

# MTR CSP III (GOVERNMENTS OF FLANDERS AND MOZAMBIQUE, 2016-2020)

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## ABBREVIATIONS

ASRH	Adolescent Sexual and Reproductive Health	ICST	<i>Instituto de Ciências de Saúde de Tete</i> – Tete Health Training Institute
CAQDAS	Computer Assisted Qualitative Data Analysis	IEC	Information, Education and Communication
CSP	Country Strategic Paper	IMF	International Monetary Fund
DAF	<i>Direcção de Administração e Finanças</i> – Administration and Finance Directorate	INS	<i>Instituição Nacional de Saúde</i> – National Health Institute
DPE	<i>Direcção Provincial da Educação</i> – Provincial Education Directorate	ITM	Institute of Tropical Medicine
DPJP	<i>Direcção Provincial da Juventude e Desporto</i> – Provincial Youth and Sports Directorate	JCG	PROSAUDE Joint Coordination Group
DPS	<i>Direcção Provincial da Saúde</i> - Provincial Health Directorate	M&E	Monitoring and Evaluation
EDC	Effective Development Cooperation	MINEC	<i>Ministério de Negócios Estrangeiros e de Cooperação</i> – Ministry of Foreign Affairs and Cooperation
ESMI	<i>Enfermeira de Saúde Materna-Infantil</i> – Maternal and Child Health Nurse	MISAU	<i>Ministério da Saúde</i> – Ministry of Health
GBS	General Budget Support	MoU	Memorandum of Understanding
GBV	Gender-Based Violence	MTR	Medium-Term Review
GDP	Gross Domestic Product	NGO	Non-Governmental Organization
GFF	Global Financing Facility	ODA	Official Development Assistance
GoF	Government of Flanders	OECD-DAC	Organization for Economic Co-operation and Development – Development Assistance Committee
GoM	Government of Mozambique	PESS	<i>Plano Estratégico do Sector de Saúde</i> – Health Sector Strategic Plan
GTAF	<i>Grupo de Trabalho de Administração e Finanças</i> – Public Finance Management working group	PGB	<i>Programa Geração Biz</i>
HPG	Health Partners Group	PQG	<i>Plano Quinquenal do Governo</i>
HPV	Human Papilloma Virus	SAAJ	<i>Serviços dos Amigos dos Adolescentes e Jovens</i> – Youth and Adolescent Services
HRH	Human Resources for Health	SDG	Sustainable Development Goal
HRP	UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction	SRHR	Sexual and Reproductive Health and Rights
ICRHM	International Center for Reproductive Health Mozambique	SWAp	Sector-Wide Approach
		TA	Technical Assistance
		TB	Tuberculosis
		ToR	Terms of Reference
		UNFPA	United Nations Population Fund
		US	United States
		WHO	World Health Organization

## EXECUTIVE SUMMARY

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**Background.** The general objective of the third Country Strategic Paper (CSP III) between the Government of Flanders (GoF) and the Government of Mozambique (GoM) is: *“to further promote the fundamental right to the highest attainable standard of health for the entire Mozambican population in general and of its adolescent population more specifically, and this as part of a strategy to reduce absolute poverty in the country.”* The specific sub-objectives are to contribute to (1) the further development of a critical mass of well trained and motivated health workers, who are skilled to also serve the adolescent population effectively; (2) good health research and monitoring of diseases and epidemics with, wherever relevant and appropriate, sufficient attention for the underserved adolescent population; and (3) the promotion of sexual and reproductive health and rights of all Mozambicans, with a special emphasis on the most vulnerable populations, in particular adolescents, i.e. through the promotion of a multisectoral approach. The total CSP III budget is €25 million to be allocated between 2016 and 2020, using either direct disbursements to the pooled donor fund PROSAÚDE, direct support to specific government institutions and support to projects of multilateral and indirect actors.

**Purpose and methodology.** The purpose of the Mid-Term Review (MTR) is to (1) review the actual state of implementation, (2) identify possible bottlenecks and problems, and (3) formulate recommendations for improvement and adjustment. The MTR used a mixed method data collection approach, based on evaluation criteria of relevance, effectiveness, efficiency and sustainability.

**General appreciation.** The portfolio funded by the GoF adheres largely to the directives set out in the CSPIII. The sectorial fund remains the first option for channelling funds and interventions are largely aligned with the CSPIII objectives. Country stakeholders are appreciative of the support provided to the health sector, including consistent and strategic contribution to PROSAÚDE. The geographical focus on the province of Tete, and increased focus on the province of Maputo, is strategic as it fulfils existing Sexual and Reproductive Health (SRH) capacity and service gaps, in particular for adolescents. The GoM was not always involved in the identification of the current interventions, however, they were actively involved in the deliberation of the recent ‘call for proposals’ and this is greatly appreciated.

**Relevance and coherence of the CSPIII and its portfolio.** The focus on the health sector is justified and relevant, as the sector remains fragile and largely dependent on external support. Flanders’ added value is its consistent approach to health system strengthening, through using the common fund and building capacity of national and provincial institutions.

The CSPIII objectives are a logical continuation with a larger focus on adolescents and a multisectoral approach. Both additions are relevant in the Mozambican context and aligned with the global health agenda. The objectives are well translated into national and provincial interventions, and are aligned with key national and provincial policy documents and priorities.

