquired during the evaluation exercise and the interviews with the main actors involved pointed out that the amendment requests:

- → where relevant were always agreed with the counterpart before being submitted to the donor agency;
- → were always supported by adequate documents and were submitted to DGCS in full compliance with the procedures to be applied to '*promoted'* projects;
- → always received a formal authorization by DGCS (in the case of some amendments the positive opinion of the Maputo Local Technical Unit was also documented)

financial resources and project reports (narrative and financial reports)

The resources available to the implementing NGO for the realisation of the project are detailed in the act of approval by the Directorate Committee (n. 19 of 10.3.2009) [77] and recapped in the following table:

	DGCS	NGO	Counterpart	Others	
2009	283.088,00	205.843,00	88.800,00	112.500,00	**577.731,00**
2010	283.384,00	206.152,00	88.800,00		**578.336,00**
2011	272.558,00	183.758,00	88.800,00		**545.116,00**
	839.030,00	**595.753,00**	**266.400,00**	**112.500,00**	**1.701.183,00**

The project activities and the related budget were managed by the implementing NGO in collaboration with the counterpart, with which a protocol of agreement was signed.

The narrative and financial annual reports, including the required annexes, were submitted to DGCS within the scheduled deadlines for the first two years (the deadline for the submission of the final report is subsequent to the submission of the present document and therefore it is not possible to document it). In addition, at the end of the first year the narrative and financial report of the committed leftover was submitted, as planned in the applicable procedures. From the documents acquired during the evaluation exercise it is observed that the first two years were spent and audited in full, while the final financial report must be submitted to DGCS within the end of June 2013 and therefore it is not possible to analyze it for the purpose of this evaluation.

Different sources contributed to the implementation of project activities together with the DGCS funds: on top of the NGO contribution (*in-kind* and monetary) and of the counterpart contribution, the project benefited (and will keep benefiting) from funding provided by the *Fondazione della Cassa di Risparmio di Padova e Rovigo*; it must be noted, in fact, that the *Fondazione's* support to the project activities will carry on on the basis of annual conventions, even after the end of the DGCS financing.

The project contribution to the Protocol of Agreement between the Sofala province and the Veneto Region, instead, did not seem to be significant in terms of resources contributed, either directly or through projects specifically financed by the Region. During the implementation period, despite the funding granted by the Veneto Region in support of the health system of the Sofala province, and in particular in support to the Central Hospital of Beira, there are no tracks of financing either in support of project activities or in support of UCM.

human resources

All expatriate personnel could work on the base on detailed job descriptions attached to the contract.

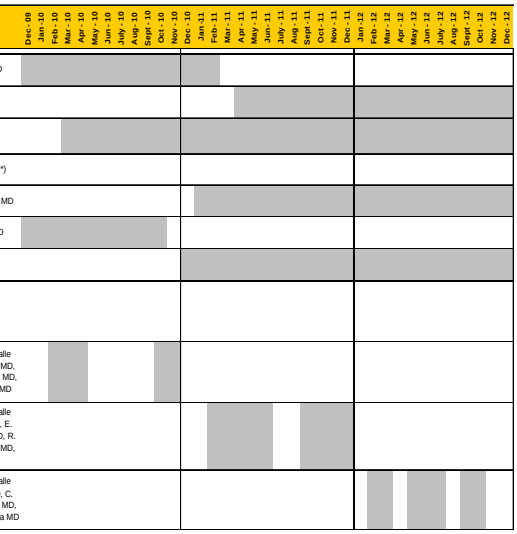
In particular in the implementation of the project activities there was the contribution of four full-time medical doctor experts and other Italian short-term medical doctors experts, especially for carrying out short-term teaching modules. The work of the expatriate staff was supported by the administrative and technical personnel both of the Country coordination office and of the Italian office of the Opera San Francesco Saverio – Cuamm, through monitoring and supervision missions, particularly for administration issues.

[77] To these amounts the commitment for social security and insurance costs to be charged to DGCS for a total of 216,000 Euros must be added

In the end, as in-kind contribution the project could use consultancies in Italy, but their nature is not detailed in the available documentary evidence, nor it was not requested in the reporting rules of the financing body.

The allocation of human resources in the project is detailed in the following time schedule:

Qty	Role in the project	appointed role	Total time allocation	Job description as for project proposal	Expert (*)
1	MD, Expert - Type A	Project Manager - Responsible of the Internal Medicine Department (**)	36 months	> responsability / overall supervision (and of expat personnel) > Responsible of the Internal Medicine department: planning, organization and CV updates, planning and management of clinical practice, teaching activity, organisazion of Medicine department and starting research projects within the department scope	Marco Scacchetti MD
					Anita Antonich MD
1	MD, Expert - Type A (***)	Professor of Anatomy, Surgery and Support to hospital clinical practice	36 months	> teaching activity in the anatomy and surgery department, support to the clinical practice of 5th and 6th year students, collaboration to the evaluation of clinical practice and of exams	Lidia Baiocchi MD
1	MD, Expert - Type B	Responsible of the Anatomy and Surgery Department	36 months	> Responsible of the Anatomy and Surgery Department: planning, clinical practice management, teaching activity, organization of anatomy unit, starting research projects within the department scope	Monica Inroga MD (****)
					Maria Antonia Marongiu MD
1	MD, Expert - Type B	Professor of Internal Medicine and Support to hospital clinical practice	36 months	> teaching activity in the internal medicine department, support to the clinical practice of 5th and 6th year students, collaboration to the evaluation of clinical practice and of exams	Annalisa Saracino MD
					Italo Turato MD
		consultancy in Italy	270 days	> support to project activities	*in-kind contribution*
	experts - max 4 / year	on-site consultancy	240 days	> support to project activities	A. Mecenero MD, G. Dalle Molle MD, M. Cesarotto MD, R.Peruzzi MD, M. Ferrari MD, G. Rama MD, P. Politi MD
					A. Mecenero MD, G. Dalle Molle MD, G. Pellis MD, E. Nonini MD, A. Baucar MD, R. Peruzzi MD, M. La Raja MD, A. Saracino MD
					A. Mecenero MD, G. Dalle Molle MD, E. Nonini MD, C. Resti MD, C. Beltramello MD, R. Peruzzi MD, M. La Raja MD



(*) when included, the starting date is the date of the beginning of activities and not that of contract registration
(**) in the approved project proposal it was foreseen that the project manager was responsible for the Anatomy and Surgery Department and not of the Internal Medicine
(***) in the approved project proposal, an Expert - type B was supposed to be in charge of the teaching role of the Anatomy and Surgery department and of the support to hospital clinical practice
(****) for the first year the inclusion of a Mozambican consultant in substitution of the relevant expert was requested and approved

Internal procedures

In compliance with the internal procedures of the implementing organization, at the beginning of every year the annual plans were drafted for project AID 9231 in coincidence with the years of project approved by DGCS and, where possible, the targets to be reached within the year.

The planning of activities and of the on-site budget has been prepared on quarterly bases, using a template outlined basing on the DGCS template for narrative reporting, in order fo prepare the request of funds to send to the country office and then to Padua. At the end of every quarter, in addition, the project manager sent the quarterly report of activities to the country coordination office and to the Padua office, together with the update of the indicators included in the logical framework and the quarterly expenses.

The quarterly activity reports, written in Portuguese, were also always sent to the UCM management.

The narrative and financial reports were generally prepared by the project manager, later verified by the country coordination office and their final version drafted in Italy.

Formal and informal exchanges between the project team, the coordination office in Maputo and the Italian office were continuous during the whole project duration and they ensured the compliance with the procedures of the financing body as well as the internal monitoring of activities and of the related expenses and, when needed, timely initiatives for the request of amendments.

d. Evidence

N. 1. The deviation from plan highlighted limited deviations compared to the original planning, thus confirming the substantial achievement of expected targets within schedule. The deviations introduced during the period of project implementation, furthermore, allowed adapting the activities to the changes in the context and they were always previously agreed (when not directly requested) by the project counterpart in mutual availability and collaboration.

N. 2. As noticed in all the analyzed documents and in the meetings with the main actors, the project preferred to described the activities, providing little evidence on the level of achievement of results and objectives.

In fact the intervention logic highlights a clear predominance of the activities, with very detailed descriptions, and a less accuracy in the detailed identification of the benefits (goods and/or services) for the project beneficiaries (at result level). This limit seems evident by observing the established indicators where very often essential criteria, such for example the qualitative characteristics, the specificity, the quantity and the expected time schedule were not presented.

Such set up, which is shared by many other experiences of international development cooperation, created two effects:

- → firstly there was a limited capacity of the project actors to understand and explain the actual qualitative standards (probably) achieved (as confirmation there are the project progress status, which are only a simple report of the implemented activities);
- → secondly the set up of the present evaluation work was made difficult. The lack of data produced by the project makes indeed the analysis carried out partial and non complete on some important evaluation aspects (for example the efficiency of the use of funds, the beneficiaries' capacity to really acquire the services and goods delivered and the same measurement of the medium-term expected benefits).

Therefore it is not only a pure matter of monitoring: the identification of only process indicators (although extremely useful and important) substantially brings back an observation which does not help understanding which had been (initially) and which were (during the implementation) the expected project results.

In some cases it can be added that the absence of this data strongly limited the possibility to observe some of the aspects deemed central for the project logic itself; for example there are the following cases:

- → The indicator proposed to measure the achievement of the specific objective *('number of medical doctors trained'*) does not seem to manage to give any element of interest to understand the project contribution toward the achievement of the specific objective (*guarantee the need of health workers for the whole network of primary services in Mozambique*) and even less it seems to give operational indications for the understanding of whether, how and when the project contributed to *strengthen the decentralization process of university level training in Mozambique* and to *decrease the regional imbalance regarding access and quality of health services* (general objectives).
- → The expected result n. 1 (*functioning of the department of anatomy and surgery and the department of internal medicine*) seems certainly adequate in a university cooperation project; the chosen indicators (supply of material, books and such) do not however clearly prove the actual qualitative standard expected and achieved.
- → Similar remarks can be made for the indicators of the 2nd expected result (*Quality teaching for the disciplines of anatomy, surgery and internal medicine*); even in this case the project did not identify and provide documentary proof able to prove the quality of the delivered teaching.

N. 3. The evaluation exercise very clearly pointed out that the project was implemented fully in compliance with the procedures and guidelines of the financing body. In particular:

- → the deadlines for the submission of narrative and financial reports were met;
- → the financing body does not seem to have any abjection and/or disagreement related to the submitted reports, but only some specific requests for additional information;
- → authorization requests have been submitted, within the scheduled timeline and in agreement with the counterpart, for the amendment of the project year length, for the modification of specific activities and/or financial items.

The implementing NGO also proved a significant capacity to advance funds which allowed the complete implementation of the plan without interruptions, in spite of the financing body's method of disbursement of the contribution that envisages that the transfer of funds must be done upon approval of the submitted reports.

N. 4. The procedures are written but not always known by the expatriate personnel, as explained by the experts themselves, and the procedures provide a picture of the complexity of the internal organization in situations, such as the one expected by the project, where the project office and the project-

administration office in Italy work together on the management of the activities on-site, in support to the country coordination office (and to the relative technical and administrative tasks).

The evaluation exercise pointed out that the turnover of different experts in the project and in the coordination office caused different and not always unified ways of applying and respecting the procedures. However there were no mentioned cases of conflict among the different management levels.

N. 5. It is widely believed by the interviewed staff that the understanding and the application of procedures and the consequent administrative-management work took time away from the project activities. It is estimated that the correct application of the procedures, lacking a person in charge of the administration tasks, required the project manager to dedicate a considerable amount of time to management-administrative matters (according to a rough estimate around 20-25% of the time) which was added to the technical matters. This happened despite the ensured continuous support of the administrative and technical personnel of the country and Italian coordination offices, also through technical monitoring missions carried out by administrative personnel.

N. 6. The partnership with UCM entailed the obligation, on behalf of the personnel working on the initiative, to comply with its internal procedures. In fact the experts, further to signing a contract with the implementing NGO, also signed a contract with the University; in this way if on one side there was a more stable institutional framework, which among others allowed to facilitate the issue of permits and authorizations required and to ensure the University contribution to lodging expenses of the on-site experts, on the other it contributed to create some ambiguities in the role of the experts and in their internal reference systems.

As a matter of fact the experts, in addition to manage their teaching activities related to the didactics planning and to deal with the Faculty managing body on the subject, at the same time kept the hierarchical and functional references both within the project team and with the Country and Padua coordination offices of the implementing NGO.

The evaluation exercise did not point out any problems or conflicts with regards to the use of financial resources in the relationship with the counterpart, caused by the double reference system within the project team.

On the other hand its integration within the Faculty personnel did not help the project team to access economic-financial information of the Faculty, to fully implement those project components related to the organizational consolidation of the Departments.

4.4.2. Analysis of the actors and of the coordination

Research hypothesis n°2

The coordination mechanisms enabled by the projects simplified the implementation of the activities and the achievement of the expected results (*delivered*).

a. Framework of reference

Project governance and coordination mechanisms with the counterpart/s

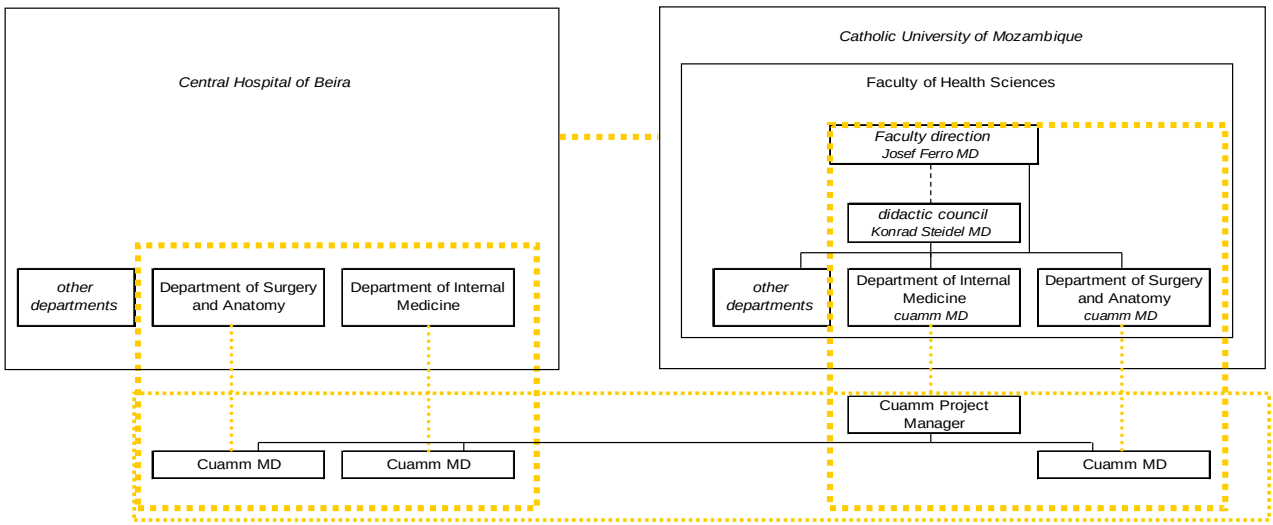
The local project counterpart was the Faculty of Health Sciences (ex Faculty of Medicine) of the UCM, but the project managed to integrate in a wider and more articulate coordination framework.

In particular the project coordinated at the level of the Province Health Directorate to ensure coherence of intervention and it integrated in the agreements between the UCM and the MISAU which plan the practical training at the Central Hospital of Beira for the medicine students.

The Faculty of Health Sciences was established in 2000; in 2007 the first 16 medical doctors obtained their degree and from that date a total of 137 medical doctors graduated. The students of the medicine courses are 237 as of today[78], 137 women and 100 men, against a total of 852 students at the Faculty. As provided by the University statute, the Faculty is managed by a Faculty Direction, headed by the Dean, and it is supported by the Didactic Council, headed by the deputy dean and the Pedagogical Director[79].

During the project implementation the support activity provided by Opera San Francesco Saverio – Cuamm to the Faculty of Health Sciences focused on two of the main departments of the Faculty (Internal Medicine and Anatomy/Surgery) and it mainly occurred through the supply of teaching material, the direct coverage of some of the running costs and the inclusion of expatriate medical personnel in the practical and theoretical teaching areas of Internal Medicine and Anatomy/Surgery. In fact in this way some of the main problems of the University were addressed to, such as the need to strengthen the internal organization of the Faculty, the lack of adequate medical teaching personnel (as far as quality and quantity are concerned) and the inadequacy of the resources and the teaching materials to carry out research activities and facilitate the right to study for everyone.

The diagram below describes the coordination mechanisms established by the implementing NGO project unit with the University and, in virtue of the mentioned agreements between UCM and MISAU for the practical training of the students, with the Central Hospital of Beira:



[78] Data provided by the implementing NGO in the draft of the narrative final report
[79] During the period in which the evaluation exercise took place, the dean of the Faculty was Josef Ferro MD and the pedagogical director was Konrad Steidel MD.

As highlighted by the diagram, out of the four medical doctors sent in support to the Faculty of Health Sciences were fully included in the personnel, thus covering both a teaching role and one as person in charge of the department; in this way the medical expatriate staff could participate in the periodical meetings of the Didactic Council and the Council of Faculty Direction, becoming with full rights part of the governance mechanisms of the University.

The other two expatriate medical doctors, although still being employed by the Faculty and without becoming part of the staff of the related department, were instead assigned respectively to the Department of Surgery and to the Department of Internal Medicine of the Central Hospital of Beira, in order to provide their support to activities for the students' practical training.

The evaluation analysis of the coordination and the governance highlighted that:

- → the initiative internal monitoring was ensured at a level deemed acceptable by the counterparts due to the periodical coordination meeting within the project unit;
- → All activities were carried out by the professors sent by the implementing NGO in compliance with the pedagogical and organizational guidelines set by the Faculty managing bodies. The expatriate medical doctors therefore had a mainly executive role in the implementation of the decisions of the Executive Didactic Council of the Faculty, and in particular of the direction given by its manager; they prepared and delivered lessons following the Problem Based Learning method adopted by the Faculty, organized the moments of discussions with the students (tutorials), prepared the questions for the exam and provided support to the students with regards to the didactic program.
- → opportunities of exchange among the professors of the various departments were not favoured to facilitate the coherence and quality of the teachings, and to share the data on the exam progress of the students.

Other forms of coordination

During the project implementation, the Opera San Francesco Saverio – Cuamm managed to widen the perimeter of its collaborations, supporting the project activities with other complementary initiatives. Under this aspect it is relevant to point out that the practical training activities of the students at the Hospital of Beira managed to benefit of the synergies that the Opera San Francesco Saverio – Cuamm was able to create between the project under evaluation and other initiatives financed by DGCS in support to the hospital itself, further to some collaboration initiatives promoted with other hospitals in Italy for the in-depth analysis of specific topics (e.g. telemedicine in collaboration with the Hospital of Cremona).

In virtue of its historical presence in support to the health system of the Beira province, finally, the implementing NGO continuously participated, through the project manager of AID 9231 and/or the country representative, in coordination meetings organized at Province Health Directorate level to ensure coherence of the intervention compared to the defined priorities.

b. Evidence

N. 7. In providing support to the Faculty of Health Sciences of the UCM, the project perfectly integrated in the relationship dynamics of the Faculty with the interested parties. The project unit ensured the participation to the management of the two departments without however explicitly asking for a particularly relevant role in the decision-making process for the Faculty's choices. Therefore the adopted method of operation, where the 'borrowed' personnel was fully integrated in the pre-existing governance mechanisms of the faculty, if on one side (See evidence in the previous chapter) contributed to the perfect integration in the institutional organization of the counterpart, on the other it also limited the project capacity to face important organizational problems, which might probably have a strong impact on the quality of the delivered training; among these it is worth mentioning at least the missed opportunity of exchange among the professors of the various departments (to favour coherence and quality of the teaching), the lack of sharing of data on the progress of the students exam and the lack of restructuring of a system for the evaluation of the teaching quality and a system to collect data on the graduated medical doctors.

4.4.3. Services and products delivered

Research hypothesis n°3

The beneficiaries received the goods and the services provided within the schedule, thus confirming the relevance of the identified problems and the alignment of the project with the health priorities of the Mozambican government.

a. Framework of reference

The project identified the following categories of beneficiaries:

Category of beneficiary	Type of beneficiary
Direct beneficiaries	students of the Faculty of Health Sciences of the UCM
	managing group of the Faculty of Health Sciences of the UCM
Indirect beneficiaries	professors of the Faculty of Health Sciences of the UCM
	population of Mozambique

The direct beneficiaries, in consequence of the training and support activities planned by the project, should have acquired skills (or strengthen the existing ones) according to criteria and goals described in the project itself.

In absence of project data and monitoring aimed to measure the results of training and support activities to the Faculty, the evaluation mission necessarily had to work on the identification of the type of benefit received. Using as sources both the project documents and the interviews with the main stakeholders, two questions were decisive in the evaluation analysis:

→ In absence of a monitoring plan aimed to measure the results of training and support activities, which skills were effectively gained by the beneficiaries?

→ At least from a theoretical point of view, are the skills transferred to the students and to the managing groups of the Faculty relevant for the purposes of an overall improvement of the services delivered by the Faculty?

The following table recaps the main considerations related to the first group of direct beneficiaries, the students of the Faculty of Health Sciences:

Beneficiaries	Benefit	Comments
340 students (see comments)	• access to improved study plans (due to the preparation of updated study plans and the higher availability of teaching materials) • quality teachings for the disciplines of anatomy, surgery and internal medicine • access to the department of anatomy and surgery and to the department of internal medicine (carried out by the project) • accessibility to the faculty for students coming from the Northern areas of the Country	• upon project approval (2008), the students of the Faculty were 340 subdivided among the seven years of course (preparatory year, I-VI year); the students at the end of 2012 are 353, 237 of whom attending courses from 1st to 6th years • the enrolled students (end 2012) consist of 60% of women and 40% of men. • in 2010 and 2012, at UCM a total of 79 medical doctors graduated (from 2007 the total of graduated doctors is 137) • in 2012, the 75% of the graduates came from Center-Northern areas of the Country.

The development of the students competences at the Faculty of Health Sciences of the UCM was mainly ensured through teaching and tutoring activities carried out by the 47 professors of the Faculty (50% graduated

at the UCM; out of the 47 professors 30 of them are medical doctors and 6 of them are specialists[80]) and, due to the project contribution, by 4 expatriate professors (for the theoretical and practical teachings at Surgery and Anatomy and Internal Medicine).

With regards to the teaching and tutoring activities, the on-site analysis made the following observations:

→ The courses were prepared and delivered with a strongly participative approach, applying the Problem Base Learning (PBL) method. This method, which uses the problem solving technique and applies it to the learning of the various topics, requires that the students are split into small groups lead by a professor (tutor) in the identification of what they know, what they do not know and of how and where they can access the information required to solve the problems they are facing.

The method also requires the use of materials specifically prepared for the various modules and the textbooks the students use for the single topics. With regards to PBL the following remarks are deemed interesting:

- from the point of view of the preparation acquired by the students, it must be pointed out (as confirmed both by the professors and the students themselves) that the method facilitate the students participation to the lessons and their development of a critical and analytical attitude (element also confirmed by the officials of DPS and the Ministry of Health interviewed); however the interviewed professors mentioned the risk that the method might not ensure a full and organic preparation for the future doctors, just because the use of a transversal approach might work against an in-depth approach for the arguments considered essential in the training program;
- the 4 Italian professors mentioned an initial difficulty in applying the PBL methodology, because of the different set up of the teaching compared to their experience. However there was no evidence of a negative impact of these difficulties, and on the contrary it seemed that the students generally appreciated the teachings they attended and also the applied method.

→ the teachings carried out by the Italian doctors were very appreciated by the students also for the professional experience that the expatriate doctors managed to make available during the lessons and the tutorials, in comparison to some freshly graduated Mozambican professors, about whom the students commented on their limited experience and knowledge.

→ despite the English language is considered a priority in the Faculty didactic plan, the didactic activities were generally carried out in Portuguese to facilitate the interaction among the students and their active participation. Despite the fact that the English language is taught during the preparatory year, in fact, the students skill with this language is not enough to let them follow the lessons and sit the exams, as confirmed by the professors and by the students interviewed during the evaluation exercise (these latter were interviewed in Portuguese, except for a few exceptions).

→ For the end of the courses the professors, including the expatriate personnel, prepared the exam tests and the evaluation for the exams OSCE - *Objective Structured Clinical Examination*, for the students from the 1st to the 4th year for the subject of orthopedics, resuscitation, surgery, obstetrics and gynecology, internal medicine and semiotics. In the evaluation by the Pedagogical Director the results of the exams are to be considered satisfactory, even those of the progress tests which record the increase of skills acquired over time by the students; comparing the tests with those carried out by other universities (where the PBL method is used) the progress rate of the Mozambican students is to be considered adequate[81].

→ another aspect which defines the training activity was given by the supervision and practical learning ensured by the collaboration with the Central Hospital of Beira. Due to this opportunity, the 5th and 6th year students received a constant support at the Departments of Surgery and Internal Medicine at the Central Hospital of Beira. The students could daily benefit from training and teaching activities in their relevant

[80] The data acquired during the evaluation exercise is only about the ongoing academic year and it was not possible to acquire data on the professors with regards to the whole length of the project

[81] This information seems relevant even though the lack of available data on the exam grades over time, on the number of out-of-course students and on the students who left the faculty does not allow to fully comprehend the actual benefit for the students.

departments during the rotations, for the evaluation of the patients, in the discussion of department cases and in the tutorial groups for clinical cases (chosen either because a good example or because particularly complex). In particular:

- in the surgery department the students learnt to read x-rays in weekly *ad-hoc* organized sessions and they analyzed the data related to 1,000 cases to identify the most frequent tumors. It is interesting to notice that this experience originated the preparation of an article submitted to the congress 'days for health' in Maputo;
- the specialists in Internal Medicines and Surgery followed the students in 28 rotations for the practical clinical teaching at the Central Hospital of Beira and managed the tutorial groups. They also participated in the evaluation and revision of the programs and the curriculum of the first four years of the degree course, in all the exam sessions and in particular in the annual 'progress tests' for the Faculty accreditation.

→ the students also benefited of the teaching of 24 short-term experts who carried out, upon request of the Faculty, training in: cardiology, gynecology, internal medicine and public health. Still the same experts prepared the teaching modules for the three years of the project, ensuring continuity in the approach, full information and a quick adjustment to the context of the University. For these reasons the teachings carried out by the short-term experts were very appreciated by the Pedagogical Director and they seem to have been positively received also by the students.

→ with regard to the equipment made available by the project, the activities allowed some important improvement aimed to facilitate the technical quality learning. In particular:

- access to an anatomy lab equipped with all necessary didactic material;
- access to a library equipped with the main books used during the teaching activities;
- access to new study areas with an internet connection
- allocation of consumables to the students in training at the Hospital of Beira;
- allocation of materials for the improvement of practical training in the management of clinical cases (glucose meters with relative strips, proctoscope with related accessories, scales to measure children weight etc);

→ 22 students, selected by an *ad-hoc* established commission within the Faculty, benefited from scholarships (and related subsidies). The scholarships were disbursed on the basis of value criteria, of economic conditions of the student and his/her family, on geographical origin (preference to the Northern provinces of the Country). An indicative data of the achieved project objectives is related to the origin of the students who won the scholarships: 90% of such students come from Central-Northern provinces of the Country.

→ Some students could also benefit from research activities started during the period of project implementation. In particular there are two studies which were very appreciated by the students:

- a research study about techniques and methodology in clinical research, which was carried out by some students who, under the guidance of the project personnel, researched the topic of 'co-infection HIV and malaria in patients hospitalized in the medicine department of the HCB' (study published in the 2012 *Malaria Journal*);
- a second study on the 'Prevalence of infections of post-operatory wounds and of serious burns in patients hospitalized in the surgery department of the HCB' (activity which was unfortunately not terminated due to the impossibility to collect a sufficient number of cases).

→ 16 students (8 of the 1st year and 8 of the 2nd year) managed to benefit from rural internships at the Nhamatanda Hospital and the Buzi Hospital. The interns benefited from coverage for transport costs, lodgings, purchase of a fridge and continuous supervision. In the health structures to which they were allocated the students were involved in the clinical work in the departments of medicine, surgery, obstetrics and pediatrics and they participated in the activities for the supervision of the area.

The following table recaps the main considerations related to the second group of direct beneficiaries, the managing group of the Faculty of Health Sciences (and through them the Faculty of Health Sciences itself):

Beneficiaries	Benefit	Comments
managing group of the Faculty of Health Sciences	• Allocation of two expatriate medical professors as head of the Departments of Internal Medicine and of Surgery and Anatomy • Allocation of two expatriate medic professors at the Hospital of Beira • Coverage of the running costs of the Departments of Internal Medicine and of Surgery and Anatomy • Coverage of part of costs for the Faculty personnel (an administrative figure and a secretary)	• The management, supervision and coordination of the didactic activities are attributed to the Didactic Council, headed by the Pedagogical Director and also including the Finance Manager, the project manager of the implementing NGO and some professors. • The preparation of some guidelines and the related supervision and coordination with the other bodies and committees are a responsibility of the Faculty Council, headed by the Faculty Dean and including the Pedagogical Director (also deputy-dean) the Finance Manager and the project manager of the implementing NGO.

The evaluation exercise pointed out that, unlike the project planning, the support activity of the four medical doctors at the UCM and the Hospital of Beira was mainly characterized by the active collaboration in the planning and delivery of didactic activities; the result of their organizational and strategic contribution is much less relevant instead.

The lack of collaboration with the other Departments of the Faculty did not surely widen the transfer of know-how among the expatriate doctors and the remaining part of the teaching body, thus limiting the possible multiplying effects of the intervention. Even the participation of the expatriates to the meetings of the Didactic Council and the Faculty Council did not seem to have changed this method of operation, if what was confirmed by several sources and by the minutes of the meeting is true, that is that the topics under discussion were only about operational and organizational matters of didactic, and they were not discussions about the organizational development of the Faculty.

Apparently the project seem to have limited its support to the coverage of some running costs and the delivery of quality teaching, without getting much involved in having a long lasting impact on the structure and therefore on the managing group of the faculty, by finding the right method (also regarding the governance) to contribute to strategic, organizational and financial layouts of the University.

Finally it must be highlighted that the goods and services delivered by the project are relevant for the health priorities defined by the government, both at central and at provincial level. The training of qualified health personnel, and in particular of medical doctors, is indeed one of the priorities of the Health Human Resources Development Plan 2008-2015, which considers the lack of qualified human resources (or inadequately qualified) the main limit to the promotion of the improvement of the health conditions and to the sustainable extension of the health system.

b. Evidence

N. 8. As already explained, the identification of mostly activity indicators (process indicators) and the lack of a structuring of adequate monitoring systems[82] for the description of the benefits received by the beneficiaries (students and managers) allow only a partial description of the benefits received by the beneficiaries and a quite problematic measurement of the amount in which the same beneficiaries acquired the received benefits. In fact in this situation a real knowledge of the levels of delivered (acquisition of services/goods delivered by the project) can be only indirectly inferred by examining

[82] It must be underlined that the monitoring system put in place by the implementing agency has not used quality indicators for the teaching and the student's level, related – for instance – to the progress exams done at the faculty. Said data have not been available for the evaluation team, as they have never been collected and processed in a systematic way by the University. During the exercise in Beira, moreover, the access to the data elaborated by the Didactic Council has not always been guaranteed, probably because the information system of the Faculty of Health Science (the implementing agency has not been included in the area) does not provide accurate data and those collected during the evaluation exercise have often proved incomplete (for instance it was not possible to have data on the exams taken by the studentes, nor aggregated data related to the drop out of the students throughout their studies).

the "quality" and "quantity" of the implemented activities and by using the perceptions of the stakeholders interviewed (possibly triangulating them).