Most recommendations of previous MTRs were implemented, and all interventions are either a continuation of previous projects or based on previous experiences. This is, however, not always a factor that guarantees success. The composition of the portfolio is relevant, except for a few projects that do not contribute directly to identified gaps. The portfolio focuses largely on improving sexual and reproductive health, however, only few interventions also address sexual and reproductive rights. The use of different aid modalities and partners is relevant, but the portfolio remains fragmented which presents risks in terms of efficiency and effectiveness.

**Effectiveness.** The CSPIII contributes largely to improved service delivery through increased allocation of PROSAUDE budget to the health districts, improved accessibility to the Youth and Adolescent Services and

refurbished “counselling corners” in schools, improved skills of maternal and child health nurses through training in Tete and increased availability of Tuberculosis (TB) testing equipment. The CSPIII also contributes, albeit to a more limited extent, to improved policymaking, through updating the curriculum for competencies of Maternal and Child Health Nurse nurses (UNFPA/WHO) and improved communication capacity to translate evidence into policies (INS/ITM). There is furthermore potential for contribution to policymaking through innovative types of financial analysis provided by the Technical Assistant (TA) to the Public Finance Management working group (GTAF).

While the CSPIII has an extensive focus on adolescents, this is not translated into a direct impact for adolescents by all interventions, although it may be an indirect consequence. Little progress was found on the aim to work “towards a data revolution” to inform on specific health status and gaps in service delivery for adolescents. Multi-sectoral cooperation is left to the responsibility of individual organisations and not actively promoted at either central or provincial level.

Factors that influence the effectiveness of the portfolio include delays at the start of the project, time required to establish confidence with main stakeholders, institutional capacity of implementing partners, reliance on Monitoring and Evaluation (M&E) systems of implementing partners and absence of (external) evaluation mechanism. The Annual Consultation is considered an adequate mechanism for dialogue, but was not held consistently.

**Efficiency.** The technical and political role and capacity of the GoF Deputy General Representative is well appreciated by partners and government institutions. There is a high level of coordination with PROSAUDE partners. However, the coordination and collaboration between different projects supported by the GoF at central and provincial level could be further improved.

There are large variations in the management and M&E capacity of implementing partners. Generally, supporting and accompanying NGOs requires a substantial level of effort from GoF staff in-country. The financial implementation is considered efficient both at the level of the CSPIII portfolio overall and by the implementing agencies. While there may have been a few differences between the original budget and actual implementation, these changes were largely dependent on external factors and have not impacted on the outcomes of the CSPIII.

**Sustainability.** The CSPIII and the GoF adhere to internationally agreed principles on Effective Development Cooperation. There is good ownership of central Mozambican partners for projects that use country systems and focus on institutional capacity strengthening. Ownership at provincial level varies and depends on the relationship and trust established between the implementers and local authorities. Overall, an increase in ownership from Mozambican counterparts is observed, which is linked to a consistent approach of the GoF to the common fund, and the participation from the GoM in the recent call for proposals. The Annual Consultation to discuss progress made is important to ensure the GoM remains informed about the different projects. The CSPIII promotes different types of partnerships for development, however, the preponderance of working through NGOs may also negatively impact on sustainability, especially when government counterparts are not actively involved and not prepared to take over at the end of the project. There is a focus on obtaining sustainable results, however, some projects comprise equipment and human resources for which it is unclear what will happen once the support finishes.

**Innovation and cross-cutting themes** The CSPIII funds innovative approaches, but not all of them are fully aligned with the overall objectives. Across the CSPIII portfolio the cross-cutting themes (gender, HIV/AIDS, good governance, children’s rights, persons with disabilities and climate change) are being addressed to

a certain extent, but more linkages could be sought with the projects supported out of the CSPIII, in particular the one linking health and climate change.

**Recommendations for the GoF, in terms of the portfolio** include considerations to take on the leadership of PROSAUDE; to reduce the fragmentation of the portfolio to the maximum extent possible; to seek more coherence in the composition of the portfolio; to improve linkages with different regional and national projects that are funded outside of the CSPIII and to consider providing direct financial support to the DPS in Tete, if considered appropriate. **In terms of management**, considerations include the organisation of an annual consultation with all the projects supported by the GoF in each province to promote synergies, exchange of experiences and partnerships; and to increase the Maputo front-office's capacity if Flanders assumes the leadership of PROSAUDE. In terms of implementation, recommendations suggest to intensify collaboration with other projects and organisations that are not necessarily supported by the GoF but that work in the same thematic areas; and to increase dialogue and communication with other sectors, especially for projects on gender-based violence (GBV).

**Recommendations for the GoM**, include the consideration to deploy additional efforts to advocate for resource mobilization through the common fund alongside the donor community (for **MISAU**) and for the **DPS**: to strengthen multisectoral coordination of SRHR initiatives with all involved provincial directorates; to improve the leadership and mapping in the coordination of activities implemented by different implementing partners and, particularly for the DPS in Tete, to better use the capacities and services of the TA supported by Flanders.

**Recommendations for both governments**, suggest the establishment of a Steering Committee for the CSP between the GoF and the GoM, so that members of both governments are strategically involved during the development of the CSP, but also for the identification and formulation of aid modalities and an annual review of progress (along the same lines of the Annual Consultation). Further, both governments, possibly in coordination with other stakeholders, should consider carrying out an external evaluation of the SRHR approaches applied by the different projects and NGOs throughout the country.