On the basis of the observations carried out it is however possible to state the following:

- → the plan was implemented following the expected methods and within the planned timeline;
- → the activities were carried out by highly qualified personnel, both in long-term and short-term missions, whose experience, commitment and dedication were appreciated;
- → a congruous number of students manage to use the activities and the improvements delivered to the faculty;
- → the project contributed to the achievement of objectives of the national plans in support to the health human resources and of the more general development plans, focusing on the training of medical doctors, who are among the scarcest professional figures available within the health sector in the Country.

N. 9. Despite the undeniable effectiveness of the chosen teaching method, it was noticed that the PBL also has some critical points if applied in contexts (such as the present one at the Faculty of Health Sciences) where the number and the quality of the tutors might not be enough and adequate to ensure a homogeneous and solid preparation and to adequately include all subjects deemed necessary for the training program.

In fact the PBL method takes away the sole single reference to texts from which to learn the knowledge, therefore making the quality, quantity and preparation of the professors and tutors essential for ensuring the quality of the lessons and the completeness of the subjects at hand, as it is up to them, as professors, to lead the students in their learning process.

N. 10. With regard to the support given to the students to access a study program, it is evident that there is the need to support the access to the faculty of medicine of motivated and valuable students, when they are in disadvantaged social-economic situations. These situations seem to have been considered in their complexity by the criteria used by the commission for the allocation of the scholarships. However within the faculty there is more than one commission for the allocation of scholarships, and they chose different criteria, connected to the different requirements established by the various donors.

Therefore the faculty does not seem to have preferred the definition of single and minimal criteria, which would ensure an easier management of the received contributions. The implementing NGO, on the other hand, seems not to have shared the reasons behind the criteria of the other donors, so much to prefer establishing an ad-hoc commission.

Two more critical elements were pointed out with reference to the system of distribution of scholarships:

- → The scholarships were allocated to the students of the medicine course (from the 1st to the 6th year) upon request, at the moment of registration, of a commitment to work in the national health system for at least two years. Despite the commitment requested to the students, during the evaluation exercise there was no evidence whether within the Faculty there are bodies in charge of ensuring the respect of this commitment and whether such commitments were actually kept so far.
- → The scholarships are not allocated to the students of the preparatory year. The preparatory year is however compulsory in the study plan and the students can attend upon payment of an enrollment fee which is just a little cheaper than the enrollment fee for the various years of the medicine course. The rate of dropout during or at the end of the preparatory year is quite high[83]: in this sense the access to the preparatory year could represent a significant barrier to the access to study at the faculty of medicine.

[83] In 2008-2012, the average percentage of leave is 44%, according to the data provided by the pedagogical director

4.4.4. Identified changes

Research hypothesis n°4

The project produced documents able to prove the achievement of durable changes (sustainable *outcomes*), especially as far as the national health plans are concerned.

a. Framework of reference

Project AID 9231 had the aim to determine significant and relevant changes in the Mozambican health sector, as well as in the university training sector, perfectly in line with the objectives of the government policies (in particular of PNDRHS 2008 – 2015) and of the financing body (in particular the guidelines 'Global Health: Guidelines for the Italian Cooperation – July 2009' and the Country Framework S.T.R.E.A.M. Mozambique[84]).

The changes in the expected outcomes can be summarized as follows:

- → Firstly the project has the objective to support the *training of medical doctors to guarantee the need of health workers for the whole network of primary service in Mozambique* (specific objective), so that the national health system needs were covered above all at district level thus guaranteeing better accessibility to primary services also in the more disadvantaged areas of the Country.
- → Secondly, even though it was not described as a specific objective, another significant expected change was the strengthening of the organization of the Faculty of Health Sciences, due to the better functioning of the Department of Internal Medicine and the Department of Anatomy and Surgery.
- → Finally among the expected changes also the sustainability of the Faculty must be considered, as explicitly forecast in the strategic planning of the implementing NGO (dated 2010) which, among the priority areas of intervention, includes the *collaboration with projects in the hospital and city of Beira, in the Dondo district, the valorization of the Mozambican personnel, studying and teaching, for the purposes of sustainability, the impulse to international collaborations (network) and documented results*.

As already explained in the previous chapters, and in particular through the analysis of the deviations from plan, the project activities were carried out according to expected methods and timeline. Such circumstance makes to think that the project contributed to the expected changes, however the indicators selected for the initiative monitoring, together with the available documents and the data collected, do not allow, if not only really partially, to confirm the project contribution to the expected changes (strengthening of the health system at province and national level; improvement of the population health status; increase of the quality / quantity of health human resources employed within the health system), or to highlight the really occurred changes, or not occurred, as a direct consequence of the project itself.

Probably as a consequence of this it was also difficult for the project (and the staff involved) to estimate the ongoing and future trends (problems, possible effects, improvements etc) of the health system, with particular attention to the project intervention areas.

The main elements pointed out are the following:

With reference to the support to the training of medical doctors to guarantee the need of health workers for the whole network of primary service in Mozambique

- → In the same period as the project implementation 79 medical doctors graduated from UCM. There is no certain information about the assignment, career paths, skills and others. As a matter of facts:
  - The assigment of the medical doctors is decided by the MISAU Human Resources Directorate at central level, but the published annual statistics do not provide details on the course of study of the people who graduate in medicine (among others, in Mozambique the medicine graduates are not

[84] One of the expected results of the Country document S.T.R.E.A.M. foresaw the involvement of the Italian Cooperation to ensure "more medium-term availability of high-level technicians, specialized and basic level doctors trained through regular courses certified by public or private institutions in different technical areas, relevant both for the network of services in the framework of the development of local health systems, and for the technical re-qualification of the training network (schools and health units selected for the internship programs).

required to pass any state exam and therefore they can start working straight after the degree) thus making it really difficult to identify these people[85];

- The Faculty of Health Sciences has no data on the graduates' assigned location, and it does not manage to systematically keep in touch with them.

Being the working position of the majority of the doctors graduated from UCM completely unknown for the project implementation, it is not possible to confirm their contribution to the improvement of the health system, in particular at district level and in the disadvantaged areas of the Country.

However it must be pointed out that, during all the meetings with the various health institutions, both at ministerial and at provincial level, the good reputation of the doctors graduated from UCM was confirmed, and their flexibility and analytical skills were appreciated; in addition some ex students met during the mission today work in important positions within the Province Health Directorate.

With reference to the strengthening of the organization of the Faculty of Health Sciences (Department of Internal Medicine and Department of Anatomy and Surgery)

→ The participation of the expatriate personnel to the governance mechanisms of the Faculty was quite limited, as also described in the previous paragraphs, and this translated into the possibility to only marginally contribute to the significant choices for the life of the faculty and to the definition of a program and strategic framework, which is still quite unclear.

If on one side it is true that the implementing NGO is trying to continue providing support to the Faculty through different methods (among others, the request for *ad-hoc* contribution to ensure the financial coverage of the medical personnel in support to the training activities and the agreement under preparation with the University of Bari), on the other it cannot be stated that there is a structured collaboration between the UCM and the implementing NGO, or a formal sharing of objectives and development strategies.

→ The support to the functioning of the Department of Internal Medicine and Department of Anatomy and Surgery certainly contributed to the improved organization of the didactic activities at the Faculty of Health Sciences, due to the participation of the Italian personnel in the Didactic Council and in the Faculty Direction.

However form the interviews carried out with the key personnel it came out that the Departments have always worked without a planning and as operational areas lacking a real autonomy in decision-making and making proposals. Some months after the end of the DGCS-funded project, it was noticed that the Departments still exist, but there are no clear internal ways of functioning or planning, operational and strategic functions that they have/will have internally within the Faculty.

→ Despite a high number of graduated doctors stayed to teach at University, the lack of a qualified and adequate teaching body is still the main problem, as mentioned by the directorate of the Faculty.

Therefore the project only partially managed to affect the problems observed during the analysis phase of the teaching quantity and quality needs; it is then evident, under this aspect, that the end of the project (and the consequent lack of support from the expatriate medical personnel) can contribute to further worsen the problem.

→ With regard to sustainability, it must be said that as of today there is no available economic-financial data on the Faculty, which does not seem to have a budget and planning instruments. The earnings of the faculty exclusively come from the payment of university fees and from any donations and non-government contributions, considering that there are not planned government financial support to private institutions; however the data provided, also by the implementing NGO, is completely unclear.

It must be noted that from a little over one year the accounting decentralization process within the UCM has started and therefore it will probably be possible that at the end of this process the Faculty could have the available data to draft a balance sheet and budget its expenses.

In any case, even because of the international financial crises which *de-facto* decreased the cooperation funds, the financial availability seems limited and this risks to justify some choices that, although reasonable, risk being little forward-looking and inadequate for the contingent situation. As an example:

[85] During the evaluation exercise it was not possible to gain the data on the assigned location of medical doctors graduated from the Catholic University over time.

the Italian medical doctors of project AID 9231 were replaced by newly graduated Mozambican doctors, though in full awareness of the very probable consequences on the decrease of quality in the training and the consequent chain-reaction (decrease in quality – decrease in the faculty reputation – decrease of external donations and enrollments) in particular on the last years of the course. Contextually a research unit within the Faculty was established, following the impulse of an *ad-hoc* financing. If research is undeniably essential to encourage the students learning, to create contacts and visibility for the university, on the other hand however it risks deviating resources and activities considered as priorities by the faculty itself.

b. Evidence

N. 11. The lack of available data (project sources, ministerial sources and university sources) on the working placement of doctors graduated from the Faculty of Health Sciences does not allow to statistically prove the contribution of goods/services delivered by the project towards the strengthening of the health system, or the improvement of the population health status or finally the increase of quality / quantity of health human resources employed in the health system.

In particular the lack of data on the type of employment and the place of work of the ex students does not allow to verify if the project contributed in some way to increase the number of medical doctors at district level, with the aim to guarantee better accessibility to primary services also in the more disadvantaged areas of the Country. As statistical data were not provided by the University of the implementing NGO, the data provided by the MISAU Human Resources Directorate are worrying (2009), as according to is the 47,9% of doctors who graduated between 1980 and 2007 works in Maputo (due to better life conditions and career opportunities offered also by the growing private health sector), while only 41,7% of doctors works outside the capital, where over 90% of the population lives.

The choice of the University and of the project is to be considered convenient, therefore, to admit to the course of medicine mainly students coming from the Central and Northern provinces of the Country, which are the more disadvantaged areas and where the health need is greater. Even though it is not possible to confirm its real effectiveness, this choice could be a winning one in order to try and keep the graduated doctors in the Central and Northern areas, since the connections created during the years of study can ensure continuity and offer incentives to stay in the area.

N. 12. The employment of doctors graduated from the University as professors at the Faculty of Health Sciences seems to prove that the project strategy contributed to respond, although partially, one of the problems identified by the project, which is the lack of professors in adequate quantity and quality in the didactic programs.

At any rate it is a data that only captures the quantitative aspect (and not the qualitative one), and which needs to be monitored over time. The number of medical doctors graduated from UCM and employed as professors (around twenty) is high when considering that the Faculty hires 47 professors in total and that such a set of skills might not ensure the quality of teaching over time. The lack of experience, even practical one, of doctors who turn professors after obtaining a degree, or only after a short working experience, might heavily affect the Faculty's capacity to ensure an adequate preparation to the students.

N. 13. The support ensured by the project seems to have been limited to planning and managing didactic activities, in collaboration with the Faculty management and within its planning guidelines, and it does not seem to have contributed to create organizational methods stable in time. Some months after the end of the DGCS financing there are no clear internal ways of functioning or planning, operational and strategic functions in the Departments which were supported during the three years of the project.

The project contribution to ensure the sustainability of the Faculty (and of the University in general) seems to be limited, since the project did not intervene in any strategic, financial or organizational area. These are aspects which, although specifically included in the project documents, were not always put into practice in the collaboration between the implementing NGO and the UCM.

In addition the project contribution seems limited also with regard to the strengthening of the University capacity in providing answers to the overall health system needs, to the structuring of consolidated partnerships based on the sharing of principles and responsibilities, further to the definition of a

structured fundraising strategy, which will allow to face the contingent lack of money but also to attract and keep a qualified teaching body.

5. Recommendations

→ Chapter five describes the recommendations proposed by the evaluation exercise for each of the four research hypotheses and for every project:

- The chapter is divided into five paragraphs. The first four are about the analysis of the recommendations for every project (AID 8835, AID 9189, AID 9147, AID 9231). The conclusive paragraph describes some operational proposals for DGCS.
- The recommendations gathered in the first four paragraphs are connected to one or more evidence, described in chapter 4.
- The operational proposals for DGCS, last paragraph, were instead drafted on the bases of the overall experience of the four projects under evaluation.

→ The following table describes the structure of the chapter:

Paragraph	Project
5.1.	Project AID 8835
5.2.	Project AID 9189
5.3.	Project AID 9147
5.4.	Project AID 9231
5.5.	All projects

5.1. Project AID 8835

Recommendation 1	Source
Even in the case of a project such as AID 8835, which nature is to integrate with the national development plan by financing some components, it is recommended to ensure the efficient allocation of the resources, in compliance with the applicable procedural standards.	E1 E2 E3 E4 E5

Project AID 8835 looks like a project with a substantially integrative-supplementary nature for the Mozambique health plans. In fact the project, by financing some components, aims to achieve the results written in the *Plano de Aceleração da Formação de Tecnicos de Saúde 2006-2009.* On the basis of its nature, the intervention seems to have been set up without a specific project logic, and above all without previously identified the intervention priorities. In this way it was decided to favour the financing of a high number of activities in the several fields of operation of the partner institutions, although allocating very limited resources to every component.

It is instead recommendable, even in case of projects such as AID 8835, that within the project some mechanisms should be defined in order to ensure at the same time the efficient allocation of resources, both financial and human, and the compliance with the applicable procedural standards. In particular, with reference to the project under present evaluation, it is believed that:

- → it would have been possible to optimize the use of resources by clearly identifying the intervention priority lines and by allocating more resources to each component, limiting to a minimum the method of operation of the project which consisted in answering specific urgent needs in the functioning of the local health system;
- → it would have been necessary to adopt an efficient monitoring system which allowed to track the expenses records and the activities, and which was consequently able to provide the task managers of various operational and / or decision-making levels (in specific the Italian Cooperation Office in Maputo and DGCS) with the information necessary to implement any adaptations able to ensure the achievement of the objectives.
- → it would have been better to avoid the project implementation to be stretched in a period of time triple the initial planned one, to maximize the project effectiveness and give the project manager the necessary time to carry out the allocated tasks (in order to avoid that such a significant part of his time was dedicated to purely administrative-accounting matters)
- → it would have been adequate to officially appoint the tasks to the experts who, after the month of June 2010, in turn covered the role of project manager, in order to ensure an adequate accountability of the communication and decision-making processes also with the counterpart.

Recommendation 2	Source
The Italian Cooperation technical assistance to the Mozambican health system should be more focused toward the strengthening of the capacity to analyze the context and of the counterpart/s trends, thus contributing to the identification and adoption of appropriate analysis and evaluation methods.	E8 E10 E11 E12

The previous recommendations already focused on the importance to define, already in a planning stage and initial agreement with the counterpart, some adequate mechanisms to monitor and evaluate the benefits delivered by the project and received by the beneficiaries.

It is deemed not less important to also recommend an adequate attention to the project capacity to contribute in achieving the general objectives, to provide adequate evidence to be used when planning future

interventions in support to the Mozambique health system, and for some collaborations which can be defined by the government bodies in the various collaboration programs.

Finally it is recommended that in direct managed projects there should be adequate focus on the role that technical assistance can play in the inclusion of project contributions toward the achievement of systemic objectives.

It is believed that in such projects the technical assistance component is significant, both for the goals it has and for the relevance of the allocated resources (in relation to the other cost items), and therefore there should be clear objectives for strengthening the counterpart skills also in the identification and adoption of methods for analysis and evaluation of the achievement of systemic objectives.

5.2. Project AID 9147

Recommendation 1	**Source**
The Italian Cooperation in Mozambique should clearly state the objectives of the technical assistance where required, and any clear mechanism for the revision of the terms o reference, in order to ensure the achievement of project objectives with regard to the local competences.	E1

It is believed to be of utmost importance to clearly define the objectives of technical assistance included in the projects in order to ensure accountability and an efficient allocation of resources. It is also necessary that the technical assistance objectives are formalized in terms of reference, against which the experts must be asked to commit themselves and their compliance must be ensured and evaluated, also in collaboration with the counterpart.

As the resources allocated to international cooperation are poor, it is considering the weight of the resources allocated to the experts fund of the various initiatives that it is recommended to appoint tasks of high technical and sectoral contribution to the experts hired to deliver technical assistance. The presence of Italian experts should give value to the experience and the lessons learnt, also about the Italian system, and it should contribute to achieve the objectives of sectoral and strategic cooperation in the Country.

The technical assistance, which can also be hired on-site, also using the *in-situ* fund, should finally not instigate the establishment of a parallel system of experts who do not contribute to the sustainable strengthening of the system, as they are not fully integrated in the Mozambican health system.

Recommendation 2	**Source**
It is advisable to strengthen the accountability mechanisms also regarding the management of cooperation initiatives aimed at supporting the budget of a State sector such as health.	E2

Even in the case of projects aimed to support the budget of a State sector, such as project AID 9147, it is advisable that the allocated funds are managed ensuring the accountability of the organizational structure which is in charge of this management, the monitoring and the evaluation of the financed initiatives. The communication and responsibility lines and the roles appointed to the different strategic, operational and decision-making stages must be clear, both within coordination mechanisms and outside of them, toward the various stakeholders.

Therefore in the future it is recommended to operate within a more structured technical assistance framework, provided with a clear strategic plan and defined and efficient internal supervision and coordination systems. All this in order to allow the Italian Cooperation to develop a more active technical assistance activity and able to promote and give value to the Italian role in the sector of intervention.

It is also advisable that such management transparency is ensured by clear and shared check&balance mechanisms. They should allow modifying if necessary the wrong methods of operation, to give value to efficient methods and any lessons learnt and, finally, the full and efficient allocation of the resources (human and financial) in compliance with the agreed project objectives.

Recommendation 3	Source
The Italian Cooperation in Mozambique should actively take part in the coordination mechanisms of the health sector and should propose an adequate theoretical and political contribution through initiatives in the most crucial areas, and also to promote efficient and effective ways of collaboration with other donors, further to the coordination of Italian initiatives implemented by Italian NGOs in the Country.	E3 E4 E5 E6

For a better effectiveness and efficiency of the PROSAUDE fund contribution, it is suggested that the Italian Cooperation selects initiatives which optimize its role, give value to the knowledge of the Country and its history of collaboration. In particular it is useful to recommend the Italian Cooperation the following lines of action:

- → actively contribute to the promotion of the technical-political debate proposing initiatives in the areas with more problems. In this field it might be necessary, for example, to focus the coordination work on the subject of Human Resources, considering the Italian commitment on this topic also with other projects.
- → contribute to the promotion of the issue of equity in the health system. This latter theme would give value to the presence of the Italian Cooperation in the working group for planning and evaluation, certainly the right place for this initiative. UNICEF (at government level) and Equinet (for the health sector) showed great interest on the subject, they could be identified as relevant partners.
- → promote the definition of measurements to ensure equity criteria in the Mozambican health system. These activities can be implemented according to the model of other bilateral donors, which use international and local competences.
- → evaluate the weight of these initiatives, also with regards to the visible position of the Italian Cooperation within the field of support to the general budget (G19). This position can be understood as a very interesting opportunity to support innovative initiatives of this kind.
- → contribute to shift the attention of the technical-political dialogue from the administrative procedures to topics related to the functioning of the health system, and in particular the delivery of services (and to topics of equal access to such services).

In order to ensure the full valorization of the technical assistance, it is also suggested to carefully evaluate the importance of the dialogue with the other financing bodies, with the local counterparts and with the other stakeholders involved. In fact it is believed that the role of the Italian experts, when appointed to cover tasks in support to health authorities at province and district level, should be discussed in-depth with the main actors of the health system and the other donors involved in the actions of institutional strengthening of the sector, in order to agree on the expected objectives.

Moreover it is suggested to promote the coordination of the Italian initiatives, starting from the definition of the kind of coordination model pursued and from the valorization of the experiences of the non-government Italian actors working in Mozambique in initiatives in support to the health system. The establishment of synergies with the non-governmental organizations should be pursued within the framework of the cooperation strategic objectives, to be able to facilitate the valorization of the different skills and experiences and to attract collaborations with similar initiatives.

This model, which was only partially considered in the initiatives under present evaluation, should foster the creation of the strategic framework of Italian cooperation in the Country and provide a database available to all potential stakeholders.

Recommendation 4	**Source**
It is advisable that the Italian Cooperation starts working for the promotion of the improvement of mechanisms of communication and sharing of information related to the financing of the health sector in Mozambique.	E5, E6

Given the dispersion of financially-related information and the little participated coordination of the various actors in the planning of the several funds (PROSAUDE, state budget), it is recommended to the Italian Cooperation to initiate actions aimed to promote:

- → the joint planning of funds at all levels;
- → more availability of financial information, including the data on the State funds for health. In fact when it is time to make decisions about the PROSAUDE funds to allocate to every province or district, the MISAU or the Province Health Directorate involved should know about the amount of State funds planned.

5.3. AID 9189

Recommendation 1	**Source**
It is recommended to define the projects budgets taking into proper account the different ways of managing funds which usually take place in the initiatives of the Italian Cooperation.	E4

It is believed that the administrative managing complexity created by the implementation of concurrent simultaneous activities financed with the *in-situ* fund and with the government component ex art.15 must be taken into account in the preparation of the financial plan for the same initiative.

So to ensure the implementation of the plan according to the approved timeline, it is necessary that the financial coverage of the activities is ensured by financial resources managed according to homogeneous methods and time, and not different ones, in order to avoid asynchrony in the disbursement of the installments, the application of managing methods potentially contrasting and finally the non efficient allocation of the funds approved by DGCS.

In addition, it is recommended that all control and supervisions mechanisms are to be started, as planned within the project, upon due communication with the Cooperation Office of the Embassy and the DGCS, which ensure the compliance of procedures and, at the same time, also the full allocation of the budgeted resources and their efficient use.

To this purpose it is particularly suggested to include the adequate clauses in the inter-government agreements which allow to achieve the objectives of the agreement in compliance with the applicable procedures, and which also allow the easy adaptation in case of any problems which might likely occur in their implementation, thus avoiding a consequent re-negotiation of the agreement.

Recommendation 2	**Source**
It is advisable that the project coordination mechanisms facilitate the communication and decision-making flows among the various stakeholders involved, through the identification of adequate and realistic terms of reference, which ensure the achievement of the expected results in compliance with the applicable procedures.	E5 E6

It is believed that more clarity in the terms of reference of the various actors involved in the implementation of activity AID 9189 might contribute to the improvement of coordination mechanisms. Therefore it is recommended to:

- → avoid any possible conflict of interest in the bodies in charge of ensuring the coordination with the counterpart, and it is therefore recommended to consider the revision of the terms of reference of the managing bodies in charge in order to facilitate the communication and decision-making flows among the parties involved and ensure transparency.
- → consider the fundamental contribution of technical assistance to the initiative, either to facilitate the coordination of activities or to provide that high technical support planned in the project in favour of the counterpart. Therefore it is suggested to also consider the possible revision of the terms of reference of the project manager, to ensure s/he has enough and adequate time to carry out all appointed tasks, with particular reference to technical assistance.
- → where possible include, in the agreements with the counterpart, clauses to facilitate the collaboration and allow the adoption of corrective and mitigation measures and possible changes to the agreements in case of external occurrences which may prevent the implementation. Therefore it is recommended to consider proposing come corrective measures to the counterpart (and changes of the agreement clauses) also during the project implementation, to facilitate the respect of the signed agreements and the achievement of the objectives of the collaboration.

Recommendation 3	**Source**
It is advisable to consider the strong points as well as the points of attention of the projects highlighted by the current evaluation in the implementation of the plan to be carried out in the period left until the end of the project, both in order to maximize the Italian contribution to the *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde*, and to confirm the strategic contribution of the Italian Cooperation to the sector of health human resources in Mozambique.	E7 E8 E9 E10 E11 E12

The evidence collected during the evaluation allowed to confirm the various strong points of the initiative and to highlight some elements of attention, both with reference to the project system and to its capacity to contribute to the objectives of the *Plano Nacional de Desenvolvimento de Recursos Humanos da Saúde*, which is recommended to be taken into account in the implementation of the plan to carry out in the still usable period before the end of the initiative.

In particular it is advisable to take the following priority elements into account:

- → the changes occurred in the health human resources sector during the last years should be considered and shared with the MISAU Human Resources Directorate, in order to define, if necessary, a new order of priorities in the collaboration on the initiative framework. In the implementation of this exercise of plan 'revision', it is suggested to also consider the existence of the other initiatives in support to the sector and the possible synergies with any other donors involved.
- → the problem of the lack of human resources should be considered in a 'systemic' way and not focus only on the Sofala province and city of Maputo, in order to avoid further increasing the differences between the two areas of intervention and the other provinces of the Country, and instead to offer training opportunities also to people who live in more disadvantaged areas of the Country.
- → the choice to identify specific support figures to help the organizational development of the training institutes involved in the project should be taken into account, thus repeating at the ICS of Beira and at the Nhamatanda Training Center what was done in support to the Institute of Maputo.
- → Continuous training should regain the strategic focus it clearly had in the original project plan, both to contribute to the professional updated of the personnel, and to encourage the motivation of the operators working in the more remote districts.
- → the component of operational research should be recovered, it was planned in the project however it ended up being neglected. As proven by what was done during the project, the operational research plays an important role in the general strategic framework of the intervention and in providing a valuable contribution in the definition of operational guidelines in some work environments. The research fields discussed during the on-site mission of the evaluation team are considered valid; they were related to an in-depth focus on on-the-job training and on the possible innovative and comprehensive approaches able to decrease the health personnel turnover in the peripheral districts.

Although well aware that the support to health human resources has a medium-long term impact, it must be suggested a particular attention to the financial sustainability of the interventions proposed within the framework of initiative AID 9189. In fact if on one side it is clear that it is essential to include health operators in higher number and quality in the health system to improve the health status of the population of Mozambique, on the other the use of the PROSAUDE fund should be carefully considered to avoid that in time the non-permanent staff does not receive their wage anymore and that the health system suffers serious repercussions. Despite the choice to pay the health personnel is not the responsibility of initiative AID 9189, it is believed that the Italian Cooperation can play an important role in the definition of the priorities of shared interventions.

Finally it is hoped that imitative AID 9189 shall relaunch the collaboration with the MISAU Human Resources Directorate and shall renew its technical, as well as political, contribution to confirm the Italian role in the support of the health human resource sector in Mozambique.

5.4. Project AID 9231

Recommendation 1	Source
It is recommended to adequately divide the tasks and the related workloads among the personnel involved in the implementation of project activities, and to pay special attention to the administrative related tasks.	E4 E5 E6
Well aware of the limits caused by the availability of fund, when not by the guidelines of the financing bodies, it is recommended to ensure the adequate division of work load in appointing tasks to the personnel involved in the implementation of project activities, in order to ensure that all the tasks planned to achieve the project results are clearly appointed to figures who have time and skills to carry them out. It is hoped to avoid that the appointed personnel does not have enough time (or the necessary skills) to work, or that only an inadequate amount of time can be allocated to the achievement of the expected results. It is suggested to share with the counterpart the main communication and decision-making flows created within the project team, with particular reference to the responsibilities attributed to each role, and to integrate and maybe making them compatible with those of the counterpart, in order to avoid ambiguities and incoherence in the collaboration with the counterpart itself. Moreover it is advisable that the share of the tasks happens in compliance with the internal procedures, and that by referencing the appointed tasks there are clear roles and responsibilities for the people intervening in the decision-making mechanisms which ensure the management, monitoring and the evaluation of the project. Particular care should be placed on the appointment of administrative-related tasks, just considering that their accurate execution greatly contributed to the transparent management of the funds, to the compliance with the internal procedures and with the financing body procedures, and therefore to the accountability toward the various stakeholders involved, including the financing body.	

Recommendation 2	Source
It is advisable that the long experience of the managing NGO in the identification, description and internal evaluation of the benefits expected by the university training processes is used to give value to the project.	E8
It is deemed extremely important that the experience of the implementing NGO is adequately valorized in the project implementation, so to avoid that the inappropriate use of the knowledge (either as good practice or negative experiences) gathered due to the management of several other projects in support to the Mozambique health system in the last over twenty years, due to the long running collaboration with the University, as well as to the experiences in support to the Faculty of Medicine in other Countries and to the training of health personnel. The appropriateness of the training of the graduated medical doctors at the Catholic University of Mozambique should be clearly evident from the project documents, because examined in connection to the needs of the Country health system and of the experience in support to similar processes in other contexts, so as it should be clear to identify the benefits expected in relation to the priorities of the health system, as defined by the State bodies in charge.	

Recommendation 3	Source
With reference to the didactic method used, Problem Based Learning, it is recommended that when planning the teaching activities, the strong points and points of attention highlighted by the analysis should be taken into account.	E9

It is suggested to take into account the strong points and the potential critical ones highlighted by the analysis, in the definition of the contents of the various didactic activities and their relative planning, safeguarding the completeness and the coherence of the training curriculum.

Making reference to some critical points pointed out both by the managing staff and by the students, it is believed that it would be necessary to evaluate the opportunity to keep the PBL method as the only teaching method at the Faculty of Health Sciences, and in particular the cost/opportunity (and benefit) to convert to this method expatriate doctors who are not used to use this system. This evaluation should also take into account some organizational and strategic aspects of the University.

Recommendation 4	Source
With reference to the objective of facilitating access to study, especially for the students coming from central and northern regions of the Country, it is deemed necessary to review, within the Faculty, the modalities and the criteria according to which the scholarships and the loans are assigned.	E10

It is believed necessary to establish unified criteria for the allocation of scholarships, in line with the principles of mission and vision of the CUM, although aware of the diversity of strategies of the donors and of the need, for the CUM, to increase the number of donors as much as possible.

Within the Faculty several different criteria are used to allocate scholarships and subsidies, while it would be adequate to establish unified criteria to which the financing bodies/donors should comply, even in the field of projects similar to AID 9231.

Therefore it is advisable to revise the whole system for the allocation of subsidies, which should start from a clear and unified definition of the Faculty's strategic objective in the disbursement of funds. If this objective were to be, as it seems, the support of education in disadvantaged subjects coming from the Central and Northern regions, and their stay in those areas after the degree, the aim should be to have clear allocation criteria and post-degree monitoring system.

Finally it is deemed necessary to consider the allocation of scholarships (or subsidies of a different kind) also to the students of the preparatory year, and not only to those of the 1st to 6th year, since the access to the preparatory year could also be made impossible to (even deserving) students coming from non wealthy families and from disadvantaged geographical areas.

Recommendation 5	Source
In order to better value the collaboration established over time between the Opera San Francesco Saverio – Cuamm and the Catholic University of Mozambique, it is advisable not to limit the role of the personnel allocated to executive-type functions (even if related to the didactics), but to extend such role also to organizational and strategic areas, in compliance with the University governance mechanisms.	E6 E7 E13

It is suggested to appeal on the long running collaboration between the implementing NGO and the UCM and therefore on their mutual knowledge, to extend the support on which the partnership is based.

To give more value to the history of collaboration, it is suggested to consider not only aspects of organization and management of didactic activities, but also strategic areas which might have a big impact on the quality of the delivered services, such as the research for financing, the identification and creation of strategic collaborations with other bodies and the adequate internal organizational layout.

It is possible to think that an increased involvement on these aspects on behalf of the expatriate personnel might help (and might have helped) to find some adequate answers to some problems of strategic positioning of the University.

Recommendation 6	**Source**
In order to identify adequate solutions for the problems noticed within the Mozambican health system, also with reference to the lack of professional competences, it is suggested to organize a system for data collection which allows the monitoring of the variables of interest over time and to mainly take into account the tendencies ongoing in the Mozambican health context.	E11 E12

The identification of appropriate solutions (more strategic and less contingent) necessarily goes through a careful analysis of the ongoing trends of the Mozambican health system and the possibility to verify the project hypotheses ex-post. Under this aspect the total lack of data on the variables which would have allowed to assess the changes caused by the initiative (e.g. where and in which position the graduated doctors were employed, quality of the delivered teaching, performance indicators for the departments, adequacy of the doctors preparation compared to the health system needs etc) represents an undeniable limit to the project capacity to interpret and understand the changes and to elaborate appropriate solutions.