## TABLE OF CONTENTS

Executive Summary .....	iv
<b>1 Introduction.....</b>	<b>9</b>
1.1 Brief description of the cooperation between Flanders and Mozambique.....	9
1.2 Purpose and use of the MTR .....	12
<b>2 Methodology .....</b>	<b>13</b>
2.1 Limitations of the MTR.....	14
<b>3 Main findings .....</b>	<b>15</b>
3.1 General appreciation.....	15
3.2 Relevance and coherence of the interventions in light of the CSP III.....	17
3.2.1 Exclusive focus on the health sector .....	18
3.2.2 Program objectives and alignment .....	19
3.2.3 Past learnings .....	22
3.2.4 To what extent is the CSP III portfolio relevant? .....	23
3.3 Effectiveness .....	26
3.3.1 Factors influencing the achievement of the objectives.....	26
3.3.2 Achievement of objectives.....	31
3.4 Efficiency .....	34
3.4.1 Capacity of partners .....	35
3.4.2 Coordination and capacity of Flanders.....	37
3.4.3 Financial implementation.....	38
3.5 Sustainability .....	40
3.5.1 Effective development cooperation principles .....	41
3.5.2 Innovation .....	43
3.5.3 Cross-cutting themes .....	44
<b>4 Conclusions and recommendations .....</b>	<b>46</b>
4.1 Conclusions .....	46
4.2 Recommendations .....	47
4.2.1 For GoF.....	47
4.2.2 For GoM .....	49
4.2.3 For GoF and GoM.....	49
<b>Annex 1 – Terms of Reference .....</b>	<b>50</b>
1. The Background .....	50
2. Objectives, Alignments and Instruments.....	51
3. Constituting Elements of the Medium-Term review .....	52
4. Outputs: Reports & Submissions.....	54
5. Expertise Required .....	54
6. Execution and timeframe of the consultancy.....	55

7. Assignment of the consultancy .....	55
Annex 2 – List of interviews conducted .....	56
Annex 3 – Documents and websites consulted.....	57
Annex 4 – Mid term review matrix.....	59
Annex 5 – Review of extent of implementation of CSPII recommendations.....	60

## LIST OF TABLES

Table 1. Overview of programs and projects supported by CSPIII.....	10
Table 2. Key health financing indicators.....	11
Table 3. Data collection and data analysis methods .....	13
Table 4. Coverage of sub-objectives.....	21
Table 5. Contribution to specific gaps identified by the GoF and GoM .....	23
Table 6. Service delivery and policymaking.....	31
Table 7. Focus on adolescents - implementation.....	33
Table 8. Cross-cutting themes.....	44

## LIST OF FIGURES

Figure 1. % of indicative budget by thematic area.....	27
Figure 2. % of total budget allocated by type of implementer .....	28
Figure 3. Budget allocated to each NGO .....	28
Figure 4. Financial implementation of the CSPIII.....	38



# 1 INTRODUCTION

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## 1.1 BRIEF DESCRIPTION OF THE COOPERATION BETWEEN FLANDERS AND MOZAMBIQUE

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Since 2002, the Government of Flanders (GoF) is supporting the Government of Mozambique's (GoM) poverty alleviation plans through targeted sector support. Initially, the support was focused on HIV/AIDS, especially in the Province of Tete.

As of 2004, the cooperation between both partners intensified with the negotiation of the first Country Strategy Paper (CSP I). This strategy paper, launched in June 2006, formed the framework of the cooperation between Flanders and Mozambique for the period between 2006 and 2010, with a focus on HIV/AIDS, but also vocational training. Cooperation was aligned with the international effective development cooperation criteria as laid down in the Paris Declaration<sup>1</sup> in 2005. From that moment on, via SWAp and other modalities, Flanders provided direct support to the GoM. At the same time the support via indirect and direct actors in the fight against HIV/AIDS and for retention health workers continued in the province of Tete. After the Mid-Term Review (MTR) of the first CSP, a joint decision was made to narrow the focus of the bilateral programme, by choosing only one sector (health).

Consequently, a second CSP was designed for the period 2011-2015. The programme included targeted support in Tete and support to the health sector at central level, including a contribution to the health common fund 'PROSAUDE'. In addition, the design of the second CSP was done with the objective to align, as much as possible, the aid modalities to those preferred by the GoM. Both partners also agreed to dedicate specific attention to sexual and reproductive health.

The MTR of the second CSP (conducted in 2014) found that Flemish Cooperation made much progress by strategically positioning itself in the national health policy dialogue, despite its rather limited managerial capacity at country level. While the cooperation programme was more focused, the total number of projects is still considerable. Especially the 'on plan' projects were highly relevant, but some other projects were less relevant, especially when their identification and formulation was carried out without strong involvement of the GoM.

For the third CSP that covers the period 2016-2020, Flanders and Mozambique decided to maintain the exclusive focus on access to health. The relative added value that the Flemish-Mozambican cooperation can offer within the already crowded donor landscape in Mozambique is still mainly situated in this sector. A second criterion was the pursuit of continuity within the bilateral cooperation, because it has proven its effectiveness. A third, equally important criterion, which inspired the exclusive focus on the theme "Access to Health" was an objective needs analysis of the Mozambican population. Mozambique and Flanders jointly decided to maintain a focus on sexual and reproductive health, due to the huge challenges in this subsector. Additional attention would be given as well to adolescent health, mainly, but not exclusively, focusing on adolescent girls and young women.