For example, the data related to the lack of qualified human resources in the Mozambican health system, especially in rural areas, and the huge attraction power of the capital must induce some reflections on the adequacy of the training program proposed by the University and the adequacy of the support to the doctors training, without identifying concrete incentives to their following placement on the base of the real need.

Recommendation 7	**Source**
If there is the will to continue with the strengthening of the organizational processes of a local organization also (in this case the Faculty of Health Sciences at the UCM), it is suggested to establish a partnership starting from a shared needs analysis and from sharing the objectives and appropriate strategies, and which should not only work on a didactic level.	E13

In order to produce a contribution for the improvement of the health system not only as a substitution, the support to the organizational processes must be considered as central to ensure that the real benefits are produced over time, even after the end of the specific financing.

Precisely considering the long collaboration between the implementing NGO and the UCM, it is recommended to clearly identify the partnership objectives, or the type of support provided to the institutions-counterpart, in order not to create false mutual expectations and to ensure accountability in the collaboration processes and sustainability of the benefits over time.

The structuring of such a virtuous process can contribute to better, and more adequately, answer to the project needs and to give concrete answers, and less extemporary, to the identified needs.

5.5. Operational Proposals for DGCS

Proposal 1

Development of a homogeneous system of "*minimum qualitative standards*" to apply to the projects financed by the Italian Ministry of Foreign Affairs.

In order to produce a substantial improvement in the quality of the interventions, it is suggested to consider starting an internal discussion on the experimental application of a standard design method, based on the so-called "theory of change".

Such method could be developed by establishing an *ad-hoc* working group in charge to define some basic guidelines on project writing (minimum standards) and to test these guidelines on some pilote initiatives. It is not suggested to develop new planning methods, but to identify uniform criteria able to simplify the practicality, the monitoring and the learning of best practices in the initiatives.

The proposed approach, which is within the logical framework approach, includes the following key principles:

→ The projects should meet some criteria of clarity (or reduction of complexity) in order to facilitate the feasibility study and to allow an actual evaluation of the achieved results (and the lessons learnt). In this sense it is proposed to design the interventions by identifying a single (or at least a main) project-system, in case keeping separate the experimental activities and/or additional activities not immediately connected to the specific objective.

→ The initiatives should define in a clear and shared way the theory of change proposed in collaboration with the main *stakeholders*. In substance, the project strategy should be structured in a way to describe the benefits which are gradually produced for all the beneficiary groups. This "theory" could be represented with a standard cognitive map (for example a tree chart) such as to define a precise connection between on one side the main activities, services and products delivered, expected intermediate changes in the identified direct beneficiary groups and on the other the expected change in the identified target group.

→ Every project should provide a clear analysis of the problems closely related to the proposed "theory of change", in order to clearly identify:

- the problem which the project means to solve, specifying the target group;
- the direct beneficiaries (those who will receive the services and products delivered by the project);
- the logical connection between the underlying causes of the problems, paying attention that this should be immediately connectable to the identified theory of change.

→ The logical framework should meet some pre-defined structural standards, e. g.:

- One specific objective related to a clearly defined target group, with a minimum number of indicators of outcome able to unequivocally specify which expected changes the project aims to achieve;
- From three to maximum five expected results. These should carefully specify which resources (skills, access to services, minimum conditions of operation, etc.) the direct beneficiaries will have at the end of the referenced activities.
- A not excessive number of indicators and which take into account the available resources. The indicators must however be in a number sufficient to ensure an adequate monitoring of the progress status not only by measuring the implemented activities but also the produced benefits (for example 5 indicators for result).
- A precise indication which defines how the indicators should exactly describe how much the project is committed to achieve in terms of "ownership" of services/ products (and not the simple proof of the actual delivery of these services/ products);

- From one to three activities for each result. Every activity should be described as a series of operational steps (placed in an operational timeline) necessary and sufficient to deliver the services/products.
- The definition of a *result-based-budget*, able to clarify the allocation of resources at least at "result" level in order to define the supplies, the service contracts, the work and personnel planned.

Once the writing guidelines are established, they could be further developed, studying some concrete cases to implement, in order to fine tune a possibly more complex system able to define, for the main sectors, some operational framework of "standard" reference.

For this subject there is a reference to the work developed in particular with the General Directorate of the European Union EUROPEAID and ECHO: for example the latter is introducing a pre-defined system for results and indicators with the objective to guarantee a minimum quality level of the project proposals and a comparison of the expected changes and achieved results in the different projects.

The development of this approach might generate the definition of a single compliance evaluation level within the DGCS (e.g. carried out by an internal unit of Office IV or office VII, depending on the financing method of the projects), such as to ensure that all financed initiative meet the minimum planning standards aside from the kind of financing method selected (direct management only, direct management with government components ex art. 15, etc.).

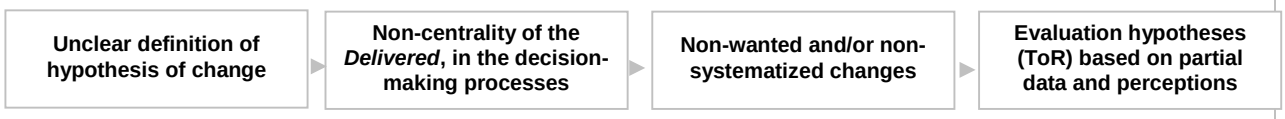
Proposal 2

Arrangement of an internal function (*helpdesk*) for the support of monitoring activities and for the systematization of the lessons learnt.

The definition of minimum writing standards (see previous proposal), based on a clear definition of the theory of change which the project wants to put into effect, has certainly also the objective to facilitate the work of the proposal writers in explaining in which way the project will achieve the expected results, how real the proposed hypotheses are and, finally, in which way the project task managers will be able to verify the project status.

With regards to this latter aspect, the DGCS is advised to introduce a specific and independent supplementary monitoring activity in some pilot initiatives, clearly identified in the operational plan and with a specific operational contact person, a specific allocation of resources and expected results.

This layout proposes to overcome the typical limits of complex interventions where the operational fragmentation makes it difficult to develop an out-and-out research within the project able to produce information to submit to the people hired to manage the initiative, and to draw consequences from the experience. The system to avoid is the following:



The definition of a clear framework (in brief: theory of change, objective and results supported by a few but well developed success indicators), according to this proposal, would be strengthened by an internal "research" work aimed to:

→ Ensure a careful examination and measurement of indicators, bringing a continuous development of the theory of change;

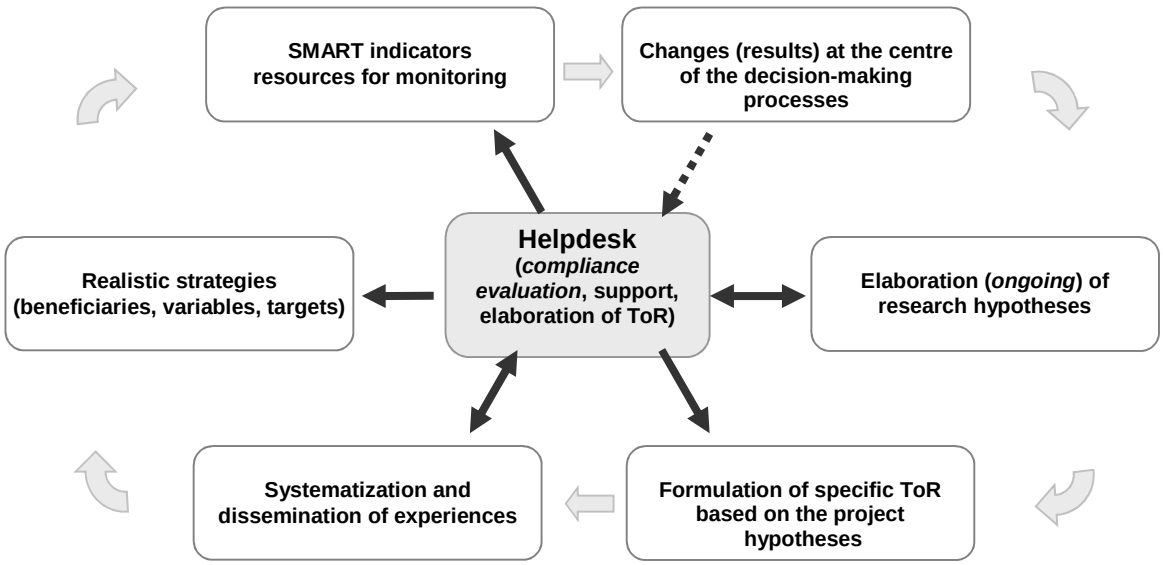
→ Ensure that on the decision-making tables there is the key information about the progress of the theory (indicators vs expected results) and that the task managers make their decisions always after having assessed the results of the monitoring activities;

→ Facilitate the progressive development of research hypothesis (evaluation hypotheses) within the interest of the project;

→ Guarantee a base of information and evaluation hypotheses "specific" to the project, such as to facilitate the definition of ToR for an evaluation. In this sense it is believed that a continuous reflection on the project might guarantee the development of more relevant ToR (with important questions in order to develop ideas), more efficient (more connected to the actual availability of information) and effective (that is able to guarantee more scientific cognitive results);

→ Contribute to the filing of information and project documents, essential in order to ensure accountability of the initiated processes.

Bringing the thinking process forward, it may be supposed that the same evaluation unit previously selected may initiate a helpdesk function (for the coordination and support) addressed to the project planning experts (in the feasibility stage) and to the technical figures working on monitoring activities (during the implementation) of the project. In this way the work may be arranged according to the following cycle:



Therefore the proposed result may guarantee an effective procedural system able not only to ensure the quality of writing of the proposals, but also to facilitate the stable development of skills, tools and methods available to the different professional figures hired: proposal writers, project managers and experts.

Finally it is believed that this method may ensure a strong document base for the definition of policies and for the strategic planning of DGCS.

Proposal 3

Arrangement of coordination and supervision tools for project management to ensure the efficient allocation of resources and the establishment of a document system able to facilitate knowledge management processes.

It is believed that the fragmentation caused by the different procedural systems used in the management of the same project components may be overcome by the definition and application of clear project coordination and supervision tools, where the tasks of each office are easily identified, as the related responsibilities, and the adoption of management tools which allow for a coordinated and efficient allocation of resources.

Reference here is to the project in '*direct management*', which can include components of government management ex art. 15 and usually include the payment of the experts' wages by specific allocations of the *Experts* Fund. The present proposal has the goal to reduce the risk that the management of the resources of the various components happens autonomously and not coordinated, at the expense of the efficient allocation of resources and achievement of the expected results, as there is the application of different

procedures and the tasks and responsibilities are appointed to different offices, not always connected by hierarchical relations.

In particular, it is advised to adopt, even on project management level, a tool that is parallel to that of *compliance evaluation* described in the previous section, which ensures the support required by the project management in a coherent and consistent way for the whole organisation, and which intervenes to harmonise the adopted procedures in order, where necessary, to ensure the achievement of the project objectives and the optimization of the related effects. This method in support to the management and supervision of the projects should consider the compliance with the management procedures not in itself, but functionally to the achievement of the project results.

It is not suggested to establish another unit, which will risk furthering complicating the DGCS complex structure. Rather it is proposed to explicit and formalize the support tasks, even the purely technical ones, for the offices which already have such roles, and above all to explicit, formalize and ensure the necessary coordination among offices so to avoid the risk that the precise compliance of procedures remains just that, and does not turn into an effective and efficient contribution toward the projects management and the implementation of the related benefits.

In order to facilitate the work of this “direction cabin” it is proposed to set up a suitable documentation system which defines the processes and their effective planning, clearly referencing to the ongoing procedures, and which thus favours *knowledge management* mechanism.

The documentary system used by the task managers and all the other figures participating in the management, supervision, coordination, monitoring and evaluation of the projects, should be defined so to ensure the production and dissemination of operational and management information, set up according to shared guidelines. It is believed that the following elements are essential in the establishment of a documentary system:

- → Develop a procedure and guarantee it is known, so the documents used are approved before their dissemination and distribution (in particular for the formats to use in the various managing phases), and so the documents are examined and updated (when and if necessary)
- → Define a procedure for which the documents (operational formats, reports and audits) in their final version are available in the shared spaces. In addition a filing system, though with limited access areas to respect the privacy of any sensitive data, should also be created to ensure the access to the documents:
  - o time-related, as the high turnover of personnel hired in the projects and in the DGCS structures dictates the shared availability of the main documents;
  - o space-related, as the availability of internet-based technology facilitates the access to information even from remote areas.
- → Establish an adequate filing system able to clearly separate documents from internal or external origin, so to avoid the involuntary use of non valid and/or old documents.

It is believed that a documentary system pre-established and maintained in compliance with such principles could contribute to the implementation of *knowledge management* strategies which, encouraging the sharing of knowledge at various organizational levels, aim to improve the performance and the continuous improvement of the organization in general, strengthening its credibility and reputation and encouraging virtuous mechanisms of external and internal communication.

Proposal 4

Redefinition of technical assistance objectives and of the methods of elaboration of the terms of reference of the experts appointed to the initiatives financed by the Ministry of Foreign Affairs.

Considering the centrality of the technical assistance in the interventions financed by the Ministry of Foreign Affairs and the substantial allocated funds, it is believed that the technical assistance should be considered mainly as a support in the implementation of highly strategic and technical activities, more than a simple assistance in the fund management or in the replacement of local competences.

The technical assistance should convey the high technical contribution of the experts, thus providing project implementation with highly skilled and acknowledged sectoral competencies, in order to support the achievement of those strategic and systemic results, to which the funded activities contribute. Such support should therefore be ensured by the implementation of the activity plan, and also by the consolidation of the counterpart's competences in the specific management areas and sectors, to facilitate autonomous processes of analysis, management and evaluation.

In order to better use the resources allocated to technical assistance and to achieve the project objectives, it is suggested to define the terms of reference of the experts to appoint to the cooperation initiatives already under implementation, keeping into account:

- → the priorities of intervention, which should be in line with the declared and agreed objectives and the appointed role;
- → the necessary time to carry out the appointed tasks, in order to ensure that there is enough time to carry them out efficiently and effectively. In addition it is deemed necessary to avoid that the terms of reference include an excessive load of tasks and/or an excessive diversification, to facilitate the allocation of human resources with sound skills and in line with the project objectives.

The definition of adequate terms of reference, the selection of adequate skills and the correct assignment of tasks within the project teams could contribute to the adequacy of the provided technical assistance.

In many cases the technical assistance is provided by experts coming from the Country beneficiary of the intervention and not only by Italian experts. The best skills and experiences should be allocated through transparent selection processes. In particular with regard to the technical assistance provided by local experts, it is suggested to activate mechanisms for the recruiting, selecting and retribution which respect the skills present on-site and the related professional growth. This is order to avoid the creation of parallel skills "markets" and to avoid further weakening the partner institutions skills.

During the project implementation phase it is advisable that the funds are managed by ensuring the accountability of the organizational structure in charge of the management, monitoring and evaluation of the financed initiatives, and therefore the related technical assistance. Thus the communication and responsibilities lines must be clear, so the roles appointed to the various strategic, operational and decision-making stages, regardless of the place (Italy or beneficiary Country). Finally on all the management line the roles of appointed responsibility must be clearly identified, so to make clear who is in charge of correction mechanisms, if necessary, or of incentive and reward mechanisms.

It is also advisable that such management transparency is ensured by clear and shared *check & balance* mechanisms. They should allow any necessary adjustment to a wrong method of operation, the valorization of efficiency methods and of any lessons learnt and, finally, the full and efficient allocation of resources (human and financial) in respect of the agreed objectives.

The check of the experts who carried out technical assistance tasks, both on behalf of the direct reference figures and of the counterpart within the limits of the agreed objectives, should be regular and constant and should encourage future assignments of tasks.

Finally the formal attribution of tasks to the experts is deemed a useful measure to ensure an adequate accountability of the communication and decision-making processes also with the counterpart/s, such as to contribute to the strengthening of the local skills.

6. Conclusions

Through the analysis of the initiatives the evaluation exercise certainly allowed to understand some common and cross-cutting issues which are deemed important regardless of the results achieved by the single interventions. Upon conclusion of the exercise, it is therefore deemed useful to propose some final remarks with the aim to facilitate the understanding of the general framework within which the activity of the Italian Cooperation fits in Mozambique.

Firstly it is important to point out that all initiatives, which amongst others had different management methods, (direct management, direct management with component ex art. 15 and '*promoted'* project), strengthened the solid reputation of the Italian Cooperation in the Country. In addition there is no doubt that they contributed to the definition and support of the health policies of the Mozambican Government, in particular in the human resources sector. As a consequence, it seems also likely that the Italian Cooperation provided a valid contribution to the improvement of the population health status, main reason for which the Italian intervention received, and keep receiving, a significant appreciation from all the stakeholders. As overall result of these experiences it must also be remembered that all the initiatives under evaluation managed also to extend, directly or indirectly, the collaboration network of the Italian Cooperation to a significant amount of subjects, which includes Mozambican actors, foreign donors, government institutions and non-governmental organizations. This approach managed to establish some interesting composed partnerships which further consolidated over time.

As described in chapter four, where the results of the implemented analysis were summarized, the implementation of activities was however associated with some critical elements. During the final preparation phase it is believed that especially in the cases clearly identified and described in the present document, these critical points constituted some actual weaknesses to attribute to the overall work of the Italian Cooperation. Such limits should hopefully be overcome in future planning.

With reference to the strategic framework, it must be observed that the four initiatives often looked generic, without a clear strategic framework of reference and therefore not very applicable in actually monitorable and evaluable working plans. In particular this observation can be clearly seen in the evaluation of direct management projects and government component (ex. art 15) managed projects. These limits were already clearly evident in the project writing phase, where expected objectives and results were identified in an excessively generic and undetermined way. Even in the following phases, on the whole there was no real effort to elaborate effective performance indicators and there was no allocation of resources toward the initiation of effective monitoring mechanisms.

This framework caused a substantial lack of a consolidated internal audit system, a problem which, in addition, should be considered in connection with another problematic issue of the interventions: the high turnover of the allocated human resources (experts and local experts). It is believed that the combination of these two factors heavily limited the valorization of the gained experiences. Although it is reasonable to suppose that the implemented activities produced important changes, it is not easy to prove the actual effectiveness of the adopted methods and the overall relevance of them in the Country. This is not a merely operational limit or somewhat exclusively connected to the single project life. It is rather believed that the impossibility to analyze the actual changes, and more in general the lack of a periodic analysis activity aimed to understand the impact of the interventions in the context of reference, risk to prevent the understanding of the ongoing trend in the Mozambican health system and the consequent identification of more adequate solutions.

Even the management procedures, in particular the direct management projects and the ones with component ex art.15, did not facilitate an efficient project management. Against the application of procedures substantially in compliance with the rules, it was in fact evident that these procedures caused significant delays in the implementation of activities and, consequently, negatively affected the implementation of the expected changes. The correct application of the procedures could not even avoid the poor accountability found in the communication and decision-making flows, either within the projects or the ones with the main stakeholders. It is not excessive to state that this poor transparency might have constituted a further limit to the correct interpretation of needs and, more in general, it can be considered an obstacle to the correct definition of the project objectives and not very functional for the establishment of virtuous partnership relationships.

In substance these factors not only prevent an adequate valorization of the experiences carried out (good and bad practice), but also risk to impoverish the planning capacity of future interventions. Therefore to recap it is supposed that the shortcomings observed in the identification and management phases could make less efficient the definition of a future strategic framework for interventions financed by DGCS. This limit might favour the fragmentation of the Italian interventions and the consequent inefficient allocation of resources, thus further reducing the actual possibility to measure the actual impact that the Italian Cooperation had on the health sector.

In conclusion the strong points, the limits and the risks emerged during the analysis of the four initiatives suggest an interesting debate and analysis area, aimed at the future of the Italian Cooperation in Mozambique. In particular this comes out from the various opportunities that the projects under examination pointed out, which if collected could facilitate a more efficient and effective planning thus at the same time ensuring a strengthening of the reputation and the credibility of the Italian Cooperation itself. This can be stated also taking into account the long and consolidated experience of the Italian Cooperation in Mozambique. In fact there is no doubt that in the health sector the specific knowledge of the main stakeholders and the technical skills of the DGCS constitute an essential base to guarantee a decisive support in the implementation of concrete and effective interventions.

The presence of actors from different cooperations in Mozambique (NGOs, other organizations of the Italian civil society, businesses, etc.) could also facilitate the experimentation of new partnerships for the development of the Country. In particular this seems possible in particular in the health sector, where the development of new ways of collaboration might be a support to the achievement of priority sector objectives in Mozambique. For example it is believed that the sharing of strategic objectives (in particular with the NGO beneficiaries of the '*promoted'* projects), and the identification of common positions (with other donor Countries, for the implementation of projects in direct management and component ex art. 15) are an opportunity to work toward the strengthening of the bilateral and multilateral collaborations.

In any case it is believed that at the base of any future development of the cooperation activities, some clear terms of reference for the different strategic and operational levels should be established, able to shape, in cascade, realistic objectives and efficient implementation methods. This passage, especially if applied to all the initiatives of the Italian Cooperation, might contribute to ensure that level of accountability, that coordination and that efficient allocation of resources that a strategic program must have ensured in order to build an effective and measurable development policy.

Annexes

ALLEGATO N. 1

Cooperazione Italiana allo Sviluppo
Ministero Affari Esteri

MINISTERO DEGLI AFFARI ESTERI

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

Ufficio IX

Sezione Valutazione

TERMINI di RIFERIMENTO PER LA VALUTAZIONE DELLE INIZIATIVE NEL SETTORE SANITARIO IN MOZAMBICO

"Sviluppo dei sistemi sanitari locali - Iniziativa di appoggio al Piano di Formazione accelerata di tecnici sanitari 2006 -2009 nella provincia di Sofala" - AID N. 8835

"Partecipazione italiana al finanziamento e alla gestione del programma settoriale del Governo Mozambicano per il settore sanitario" - AID N. 9147

"Sostegno allo sviluppo delle risorse umane nel settore sanitario" - AID N. 9189

ONG CUAMM/MEDICI CON L'AFRICA: "Formazione di medici in Mozambico – Programma di supporto alla Facoltà di Medicina dell' Università Cattolica del Mozambico" – AID N. 9231

MINISTERO DEGLI AFFARI ESTERI

DIREZIONE GENERALE PER LA COOPERAZIONE ALLO SVILUPPO

TITOLO DEL PROGETTO:
"Sviluppo dei sistemi sanitari locali – Iniziativa di appoggio al piano di formazione accelerata dei tecnici sanitari 2006 – 2009 nella provincia di Sofala" AID N. 8835

LUOGO DEL PROGETTO:	Mozambico (Sofala)
LINGUA DEL PROGETTO:	Italiano, Portoghese e Inglese
ORGANISMO ESECUTORE:	Direzione Generale per la Cooperazione allo Sviluppo Gestione Diretta
DURATA:	*20 mesi*
BUDGET:	EURO 976.000,00
A CARICO DEL DGCS:	EURO 976.000,00 (Art. 15 L. 49/87)

TITOLO DEL PROGETTO:
"Partecipazione italiana al finanziamento e alla gestione del programma settoriale del Governo Mozambicano per il settore sanitario" - AID N. 9147

LUOGO DEL PROGETTO:	Mozambico (Sofala e Maputo)
LINGUA DEL PROGETTO:	Italiano, Portoghese e Inglese
ORGANISMO ESECUTORE:	Direzione Generale Cooperazione allo Sviluppo - Gestione Diretta
DURATA:	*36 mesi*
BUDGET:	EURO 4.618.000,00
A CARICO DEL DGCS:	EURO 2.500.000,00 (Art. 15 L. 49/87) EURO 2.118.000,00 (Gestione diretta)

TITOLO DEL PROGETTO:
"Sostegno allo sviluppo delle risorse umane del settore sanitario" – AID N. 9189

LUOGO DEL PROGETTO:	Mozambico
LINGUA DEL PROGETTO:	Italiano, Portoghese e Inglese
ORGANISMO ESECUTORE:	DGCS – Ministero della Sanità del Mozambico
DURATA:	*36 mesi*
BUDGET:	EURO 7.499.350,00 (art. 15 Legge n. 49/87)

TITOLO DEL PROGETTO:
"Formazione di medici in Mozambico – Programma di supporto alla Facoltà di Medicina della Università Cattolica del Mozambico" AID N. 9231

LUOGO DEL PROGETTO:	Mozambico (Provincia di Sofala)
LINGUA DEL PROGETTO:	Italiano, Portoghese e Inglese
ORGANISMO ESECUTORE:	Medici con l'Africa /CUAMM
DURATA:	*36 mesi*
BUDGET:	EURO 1.701.183,00
A CARICO DGCS:	EURO 839.030,00
APPORTO ONG-MONETARIO:	EURO 429.253,00
APPORTO ONG-VALORIZZATO:	EURO 54.000,00
APPORTO CONTROPARTE:	EURO 266.400,00
APPORTO ALTRI:	EURO 112.500,00

Premessa

La salute pubblica è considerata uno dei fattori determinanti la crescita economica e lo sviluppo di un paese. Tre dei "*Millennium Development Goals*" sono specifici del settore sanitario: 4. ridurre la mortalità infantile, 5. migliorare la salute materna, 6. combattere l'AIDS, la malaria e le altre malattie. L'Accordo di Cotonou (2000) ha accentuato l'importanza prioritaria degli investimenti nel settore sanitario quale strategia finalizzata all'eliminazione della povertà.
Altri accordi internazionali che sottolineano l'importanza degli interventi nel settore sanitario sono:

- La Dichiarazione di Parigi;
- Le determinazioni (Monterrey Consensus) della "Conferenza internazionale sul Finanziamento allo Sviluppo" (2002);
- Il Consiglio Economico e Sociale sulla Salute Pubblica Mondiale;
- Le risoluzioni dell'Assemblea Mondiale della Salute: in particolare sugli Obiettivi del Millennio e sulle Cure Sanitarie Primarie/Rafforzamento del Sistema Sanitario;
- Il Partenariato Internazionale sulla Salute.

La Dichiarazione di Parigi sull'Efficacia degli Aiuti allo Sviluppo (2005) ha stabilito i cinque principi chiave sui quali fondare l'aiuto allo sviluppo:

- *Ownership*, secondo cui spetta ai parlamenti e agli elettori dei paesi beneficiari degli aiuti decidere le proprie strategie di sviluppo nazionali;
- *Alignment*, i donatori offrono il loro supporto allo sviluppo delle strategie nazionali;
- *Harmonisation*, le azioni dei donatori devono essere coordinate e armonizzate per ottimizzare gli sforzi all'interno del paese;
- *Results*, le strategie di sviluppo devono essere indirizzate e finalizzate al raggiungimento di obiettivi chiari compiendo progressi costantemente monitorati;
- *Mutual accountability*, sia i donatori che i beneficiari saranno giudicati corresponsabili nel raggiungimento o meno degli obiettivi.

Al fine di rafforzare la Dichiarazione di Parigi, nel 2008, è stata redatta l'Accra Agenda for Action (AAA). Quest' ultima, oltre a riepilogare i progressi compiuti in materia di cooperazione allo sviluppo, propone tre aree di miglioramento:

- *Ownership*: i paesi beneficiari hanno più voce in capitolo sui propri processi di sviluppo, soprattutto attraverso una partecipazione più ampia alla formulazione delle politiche, una leadership più forte sul coordinamento degli aiuti e la preferenza nel ricorso ai sistemi nazionali per la distribuzione degli aiuti;
- Partenariati inclusivi: tutti i partner, tra cui i donatori del Comitato per l'aiuto allo sviluppo dell'OCSE e dei Paesi in via di Sviluppo, così come gli altri donatori, fondazioni e società civile, partecipano a pieno titolo al processo di sviluppo;
- Realizzazione dei risultati: l'aiuto allo sviluppo è concentrato sull'impatto reale e misurabile.

E' d'obbligo menzionare, oltre i due documenti sopracitati, il Partenariato di Busan per l'Efficienza della Cooperazione allo Sviluppo, documento finale del IV Forum ad Alto Livello sull'efficacia degli aiuti (Corea, 29 novembre – 1 dicembre 2011). Esso stabilisce i principi, gli impegni e le azioni che offrono la base per una cooperazione efficace a sostegno dello sviluppo internazionale.

1. Obiettivi del progetto

1.1. "Sviluppo dei sistemi sanitari locali – Iniziativa di appoggio al Piano di **Formazione** accelerata dei tecnici sanitari 2006 – 2009 nella provincia di Sofala"

Il progetto è stato finanziato dalla DGCS con la partecipazione operativa della Direzione Provinciale della Sanità (DPS) della Provincia di Sofala.

Gli obiettivi generali del progetto sono: a) migliorare le condizioni di salute della popolazione Mozambicana, b) garantire a tutta la popolazione un'adeguata assistenza sanitaria di base coerentemente con il Piano Strategico di Sviluppo Sanitario Provinciale 2006-2010, c) assicurare l'equa accessibilità ai servizi sanitari essenziali di "qualità" compatibilmente con le risorse disponibili.

L'obiettivo specifico del progetto è rafforzare le capacità tecniche e finanziarie della DPS e degli Istituti di Formazione provinciali per realizzare un programma di formazione continua "on the job" e la formazione di tecnici di salute di livello basico, medio e medio-superiore negli Istituti di Formazione delle aree selezionate, attraverso azioni integrate tendenti a raggiungere:

- potenziamento e miglioramento dei servizi sanitari provinciali, attraverso la realizzazione di nuove costruzioni e di US rifunzionalizzate;
- reclutamento di docenti e supervisori di diverse aree tecniche delle Istituzioni preposte alla formazione di tecnici sanitari rafforzati per quantità e qualità attraverso l'attivazione di corsi di preparazione e formazione;
- miglioramento delle condizioni logistiche delle Istituzioni preposte alla realizzazione dei corsi di formazione iniziale e potenziamento delle infrastrutture, degli equipaggiamenti e dei materiali didattici, realizzando alloggi per i tirocinanti, equipaggiando tali strutture di arredi, macchinari e strumenti chirurgici, fornendo, inoltre, testi scientifici;
- potenziamento delle capacità di pianificazione e gestione delle risorse umane, dei programmi di formazione degli Istituti preposti delle DDS e della DPS, e relative istruzioni per i tecnici chirurgici in merito al trattamento delle fistole vescico – vaginali;
- miglioramento dei servizi chirurgici e delle attività formative dell'HCB e degli HR di Nhamatanda attraverso la fornitura di strumenti chirurgici, attrezzature e materiali d'uso medicali, oltre che di tecnici abilitati al trattamento di fistole vescico – vaginali;
- erogazione di risorse finanziarie necessarie alla realizzazione dei corsi di formazione per tecnici della salute.

I beneficiari diretti sono le popolazioni che vivono nei tredici Distretti della Provincia (1.652.131. persone), tra cui i 120 allievi dei quattro corsi di formazione, i docenti, i supervisori e le 7000 donne portatrici di fistole vaginali. Il progetto è stato avviato nel maggio 2008.

1.2. "Partecipazione italiana al finanziamento e alla gestione del programma settoriale del Governo Mozambicano per il settore sanitario"

Il progetto è stato finanziato dalla DGCS con la partecipazione operativa del Ministero della Sanità del Mozambico. Tale iniziativa rientra tra gli impegni italiani relativi al settore socio-sanitario previsti nel Programma Paese e si propone di finanziare la realizzazione del Piano Sanitario Nazionale, mediante contributi annuali al Fondo PROSAUDE II amministrato dal Ministero della Salute, nel quale confluiscono i contributi a bilancio dei donatori co-firmatari di un comune dell'Accordo di programma di sviluppo e sostegno sanitario.