The general objective of the third CSP is: *"to further promote the fundamental right to the highest attainable standard of health for the entire Mozambican population in general and of its adolescent population more specifically, and this as part of a strategy to reduce absolute poverty in the country."*

The specific sub-objectives are formulated as follows:

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<sup>1</sup> The Paris Declaration on aid effectiveness: five principles for smart aid (<https://www.oecd.org/dac/effectiveness/45827300.pdf>). Accessed on 17 July 2019

1. Contribute to the further development of a critical mass of well trained and motivated health workers, who are skilled to also serve the adolescent population effectively;
2. Contribute to good health research and monitoring of diseases and epidemics with, wherever relevant and appropriate, sufficient attention for the underserved adolescent population;
3. Contribute to the promotion of sexual and reproductive health and rights of all Mozambicans, with a special emphasis on the most vulnerable populations, in particular adolescents, i.e. through the promotion of a multisectoral approach.

The objective and sub-objectives are generally in agreement with the priorities set in Mozambique's "Government Program for the Quinquennium 2015-2019". The cooperation is also in line with the Flemish Policy Paper, 2014-2019, on "Foreign Policy, International Entrepreneurship and Development Cooperation", and co-inspired its "Vision concerning the Development Cooperation anno 2030", contributing as such to the realisation of the Sustainable Development Goals (SDG), mainly SDG 3 (Good Health and Well-Being), SDG 5 (Gender Equality), SDG 16 (Peace, Justice and Strong Institutions) and SDG 17 (Partnerships for the Goals).

The total CSP III budget is €25 million to be allocated within the 5 years period of the CSP. Instruments to deliver aid include direct disbursements of financial contributions to the pooled donor fund PROSAÚDE. Other instruments are direct support to specific government institutions and support to projects of multilateral and indirect actors, as per the table below.

**Table 1. Overview of programs and projects supported by CSP III**

#	Institution	Name program / project	Period	Allocated budget	% of total budget	Geographical coverage
1	MISAU	PROSAUDE	2016-2020	€ 8,000,000	32%	Central level
2	Enabel	Focused contribution to health system strengthening III	2017-2021	€ 694,950	3%	Central level
3	Enabel	Strengthening health system management of DPS in Tete TA	2017-2020	€ 616,130	2%	Tete Province
4	UNFPA	Enhancing the quality of the midwifery workforce in Tete Province	2017-2020	€ 1,340,944	5%	Tete Province
5	WHO	Enhancing the quality of midwifery workforce and surveillance & response in Mozambique	2018-2020	€ 509,257	2%	Tete Province
6	Viva Africa	Improving women's health in Mozambique	2018-2020	€ 350,000	1%	Maputo Province
7	CUAMM	Improving adolescent's HIV prevention and retention, FP updated through adolescents' tailored interventions	2017-2020	€ 1,999,692	8%	Tete Province
8	ICRH-M	Projecto Bate Papo (realizing younger adolescent sexual and reproductive rights in Maputo Province)	2018-2021	€ 1,119,810	4%	Maputo Province
9	INS	Building institutional capacity at INS to strengthen the evidence base of the	2018-2022	€ 1,084,050	4%	Central and Provincial

#	Institution	Name program / project	Period	Allocated budget	% of total budget	Geographical coverage
		public health system in Mozambique III				
10	ITM	Building institutional capacity at INS to strengthen the evidence base of the public health system in Mozambique III	2018-2022	€ 804,705	3%	Central and Provincial
11	Apopo	Accelerated TB case detection in Maputo, Mozambique – phase III	2017-2019	€ 1,102,108	4%	Maputo Province
12	Action Aid	Accelerating women and girls rights project	2017-2020	€ 400,000	2%	Maputo Province
<b>Total</b>				<b>€18,021,646</b>	<b>72%</b>	

Since the design of the CSP III, Mozambique has faced several changes in its economic and political spheres with a direct impact on the everyday lives of citizens as well as partnerships. The economic growth rate of 7% that characterized the stability and prosperity of the country ended in 2015. Economic growth has since then slowed due to a decrease in foreign direct investments, reduced public spending and decreasing exports. Prospective natural gas projects in the north of the country have not started as quickly as expected and the reduction of coal price globally affected explorations in the country which meant that the government revenue from these projects has been lower than expected<sup>2</sup>. One immediate consequence from the combination of these factors was the depreciation of the local currency against the United States (US) dollar as well as the rise in the inflation rate.

The crisis has been further exacerbated in 2016 by the disclosure of US\$ 1.4 billion<sup>3</sup> of sovereign-guaranteed debts, which increased debt service obligations to over 100% of Mozambique's Gross Domestic Product (GDP), putting additional pressure on economic development. Foreign grants fell to less than \$200m, down from \$700m in 2014; and foreign direct investment plummeted by 40 percent (from 2014 to 2016).<sup>4</sup> The country was facing default, and only emergency assistance from the International Monetary Fund (IMF) and restructuring of debt through sovereign bonds provided the government some time before the next challenge. The government had to introduce an austerity budget and substantially reduce public expenditure, which has affected economic and social development in the country.

Table 2 below summarises some of the key indicators on health financing since the previous MTR.