Gli obiettivi generali del progetto sono: a) contribuire alla promozione della salute della popolazione mozambicana, b) migliorare la qualità dei servizi sanitari, c) rendere i servizi sanitari del paese progressivamente accessibili a tutta la popolazione sulla base di criteri di equità e giustizia. L'obiettivo specifico del progetto è contribuire finanziariamente e tecnicamente allo sviluppo del sistema sanitario del Mozambico, con particolare riferimento al processo di decentramento, e all'uso coordinato, efficiente, efficace delle risorse tecniche e finanziarie a tal fine destinate. La realizzazione di ciò dovrebbe avvenire attraverso azioni integrate tendenti a raggiungere:

- il trasferimento di risorse finanziarie al Fondo comune PROSAUDE II in tre rate annuali secondo i tempi stabiliti dal Fondo comune;
- l'istituzione di un coordinamento unico delle iniziative italiane di cooperazione destinate alla promozione della salute e dello sviluppo delle istituzioni competenti, e alla partecipazione attiva della cooperazione italiana agli organi congiunti di indirizzo e dialogo tecnico del settore sanitario mozambicano;
- supporto istituzionale al MISAU - livello centrale, nell'attività di pianificazione e gestione del decentramento, oltre all'attività di supporto istituzionale ai sistemi sanitari locali, provinciali e distrettuali, di Maputo e Sofala.

Il progetto è stato attivato il 17/12/2008.

1.3. Obiettivi del progetto: "Formazione di medici in Mozambico – Programma di supporto alla Facoltà di Medicina dell' Università Cattolica del Mozambico"

L'iniziativa è stata finanziata dalla DGCS tramite un cofinanziamento di Euro 839.030,00, così come proposto dalla ONG Fondazione di Religione "Opera San Francesco Saverio" – CUAMM.

Il progetto si inquadra nell'ambito dei *Millenium Development Goals* (G4 – Ridurre la mortalità infantile, T1 – ridurre di due terzi, tra il 1990 e il 2015, il tasso di mortalità infantile sotto i 5 anni), esso, infatti, si prefigge di coadiuvare il Governo del Paese nella realizzazione del "Piano di Azione per la Riduzione della Povertà Assoluta". Il punto di forza del progetto si estrinseca nel rafforzamento del processo di decentralizzazione della formazione a livello universitario in Mozambico, in quanto, quest'ultimo, risulta essere un paese caratterizzato da una marcata disparità tra le regioni del sud e quelle del centro-nord per ciò che attiene l'accessibilità agli studi universitari.

Le attività previste dal progetto si prefiggono di garantire il funzionamento di almeno due Dipartimenti nell'ambito della Facoltà di Medicina dell' Università Cattolica del Mozambico attraverso la fornitura di apparecchiature e di materiali didattici, nonché la garanzia di personale esperto con funzioni di docenza. L'iniziativa mira anche a garantire forme di supporto al diritto allo studio per gli studenti meritevoli e con difficili condizioni economiche.

I risultati attesi del progetto si articolano in:

- la realizzazione e il funzionamento del Dipartimento di Anatomia e Chirurgia e del Dipartimento di Medicina Interna;
- la qualità dell'insegnamento per le discipline di Anatomia, di Chirurgia e di Medicina Interna;
- una maggior accessibilità a studenti provenienti dalle aree della regione Nord del paese.

L'Accordo di collaborazione tra la Facoltà di Medicina dell' Università Cattolica del Mozambico e Medici con l'Africa – CUAMM, riguardante il presente progetto, è stato firmato il 16 maggio 2008, anche alla luce del Protocollo di Intesa tra la Regione del Veneto e la Provincia di Sofala in vigore dal 20 settembre 2005.

Il Progetto è stato avviato il 1 dicembre 2009.

1.4. Obiettivi del progetto: " Sostegno allo sviluppo delle Risorse Umane del Settore Sanitario"

L'iniziativa è stata finanziata dalla DGCS tramite un contributo slegato per il 92%, la percentuale rimanente è rappresentata dalla spesa per gli esperti.

Il progetto è finalizzato a sostenere l'incremento del volume e della qualità dei servizi sanitari a livello nazionale, con un focus particolare alle Province di Sofala e Maputo, attraverso la formazione/qualità delle risorse umane per il settore sanitario (RUS) e la gestione delle stesse.

L'iniziativa trova fondamento nell'Aide Memoire firmato tra il Governo del Mozambico ed il Governo Italiano nel dicembre 2000. Esso riflette la strategia di medio termine (programma quinquennale 2000-2005) e la Poverty Reduction Strategy Paper del Governo mozambicano.

L'obiettivo specifico, invece, riguarda l'incremento quantitativo e qualitativo delle risorse umane e la loro razionale ed equa distribuzione e ritenzione nel sistema sanitario; la realizzazione di tale finalità è attesa attraverso una serie di misure volte a raggiungere:

- L'incremento della disponibilità a medio termine di quadri tecnici superiori, medi, specializzati e di base formati attraverso la partecipazione a corsi di aggiornamento certificati da istituzioni pubbliche:
    - N° 600 tecnici per il potenziamento dei Nuclei distrettuali FC nella Provincia di Sofala,
    - N° 120 gestori in materia di gestione decentrata di RUS,
    - docenti e tutori di tirocinio per quanto concerne le metodologie di insegnamento pratico e teorico;
- Il miglioramento delle capacità gestionali della Direzione Provinciale di Sanità, al fine di rispondere in modo appropriato alla domanda di salute della popolazione, incidendo favorevolmente sugli indici di morbi-mortalità nelle aree di intervento, attraverso l'elaborazione di piani distrettuali, la formazione del personale sanitario e non, il coordinamento delle Direzioni nazionali del MISAU, l'elaborazione di un Sistema Informativo Sanitario in grado di fornire informazioni affidabili in merito ai bisogni e alle risorse e, quindi alla relativa programmazione, gestione e valutazione dei servizi sanitari.

L'iniziativa è stata avviata nel 2009.

2. Utilità della valutazione

L'utilità della valutazione dei progetti relativi al settore sanitario in Mozambico è di accertare la misura in cui l'assistenza della Cooperazione Italiana sia stata rilevante, effettiva, efficace e sostenibile nel raggiungimento degli impatti previsti per il settore sanitario in generale.

Inoltre, la valutazione dovrà accertare il coordinamento e la complementarietà tra la Cooperazione Italiana e gli attori coinvolti, la coerenza tra le politiche della DGCS e le priorità del Governo del Mozambico, nonché tra le attività promosse e i propositi internazionali nel settore sanitario.

La valutazione dovrà pervenire ad un giudizio generale sul grado in cui le strategie e i programmi settoriali della Cooperazione Italiana abbiano contribuito al raggiungimento degli obiettivi e dell'impatto previsto con l'ausilio di domande che dovranno essere concordate (vedi Allegato A).

Le conclusioni della valutazione saranno basate su risultati oggettivi, credibili, affidabili e validi e dovranno fornire alla Cooperazione Italiana raccomandazioni utili e operative. La valutazione sarà usata come una *baseline* per i futuri progetti di Cooperazione nel settore sanitario e dovrà rendere condivisibili le esperienze acquisite al fine di poter indirizzare i futuri finanziamenti nel settore sanitario in Mozambico.

A questo scopo, la valutazione dovrà analizzare come, per i progetti considerati, il supporto al settore sanitario mozambicano da parte della Cooperazione Italiana ha influito:

- sulle previsioni e l'implementazione delle politiche, delle strategie e dei programmi nazionali atte al raggiungimento dei MDGs e ad altre priorità sanitarie;
- sul rafforzamento del sistema sanitario in maniera ampia per assicurare che le varie componenti (personale sanitario, accesso ai farmaci, infrastrutture, logistica, management decentralizzato e stewardship) siano sufficienti ad assicurare cure sanitarie di base eque e di qualità senza alcuna discriminazione;
- sull'efficacia degli aiuti in termini di prevedibilità, di implementazione delle strategie sanitarie nazionali, delle modalità di *procurement* del paese, del sistema di management finanziario pubblico, di equo finanziamento e di dialogo politico.

La valutazione dovrà essere lungimirante, tenendo anche conto delle più recenti decisioni politiche e di programmazione, fornendo lezioni e raccomandazioni finalizzate alla continuità degli aiuti al settore sanitario nel contesto attuale e degli obblighi politici più rilevanti (ad esempio l'European Consensus e la Dichiarazione di Parigi).

3. Scopo della valutazione

La valutazione dovrà:

- esprimere un giudizio sulla rilevanza degli obiettivi e sul loro grado di raggiungimento;
- esprimere un giudizio su efficienza ed efficacia;
- esaminare i Progetti nella loro completezza, per identificare le buone pratiche e le lezioni apprese, in modo da usarle come base conoscitiva per sviluppare i futuri pacchetti d'assistenza tecnica nel territorio;
- analizzare le strategie e le modalità d'implementazione, come fornire raccomandazioni da integrare nel programma di rafforzamento del sistema sanitario;
- tenere in considerazione i fattori di sostenibilità e l'impatto che l'implementazione di tali programmi avrà sulle condizioni sanitarie del Mozambico;
- stimare il risultato del supporto tecnico, logistico e di formazione sanitaria.

Infine, la valutazione terrà in considerazione:

1. l'efficacia degli interventi tesi al rafforzamento delle possibilità di accesso all'assistenza sanitaria e al relativo incremento qualitativo e quantitativo dei servizi erogati alla popolazione;

2. i risvolti positivi che la realizzazione ha apportato;
3. l' analisi delle capacità gestionali degli enti coinvolti nel programma.

4. Quadro analitico suggerito

Il *team* di valutazione può includere altri aspetti consoni allo scopo della valutazione.
I criteri di valutazione si basano sui seguenti aspetti:

- **Rilevanza**: Il team di valutazione dovrà verificare il grado in cui i Progetti tengono conto del contesto e dei problemi amministrativi del Paese. La valutazione riesaminerà la misura con la quale gli obiettivi dei Progetti sono coerenti con i requisiti e le esigenze dei beneficiari, anche alla luce delle linee politiche sanitarie nazionali. La valutazione stimerà se l'approccio è strategico e in che misura la controparte locale ha usato le risorse per l'attuazione dei programmi. Nel valutare la rilevanza dell'iniziativa bisognerà tenere conto: a) in che misura gli obiettivi delle iniziative sono validi, b) in che misura gli obiettivi dell'iniziativa sono coerenti, c) percezione dell'utilità delle iniziative da parte del destinatario.
- **Validità del *design* del progetto:** La valutazione riesaminerà la misura con la quale il *design* dei programmi è stato logico e coerente.
- **Efficienza:** Analisi dell'ottimizzazione nell'utilizzo delle risorse per conseguire i risultati attesi dei Progetti. Nel valutare l'efficienza sarà utile considerare: 1) se i risultati sono stati raggiunti con i costi previsti, 2) se i risultati sono stati raggiunti nel rispetto dei tempi previsti, 3) se l'alternativa utilizzata era la più efficiente (minori costi o minori tempi) rispetto alle altre. La valutazione indicherà come le risorse e gli *inputs* sono stati convertiti in risultati.
- **Efficacia:** La valutazione misurerà il grado e l'entità di raggiungimento degli obiettivi del programma. Nel valutare l'efficacia del progetto sarà utile: a) considerare se gli obiettivi, generale e specifico dei progetti, sono stati chiaramente identificati e quantificati, b) verificare se le caratteristiche progettuali dei progetti sono coerenti con gli obiettivi generali e gli obiettivi specifici, c) verificare in che misura gli obiettivi generali sono stati raggiunti, d) analizzare i principali fattori che hanno influenzato il raggiungimento degli obiettivi.
- **Sostenibilità:** Si valuterà la capacità dei Progetti di produrre e riprodurre benefici nel tempo. Nel valutare la sostenibilità dei progetti sarà utile: a) considerare in che misura i benefici dei Progetti continueranno anche dopo che è cessato l'aiuto della DGCS, b) verificare i principali fattori che influenzeranno il raggiungimento o il non raggiungimento della sostenibilità dei progetti.

5. Outputs

Gli *outputs* dell'esercizio saranno:

- Un rapporto finale in inglese ed italiano con i risultati e le raccomandazioni per indirizzare i citati criteri chiave di valutazione, su supporto informatico, in formato Word e Pdf.
- Quattro pagine di sintesi del Rapporto di Valutazione dei Progetti in inglese e in italiano.

6. Metodologia

***Data Collection*:**

Il team di valutazione userà un metodo di approccio multiplo che includerà la revisione della documentazione, l' analisi dei dati derivanti dalle attività di monitoraggio, le interviste individuali, i focus groups e la visita delle zone interessate dai progetti.

Il metodo finale selezionato dal team di valutazione dovrà tenere conto degli obiettivi della valutazione e delle domande di valutazione che il team di valutazione formulerà attenendosi all'Allegato A.

A questo scopo, la proposta tecnica dovrà:

a. Identificare la metodologia;
b. Stabilire il livello di partecipazione degli stakeholders alla valutazione.

Validation:

Il team di valutazione userà diversi metodi (inclusa la triangolazione) al fine di assicurare che i dati rilevati siano validi.

Coinvolgimento degli stakeholders:

Sarà usato un approccio inclusivo coinvolgendo un ampio numero di stakeholders e di partners.

Dovranno essere coinvolti rappresentanti di istituzioni sanitarie, sociali, governative, di organizzazioni della società civile, del settore privato e, più importanti, i beneficiari del progetto di seguito elencati:

a) Per il Progetto: "Sviluppo dei sistemi sanitari locali – Iniziativa di appoggio al Piano di Formazione Accelerata dei tecnici sanitari 2006- 2009 nella provincia di Sofala"
   - Ministero della Salute del Mozambico (MISAU)
   - Direzione Provinciale della Salute di Sofala
   - Centro di Formazione di Nhamatanda (CFN)
   - Istituto di Scienze Sanitarie di Beira (ICSB)
   - Ospedale Centrale di Beira (HCB)
   - Ospedale Rurale di Nhamatanda
   - Distretti di Caia, Nhamatanda, Buzi e Machanga
b) Per il Progetto: "Partecipazione italiana al finanziamento e alla gestione del programma settoriale del Governo Mozambicano per il settore sanitario"
   - Ministero della Salute del Mozambico (MISAU)
   - Ministero delle Finanze del Mozambico
   - Direzione Provinciale della Salute di Sofala
   - Direzione Regionale della Salute di Maputo
   - Il Comitato di Coordinamento Settoriale (CCS)
   - Il Comitato di Coordinamento Congiunto (CCC) e il CCC allargato
   - I Gruppi di lavoro dello SWAp
c) Per il Progetto: "Formazione di medici in Mozambico – Programma di supporto alla Facoltà di Medicina dell' Università Cattolica del Mozambico"
   - Il Ministero della Salute del Mozambico (MISAU)
   - Il Ministero dell'Educazione e della Cultura del Mozambico

- La Provincia di Sofala
- La Regione Veneto
- L'Università Cattolica del Mozambico – Facoltà di Medicina
- L'Ospedale Centrale di Beira
- L'ONG Medici con l'Africa – CUAMM
- La Fondazione Cassa di Risparmio di Padova e Rovigo
- Gli studenti beneficiari del progetto, in particolare i vincitori delle borse di studio

d) Per il Progetto: "Sostegno allo Sviluppo delle Risorse Umane del Settore Sanitario"

- Il Ministero della Salute del Mozambico (MISAU)
- La Direzione Provinciale di Sanità
- Le Direzioni Distrettuali sanitarie
- Il Dipartimento di Statistica ed Epidemiologia
- Il Dipartimento di Manutenzione
- Il personale formato SPM e non
- Gli Istituti di Formazione coinvolti
- Le Unità Sanitarie sedi di Stage
- Il Dipartimento delle Risorse Umane (RUS)
- Il personale e gli utenti coinvolti nel programma di Sviluppo Sanitario
- Gli addetti dei settori interessati

7. Piano di lavoro

1. Desk Analysis	Revisione della documentazione relativa ai progetti
2. Field visit	Il team di valutazione visita i luoghi dei progetti, intervista le parti interessate, i beneficiari e raccoglie informazioni supplementari.
3.Rapporto di valutazione	Bozza del rapporto di valutazione
4.Commenti delle parti interessate e feedback	La bozza della relazione circola tra le parti interessate per commenti e feedback. Queste vengono consolidate ed inviate al *team* di valutazione.
5. Workshop	Workshop sulla presentazione della bozza del rapporto di valutazione con relativo coinvolgimento delle parti interessate
6. Relazione finale	Il team di valutazione mette a punto la relazione finale incorporando i commenti.

La bozza del rapporto di valutazione (precedente punto 3) e la relazione finale (precedente punto 6) sono sottoposti a controllo qualità e ad approvazione finale da parte della DGCS, richiedendo ove necessario opportuni miglioramenti.

Profilo del Team di Valutazione

La valutazione dovrà essere svolta da un team di valutatori con avanzata conoscenza in cooperazione allo sviluppo e nella gestione di progetti di cooperazione con particolare esperienza nel settore sanitario. E' richiesta una buona esperienza nella conduzione di valutazioni per Organismi Internazionali. E' richiesto inoltre:

- Laurea magistrale;
- Esperienza in interviste, ricerche documentate, redazione e scrittura di relazioni;
- Eccellenti capacità analitiche e di sintesi;
- Eccellenti capacità comunicative e di scrittura;
- Eccellente padronanza della lingua Inglese;
- Buona conoscenza della lingua portoghese;
- Esperienza nella gestione e/o valutazione di progetti nel settore sanitario.

FORMATO SUGGERITO PER IL RAPPORTO DI VALUTAZIONE

Copertina	Il file relativo alla prima pagina sarà fornito dall'Ufficio IX della DGCS.
1. Sintesi	Quadro generale che mette in rilievo i punti di forza e di debolezza dei progetti**.** Max 4 pagine, focalizzandosi sulle lezioni apprese e raccomandazioni.
2. Contesto del progetto	- Situazione paesi - Breve descrizione delle necessità che i progetti hanno inteso soddisfare - Analisi del quadro logico - Stato di realizzazione delle attività e stima dei tempi di completamento dei progetti
3. Obiettivo	- Tipo di valutazione. - Descrizione dello scopo e dell'utilità della valutazione.
4. Quadro teorico e metodologico	- Gli obiettivi della valutazione - I criteri della valutazione - L'approccio e i principi metodologici adottati - Fonti informative: interviste, *focus groups*, *site visit* - Le difficoltà metodologiche incontrate
5. Verifica della realizzazione	Verifica dei principali stadi di realizzazione dei progetti.
6. Presentazione dei risultati	
7. Conclusioni	Concludere la valutazione facendola derivare dai risultati e dalle comunicazioni principali.
8. Raccomandazioni	Le raccomandazioni dovrebbero essere volte al miglioramento dei progetti futuri e delle strategie della DGCS.
9. Lezioni apprese	Osservazioni, intuizioni e riflessioni generate dalla valutazione, non esclusivamente relative all'ambito dei progetti, ma originate dai findings e dalle raccomandazioni.
10. Annexes	Devono includere i TORs, la lista delle persone contattate e ogni altra informazione/documentazione rilevante.

Allegato A.

Identificazione delle domande di valutazione:

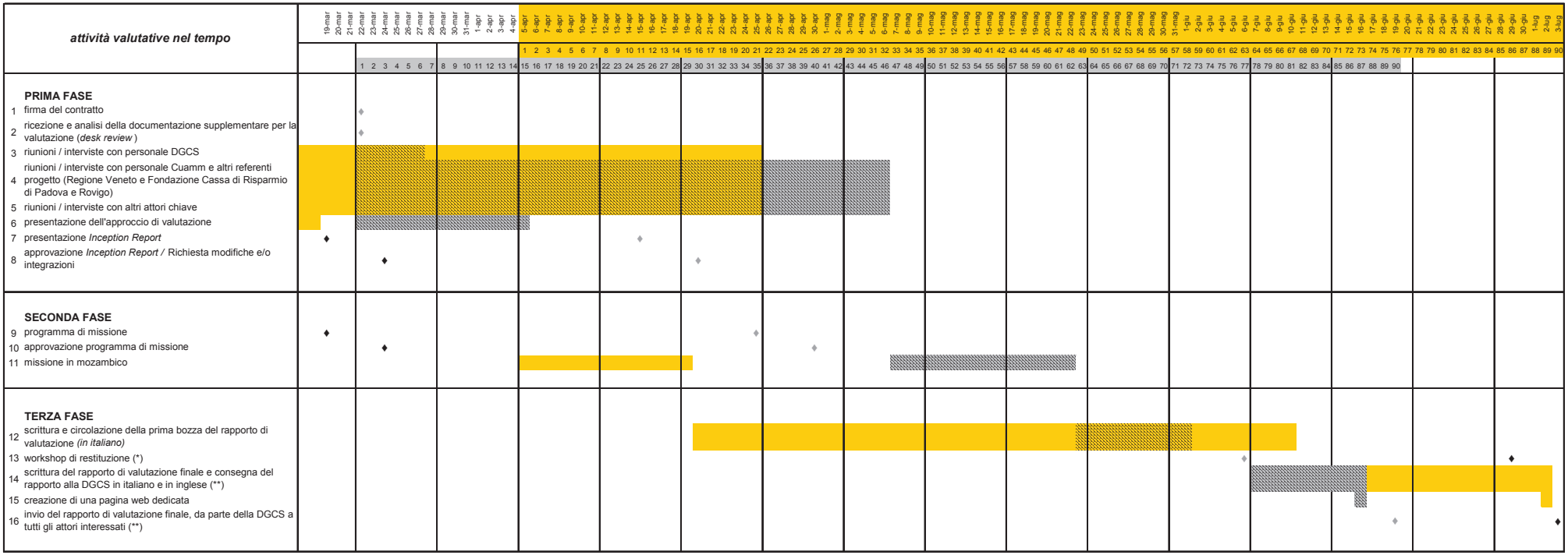
La valutazione si baserà su un limitato numero di domande (massimo 10 per progetto) che dovranno coprire i seguenti sette criteri di valutazione: rilevanza, efficienza, efficacia, impatto, sostenibilità (OCSE DAC), coerenza e valore aggiunto (Unione Europea).

Linee Guida per la redazione delle domande di valutazione:

- dovranno essere previste delle domande finalizzate alla verifica dei risultati raggiunti;
- evitare di introdurre domande su argomenti non correlati, che devono essere invece analizzati in maniera trasversale, introducendo, per esempio, specifici criteri di giudizio;
- le domande di valutazione dovrebbero essere focalizzate e indirizzate verso uno dei risultati;
- evitare di introdurre domande troppo ampie qualora siano necessarie domande esplicative aggiuntive;
- evitare di inserire domande riferite a diversi livelli di risultati;
- i sette criteri di valutazione non devono essere menzionati esplicitamente nelle domande di valutazione;
- verificare che le risposte non siano soltanto affermative o negative;
- le domande di valutazione devono essere correlate a un numero specifico dei criteri di giudizio, alcuni rapportati ad analisi trasversali e a concetti chiave;
- aggiungere un breve commento esplicativo che specifichi il significato e lo scopo delle domande.

Valutazione delle iniziative di Cooperazione allo Sviluppo relative al Settore Sanitario in Mozambico
punto.sud per Ufficio IX, Direzione Generale per la Cooperazione allo Sviluppo - Ministero Affari Esteri

CRONOGRAMMA DELL'ESERCIZIO VALUTATIVO



(*) la data è indicativa: sarà confermata dall'Ufficio IX in seguito alla consegna della prima bozza del rapporto di valutazione

(**) si tratta di date indicative che verranno confermate successivamente al workshop di restituzione

Lista persone intervistate durante l'esercizio valutativo

La tabella che segue elenca le persone che hanno fornito informazioni e documentazione durante interviste *de visu* e/o interviste telefoniche o skype, e/o scambi di messaggi di posta elettronica, ed utilizzate ai fini dell'esercizio valutativo. Per ciascuna delle persone, sono indicati nome, cognome, ruolo e data dell'intervista (o del contatto). Con l'asterisco sono indicate le persone sentite più di una volta.

La lista non può essere considerata esaustiva, poiché non è stato possibile in alcuni casi annotare e riportare i dati delle persone intervistate. È il caso, ad esempio, degli studenti della Facoltà di Scienze della Salute di Beira, o di alcuni docenti della stessa (progetto AID 9231), che sono stati incontrati casualmente durante la visita all'Università Cattolica di Beira.

Cognome e Nome	Ruolo	Data intervista
Airis do Nascimento, dr Nelson Romao	Direttore Centro Formazione Nhamatanda	15 aprile
Antonich, dssa Anita	Capo-progetto – progetto Medici con l'Africa Cuamm AID 9231	19 marzo (*)
Baiocchi, dssa Lidia	Medico cooperante – progetto di Medici con l'Africa Cuamm AID 9231	13 aprile
Borgnolo, dr Giulio	Esperto Sanitario Cooperazione Italiana – progetto AID 8189	9 aprile (*)
Bortolan, dr Alberto	Direttore UTL, Maputo dal 2004 al 2008	8 maggio
Bosisio, dr Egidio	Desk Officer – Mozambico, Medici con l'Africa Cuamm	5 marzo
Braghieri, dr Giuseppe	Esperto Sanitario Cooperazione Italiana – progetto AID 9147 (e AID 8835)	30 aprile (*)
Capobianco, dr Emanuele	Chief, Health & Nutrition, UNICEF, Maputo	18 aprile
Chambule, Jonas	*Health Advisor*, Cooperazione Irlandese, Maputo	25 aprile
Chamusso, Gil A.	Coordinatore amministrativo Provincia di Sofala, Progetto AID 8189	12 aprile
Chirinda, dssa Ana Maria	Direttrice Risorse Umane presso la Direzione Provinciale Salute, Beira	11 aprile
Couto, p. Felipe José	Primo Rettore Facoltà di Scienze della Salute, Università Cattolica del Mozambico	17 aprile
Cuanbe, Samuel F.	Direttore Pedagogico – Centro Formazione Nhamatanda	15 aprile
Dgege, dr Martinho	Direttore Risorse Umane, Ministero Salute Mozambico (MISAU)	9 aprile
Dr Pio	Direzione Sanitaria Provincia di Beira	11 aprile
Fabbro, Sonia	Coordinatrice Amministrativa Beira, Medici con l'Africa Cuamm	11 aprile (*)
Felimone, dssa Priscila da Conceptao	Direttrice Ospedale di Nhamatanda	17 aprile
Ferro, dr Josef	Preside Facoltà di Scienze della Salute, Università Cattolica del Mozambico	11 aprile
Foti, dr Mariano	Ex Direttore Unità Tecnica Locale – Maputo	25 marzo
Freiburghaus, Franziska	*Head Health*, Cooperazione Svizzera, Maputo	26 aprile
Fumo, dr Afonso	Ex studente, ora docente Facoltà di Scienze della Salute, Università Cattolica del Mozambico	16 aprile
Galloni, dssa Donata	Rappresentante Paese in Mozambico *(2006 - 2009; 2010 – fino a settembre 2012)*, Medici con l'Africa Cuamm	14 marzo
Gerritsen, Marco	Primo Segretario Salute e HIV/AIDS – Ambasciata Olandese in Mozambico	10 aprile
Hassane Mussagy, dr Ibraimo	Membro *Rectory & Financial Management Board* , Università Cattolica del Mozambico	11 aprile
Havemann, Kirsten	Responsabile Progetti Sanitari, Cooperazione Danese in Mozambico	5 maggio
Karaban, Vanda D.	Amministratrice, Facoltà di Scienze della Salute, Università Cattolica del Mozambico	16 aprile
Karangianis, dssa Marina	Direttrice Direzione Provinciale Salute, Beira	12 aprile

Kertesz, dr Daniel	Rappresentante Organizzazione Mondiale della Sanità in Mozambico	18 aprile
Kikumbe, Sergio	Istituto Salute Nazionale, Ministero Sanità Mozambico (MISAU)	10 aprile
Laina, Evaristo B.	Amministratore - Centro Formazione Nhamatanda	15 aprile
Langa, dr Francisco	Direttore Aggiunto Formazione, Ministero Salute Mozambico (MISAU)	10 aprile
Langa, Silvestre S.	Direttore Amministrativo Aggiunto, Istituto Scienze di salute, Maputo	16 aprile
Lisboa, dr Ricardo	Responsabile Formazione Continua presso la Direzione Provinciale Salute, Beira	11 aprile
Mafumo, Johane J.	Tecnico di anestesia e Responsabile personale infermieristico, Ospedale di Nhamatanda	17 aprile
Manenti, dr Fabio	Responsabile Ufficio Progetti, Medici con l'Africa Cuamm	5 marzo (*)
Manhanjate, Etelvina	Health Advisor, *Department for International Development*, Maputo	18 aprile
Maousse, Lagrima F.	Direttrice Pedagogica, Istituto Scienze Sanitarie, Maputo	16 aprile
Marongiu, dssa Antonella	Medico cooperante - progetto Medici con l'Africa Cuamm	2 aprile
Mazavila, dr Moises E.	Direttore Aggiunto Direzione Pianificazione e Cooperazione, Ministero Salute Mozambico (MISAU)	17 aprile
Mbebe, Adelaide	Coordinatrice progetti – Direzione Risorse Umane, Ministero Salute Mozambico (MISAU)	10 aprile
McHugh, Nicole	I*rish Aid Development Manager*, Cooperazione Irlandese, Maputo	25 aprile
Mondlane, dr Inacio	Direttore Istituto Scienze di Salute, Maputo	16 aprile
Morpurgo, dr Riccardo	Direttore Unità Tecnica Locale – Maputo	9 aprile (*)
Muilengwe, dr Francisco	Responsabile sanitario, Distretto di Beira	11 aprile
Munguambe, dssa Argentina	Direttrice Pedagogico, Istituto Scienze Sanitarie Beira	12 aprile
Nhamizinga, Eugenio A.	Direttore Amministrativo, Ospedale di Nhamatanda	17 aprile
Oddo, dr Vincenzo	Responsabile progetti sanitari, Unità Tecnica Locale – Maputo	17 aprile (*)
Pastori, dr Valerio	Esperto Sanitario Cooperazione Italiana – progetto AID 8835	7 maggio (*)
Pescante, dssa MariaCristina	Esperto Amministrativo Contabile, ora ufficio XII DGCS (ex esperto amministrativo-contabile in lunga missione presso l'UTL di Maputo nel 2007-2009)	9 maggio (*)
Predel, Sara	Segreteria di Direzione, Fondazione Cassa di Risparmio Padova e Rovigo	14 marzo
Putoto, dr Giovanni	Responsabile Programmazione, Medici con l'Africa Cuamm	11 marzo
Riva, dr Guglielmo	Esperto sanitario UTC, ora in pensione	21 maggio
Romanelli, Michela	Rappresentante Paese in Mozambico *(attuale, da settembre 2012)*, Medici con l'Africa Cuamm	11 aprile (*)
Saccomandi, dr Ivo	Esperto Cooperazione Italiana – progetto AID 8189	17 aprile
Saracinio, dssa Annalisa	Medico cooperante – progetto di Medici con l'Africa Cuamm	2 maggio
Salghetti, Maria	Responsabile formazione Cooperazione Italiana – progetto AID 8189	17 aprile
Saraswati, Jeea	*Health Advisor*, Cooperazione Canadese, Maputo	30 aprile
Steidel, dr Konrad	Direttore Pedagogico, Facoltà di Scienze della Salute, Università Cattolica del Mozambico	16 aprile (*)
Tassan, Paola	Amministrazione, Unità Tecnica Locale – Maputo	6 maggio (*)
Vecchiato, Diego	Direttore Dipartimento Relazioni Internazionali, Regione Veneto	22 marzo
Vio, dr Ferruccio	Consulente ed esperto sanitario	9 aprile
Volpe, dr Claudio	Esperto Sanitario Cooperazione Italiana – progetto AID 9147	9 aprile (*)
Zucchetta, Stefano	Dipartimento Relazioni Internazionali, Regione Veneto	22 marzo

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