**Table 2. Key health financing indicators**

Indicator	2014	2016
<b>Current Health Expenditure Per Capita</b>	\$ 36.55	\$ 19.21
<b>Domestic General Government Health Expenditure as % of Current Health Expenditure</b>	32.04%	53.34%
<b>Out-Of-Pocket Expenditure as % of Current Health Expenditure</b>	6.49%	7.67%

<sup>2</sup> Bertelsmann Stiftung, (2018) BTI 2018 Country Report – Mozambique.

<sup>3</sup> The World Bank, (2017). Mozambique poverty assessment: Strong but not broadly shared growth.

<sup>4</sup> Ballard, B. (2018) 'Mozambique's dramatic economic reversal', in World Finance accessible on <https://www.worldfinance.com/special-reports/the-mozambique-debt-crisis>

Indicator	2014	2016
<b>Domestic General Government Health Expenditure as % of General Government Expenditure</b>	4.42%	8.35%
<b>Domestic General Government Health Expenditure Per Capita</b>	\$ 11.71	\$ 10.25

Source: WHO Global Health Observatory

Analysts consider that Mozambique is currently facing its most severe fiscal but also political crisis since the end of the civil war. The fragile political and security situation results from the continued rejection of the 2014 general elections by the main opposition party, Renamo. The party maintains a paramilitary force to retain leverage and bargaining power. Though negotiations have been in place between Renamo and the GoM, government attacks on Renamo convoys and military violence in Renamo's influence regions took the talks to a ceasefire at the end of 2016. While the ceasefire has largely hold, there have been some cases of violations. Successive rounds of peace talks interspersed with periods of violence during the last few years. In August 2019, a peace accord was signed by the Mozambican government and Renamo, ahead of the elections in October. The recent accord is considered as a decisive step towards ending a persistent conflict that started in 2013.

Severe natural disasters have affected Mozambique lately. Droughts, floods and landslides, as well as the last two cyclones (Idai and Kenneth in 2019) contributed to the already difficult economic situation. The disasters have impacted the health sector directly both with regards to infrastructure as well as to widespread of diseases like malaria and cholera.

## 1.2 PURPOSE AND USE OF THE MTR

The purpose of the MTR is to (1) review the actual state of implementation of the CSP III, (2) identify possible bottlenecks and problems, and (3) formulate recommendations for improvement and adjustment for the period 2019-20 but also beyond. As a matter of fact, no end evaluation is and was foreseen for the current and previous CSPs (I and II). Hence, the MTR also serves to inform the formulation and design of the next CSP.

The specific objectives of this MTR are:

1. to provide the Government of Flanders and the Government of Mozambique with an independent, critical and objective analysis of the progress made on the implementation of the cooperation strategy as outlined in the CSP III;
2. to draw a set of forward-looking recommendations for improvement of the cooperation in the short, medium and longer term that take account of the social, political, economic and environmental context in which the cooperation is implemented.

The MTR is not intended to evaluate the results and outcomes of the specific interventions within the health sector since this will be the scope of the mid-term or end evaluations of the various programs.

## 2 METHODOLOGY

Throughout the MTR a mixed method approach for data collection was used, based on the evaluation criteria of the Development Assistance Committee of the Organization for Economic Co-operation and Development (OECD-DAC): relevance, effectiveness, efficiency and sustainability. Since results and outcomes of the specific interventions were not intended to be evaluated, the OECD-DAC criteria on impact was considered beyond scope. In addition to the criteria of relevance, effectiveness, efficiency and sustainability, attention was also paid to the level of innovations included in the CSPIII, as well as to the added value of Flanders and donor coordination in the health sector. The contribution of the CSPIII to the building blocks of the health system was also broadly assessed as well as the extent to which several cross-cutting themes (HIV/AIDS, good governance, gender and climate change) are covered by projects funded by the CSPIII. The MTR was guided by an evaluation matrix with specific evaluation questions, presented in Annex 4.

The methodology included the use of quantitative and qualitative data collection and data analysis techniques, although qualitative elements constitute the main source for analysis. Throughout the evaluation the following data collection and data analysis methods were applied.

**Table 3. Data collection and data analysis methods**

Data collection	Quantitative and qualitative data analysis
<p><i>Primary data:</i></p> <ul style="list-style-type: none"> <li>• Interviews with key informants (semi-structured)               <ul style="list-style-type: none"> <li>– Telephone or Skype interviews</li> <li>– Face-to-face interviews in Maputo, Maputo Province, Tete and Tete Province (Mozambique)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Content analysis of key informant interviews</li> </ul>
<p><i>Secondary data:</i></p> <ul style="list-style-type: none"> <li>• Document review</li> </ul>	<ul style="list-style-type: none"> <li>• Document analysis</li> <li>• Quantitative and qualitative analysis</li> </ul>

The MTR developed activities in Mozambique from 17 to 28 June 2019. A total number of 34 interviews were conducted by telephone/Skype and in-person during the preparation phase and during the visit to Mozambique. In addition, site visits took place in Maputo Province and Tete Province. See Annex 2 for the list of interviews and activities conducted.

A document library for the MTR was assembled during the preparation phase and expanded throughout the evaluation. See Annex 3 for the documents consulted.

Because of the emphasis on qualitative data, relevant information was analysed through qualitative content analysis. To organise the large amount of available qualitative data the MTR team has used the Computer Assisted Qualitative Data Analysis (CAQDAS) software MAXQDA<sup>5</sup>.

Based on preliminary findings, a debriefing meeting was held in Maputo with the Representative of Flanders in Mozambique and the General Representative of Flanders in South Africa on 28 June 2019.

<sup>5</sup> <https://www.maxqda.com/>

## 2.1 LIMITATIONS OF THE MTR

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The evaluation team managed to interview all the institutions funded by the CSP III and had the opportunity to visit projects in the field. Unfortunately, one project (ICHR-M) incurred delays with the start-up and it was therefore not feasible to visit the current project, instead investments from the previous project (funded under the CSP II) were visited. Also, the project implemented by Action Aid has been on hold since August 2018 and was therefore also not possible to visit. The actual implementation and effectiveness of these projects could therefore not be fully assessed.

A few of interviews were also scheduled with other development partners and financing mechanisms (such as the Netherlands and the Global Financing Facility - GFF) but were not feasible due to respective people being on leave. All in all, however, the team believes that enough information was obtained to conduct the MTR.

### 3 MAIN FINDINGS

To support the MTR, the team has assessed all interventions against the main directives outlined in the CSP III. The assessment uses colour coding and financial weighting to visualise the extent to which specific projects contribute to the overall directives. **Green €€€** means that the intervention largely adheres to the directive, **orange €€€** means the intervention adheres to the directive to some extent or indirectly, **red €€€** means the intervention should adhere to the directive, according to the ToR or proposal, but is not. The financial weighting is presented as **€€€** (budget of more than €2 million), **€€** (budget between €1 and €2 million), **€** (budget of less than €1 million).

#### 3.1 GENERAL APPRECIATION

**Review question:** To what extent are the interventions in line with the directives included in CSP III?

**Key Findings:**

- The portfolio funded by the GoF largely adheres to the directives set out in the CSP III. The sectorial fund remains the first option for channelling funds, the interventions are largely aligned with the CSP III objectives and there has been a continued focus on the cooperation with the province of Tete.
- Country stakeholders are generally appreciative of the support provided to the health sector. The use of country systems and consistent and strategic contribution to PROSAÚDE is widely appreciated by both the GoM and other development partners.
- The geographical focus on the province of Tete, as well as increased focus on the province of Maputo, remains strategic as it fulfils gaps in terms of capacity as well as coverage of SRH services, in particular for adolescents.
- While the GoM was not always involved in the identification and formulation of the current portfolio, the new 'call for proposals' demonstrates more active involvement and is greatly appreciated.

The interventions funded by the GoF largely adhere to the directives set out in the CSP III. The document indicates three broad strategic approaches: (1) the sectorial common fund remains the first option instrument for channelling funds and the GoF will try to adhere to the commitment of deploying 50% of its funds for the health sector through the country's own systems; (2) all interventions will focus on one or more of the following subsectors: Human Resources for Health (HRH); Sexual and Reproductive Health and Rights (SRHR) and Support of evidence-based medicine and health monitoring; and (3) the Flemish-Mozambican cooperation will continue to give priority to cooperation in Tete Province and its health districts. The CSP III further indicates that the GoF will work in close collaboration with relevant Mozambican authorities for the identification of programmes and projects to be implemented.

The GoF has allocated and disbursed € 2 million per year to the common fund PROSAUDE. Only in 2016 there was no contribution disbursed due to concerns related to the Mozambican debt crisis. In response to this, the G14 group of international donors suspended their contributions to the General Budget Support (GBS) and a number of these donors also suspended their contributions to PROSAUDE (for a total of € 11 million) until there was more clarity about the macro-economic situation. For the GoF this meant that there was a real risk that the contribution would be used for recurrent MISAU expenditure instead of capital expenditure, which is the main purpose of the PROSAUDE fund. For that reason, the contribution was suspended and reallocated to a new project (implemented by CUAMM). Because of the reallocation

of € 2 million in 2016, the total funds disbursed using the country's own systems account currently to 42% (and not 50% as originally planned).

In addition to the direct financial contribution to PROSAUDE, the GoF also finances technical support to the Sector Wide Approach (SWAp) Working Group on Finance and Administration (GTAF) that works on Public Financial Management (PFM) issues, and co-chairs this working group. The technical assistance, use of country systems and consistent and strategic support and contribution to PROSAUDE and the Health Partners Group (HPG) is much appreciated by both the GoM and the development partners.

All interventions are to some extent aligned with the CSPIII objectives and address the country's needs (for more details see section 3.2.2). In particular, the projects that are on-budget and use the country's systems, such as the contribution to PROSAUDE, the capacity strengthening of INS and of the Tete Health Training Institute (ICST) are much appreciated by all relevant Mozambican authorities (Ministry of Health (MISAU), Ministry of Foreign Affairs and Cooperation (MINEC) and the Provincial Health Directorates (DPS)) and well aligned with the country's needs. The interventions implemented by Non-Governmental Organisations (NGOs) are usually aligned with the CSPIII objectives, but the central GoM is often not well informed about their specific objectives and/or scope. Decentralised government officials (such as the DPS in Tete or Maputo Province), on the other hand, are better informed and appreciative of these projects.

Up and until now, there was no systematic involvement of the central GoM in the identification and formulation of projects implemented by NGOs. In 2019, however, and further to the recommendation of the previous MTR and similar experiences in South Africa, the GoF has launched a 'call for proposals' to identify further interventions in which it has actively involved MISAU in the identification process. This is highly appreciated by the GoM and is likely to contribute to more ownership by the local government and to a broader and deeper assessment of the proposed interventions against key CSPIII directives and national priorities.

The geographic focus on the CSPIII on the province of Tete is based on considerations of continuity and reliability of the Flemish provincial support, a needs-based analysis indicating vulnerabilities of the health system in Tete, and the possibility to strategically partner with other health donors. This continued geographic concentration of support is appreciated and considered strategic. Government officials acknowledge that the continued support of Flanders to the province, as well as advocacy for the province, is contributing to additional support being channelled to the province. This is important because one of the major donors in the province (Denmark) recently withdraw its support to the health sector in Mozambique and consequently also its longstanding support to the province of Tete. In terms of the bilateral donor landscape, Flanders is one of the main (although not the largest) contributor to the health sector in Tete, together with USAID and the Netherlands (through UNFPA).

During the implementation of the CSPIII, there has been a further geographical concentration of resources to the province of Maputo as well. This decision was informed by a needs assessment and mapping conducted at the end of 2016. The focus on both provinces is considered strategic as it fills gaps both in terms of capacity as well as coverage of SHRH, in particular for adolescents.



### 3.2 RELEVANCE AND COHERENCE OF THE INTERVENTIONS IN LIGHT OF THE CSP III

#### Review questions:

- Does limiting the number of sectors to only one sector remain relevant? What is the added value of Flanders within this sector compared with other donors?
- Are the general and specific objectives of the cooperation program relevant? How were the objectives translated into national and provincial programs?
- To what extent is the cooperation program aligned with Mozambique's development priorities at central and local level?
- To what extent have previous experiences and results of similar programs been considered in CSP III? To what extent have recommendations and lessons learned from CSP I and II been taken into consideration?
- To what extent is the composition of the portfolio relevant?

#### Key Findings:

- The focus on the health sector is justified and relevant. The health sector is fragile and largely dependent on external support; it therefore makes sense to concentrate available resources in this sector. The added value of Flanders is a consistent approach to health system strengthening, through support to the common fund as well as capacity building of national and provincial institutions.
- The CSP III objectives are a logical continuation of the previous CSP with a larger focus on adolescents and multisectoral approach. Both additions are relevant in the Mozambican context and aligned with the global health agenda. Flanders is not the only donor focusing on this issue in Mozambique. However, the attention remains justified given the large coverage gaps of quality health services and comprehensive SRHR for adolescents. The objectives are well translated into national and provincial programmes and projects.
- The CSP III objectives are well aligned with key policy documents and priorities of the central GoM as well as the provincial health directorate in Tete.
- Past learning and recommendations are considered in the CSP III. Most recommendations of the previous MTRs were implemented, and all interventions funded are either a continuation of previous projects or based on previous experiences and results of similar projects. This is, however, not always a factor that guarantees success.
- The composition of the portfolio is largely relevant, except for a few projects that not directly contribute to identified gaps. The focus on sexual and reproductive rights, however, is limited across the CSP III portfolio. The use of different aid modalities and partners is relevant, but the portfolio remains fragmented which presents risks in terms of efficiency and effectiveness.

With the application of the OECD-DAC criteria, the evaluation of relevance addresses the extent to which the activities are suited to the priorities and policies of the target group, recipient and donor. Usually, the following questions are considered:

1. To what extent are the objectives of the program still valid?
2. Are the activities and outputs of the program consistent with the overall goal and the attainment of its objectives?
3. Are the activities and outputs of the program consistent with the intended impacts and effects?

### 3.2.1 EXCLUSIVE FOCUS ON THE HEALTH SECTOR

The 2007 Decree on Development Cooperation from the GoF outlines that it wants to concentrate its efforts in only a few limited sectors. In line with the previous CSP, Flanders and Mozambique decided to maintain an exclusive focus on access to health, due to (1) the value of pursuing continuity within the bilateral cooperation which has proven its effectiveness; (2) the readily available expertise within the Flemish territory and (3) an objective needs analysis of the Mozambican population.

This logic is in line with the Flanders Vision for Development Cooperation anno 2030, approved in 2016, which highlights that thematic decisions on development cooperation should be informed by a needs assessment; demands and suggestions from the partner government; the identity and approach of the Flemish development cooperation; leaving no one behind; the added value of Flanders and available expertise in Flanders, both at the level of the government and Flemish actors.

The decision to focus on only one sector may not be fully in line with the global demands to work in a more integrated and multisectoral way towards sustainable development cooperation. The Flemish development cooperation, however, is aware of this contradiction and proposes to mitigate this by (1) stimulating innovation, (2) focusing on a systems approach and (3) promoting multisectoral cooperation.

The health sector in Mozambique is still relatively fragile and underfunded. In response to decreasing and inconsistent donor contributions since 2016, the GoM has increased its share of funding with own resources to the health sector from 48 percent in 2008 to 73 percent in 2016. However, the health sector represented only a 7.8 percent share of the 2017 State budget, which is a decrease from previous years. Between 2008 and 2016, the share of the health sector out of total government spending was on average 10 percent (although with large fluctuations). Off-budget donor execution has been on average 40 percent in the last decade but has seen a steady increase following the 2016 debt crisis.<sup>6</sup>

The MTR believes that the decision to focus solely on the health sector in Mozambique is still justified and relevant. Given the available budget from Flanders it makes sense to concentrate the support in only one sector. Through this support, Flanders has been able to promote a system's approach, and to some extent also pilot innovations. Engaging in multisectoral cooperation has not yet been very successful at central level, but some projects are engaged in multisectoral cooperation at provincial and district level. The focus on vulnerable populations and underserved adolescents is fully in line with the 'leave no one behind' strategy. The expertise within the Flemish territory is also being used – to the extent possible – but is no longer the main criterium for making decisions on interventions to be funded.

What makes Flanders stand out from other donors in the health sector is a consistent approach to health system strengthening and capacity building of national institutions both at the national level and in the province of Tete (such as the National Health Institute (INS) and the ICST).

The GoM recognises Flanders' continuous and stable contribution to the health sector since 2002 and the strategic contribution to the health SWAp since 2006. While several donors have withdrawn from PROSAUDE since 2016, Flanders has maintained its support and actively contributed to the development of a new MoU and procedures manual. A number of donors that contributed previously to PROSAUDE have now opted to work through the GFF financing mechanism. GFF was designed based on an investment case and has a particular focus on Maternal, Neonatal and Child Health, as well as on SRHR. PROSAUDE is therefore considered as a more comprehensive contribution to Health System Strengthening (HSS) particularly now that funds are channelled to provinces and districts. Several interviewees highlighted

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<sup>6</sup> UNICEF (2017). Mozambique Budget Brief 2017: Health. Available on [https://www.unicef.org/esaro/UNICEF\\_Mozambique\\_-\\_2017\\_-\\_Health\\_Budget\\_Brief.pdf](https://www.unicef.org/esaro/UNICEF_Mozambique_-_2017_-_Health_Budget_Brief.pdf). Accessed 18 July 2019.

that GFF is in fact experiencing similar challenges that PROSAUDE faced in the past, for instance with putting a procedures manual in place. Furthermore, there seem to be unclarities around the functioning and implementation of the GFF.

Flanders is also considered a ‘flexible’ donor, willing to try out and support new approaches (such as the collaboration with the Cuban Ministry of Health, or the testing of Tuberculosis (TB) through rats, etc.).

### 3.2.2 PROGRAM OBJECTIVES AND ALIGNMENT

#### 3.2.2.1 Relevance of program objectives

The general and specific objectives of the cooperation program are based on three main principles of cooperation identified by the GoF and GoM for the period 2016-2020: (1) collaboration on the theme of access to health as an integral part of a broader strategy to combat poverty, (2) the choice for a two-tracked approach combining national and provincial support and (3) the need for a multisectoral approach in order to effectively promote health amongst adolescents.

The general objective and sub-objectives (see side bar) are to large extent a continuation of the second CSP but with a stronger focus on the health of vulnerable populations, and in particular adolescents, as well as the need for a multisectoral approach. The focus on nutrition was dropped, in line with the recommendations of the previous MTR.

The two-tracked approach combining national and provincial support is also considered strategic and mutually beneficial. Lessons learned at the provincial level can be brought to the national level (i.e. revision of the curriculum for maternal and child health nurses) and vice versa, direct support to the Tete province also helps with the further decentralisation objective.

The three sub-objectives contribute to three specific health system strengthening building blocks: health service delivery (SO3); human resources for health (SO1); and leadership and good governance (SO2).

The renewed focus of the objectives is relevant in the current context of Mozambique and the global health agenda. Especially, the focus on vulnerable populations and adolescents, as well as the multisectoral approach is outlined in key Mozambican policies and health strategies (see below) as well as in global health strategies, such as the 2030 Agenda of the Sustainable Development Goals (SDG), the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) and the 2014 Health for the world’s Adolescents online report (WHO). Because of this global push for attention on adolescents and SRHR, Flanders is not the only donor focusing on this issue in Mozambique. However, given the large

#### CSP III Objectives

##### General objective

“To contribute to the development and implementation of an efficient and effective health policy at national level and in Tete Province with sufficient attention for adolescents.”

##### Specific objectives

- SO1: Contribute to the further development of a critical mass of well trained and motivated health workers, who are skilled to also serve the adolescent population effectively;
- SO2: Contribute to good health research and monitoring of diseases and epidemics with, wherever relevant and appropriate, sufficient attention for the underserved adolescent population
- SO3: Contribute to the promotion of sexual and reproductive health and rights of all Mozambicans, with a special emphasis on the most vulnerable populations, in particular adolescents, i.a. through the promotion of a multisectoral approach.

coverage gaps in terms of access to quality health services and comprehensive SRHR for adolescents in the province of Tete and Maputo, the focus of Flanders support on this topic remains valid.

### 3.2.2.2 Alignment with Mozambique's development priorities at central and local level

The objectives are aligned with the overall policy document of the GoM for the period 2015-2019 (Plano Quinquenal do Governo, PQG, 2015-19), and with the seven strategic objectives of the Health Sector Strategic Plan for 2014-2019 (PESS 2014-19), as follows:

1. Increase access and use of services (SO3)
2. Improve the quality of the services that are provided (i.e. through a user-tailored approach) (SO1)
3. Reduce inequities of access to health services based on geographical and social determinants (SO1)
4. Improve the efficiency in health services provision and in resource-use (i.e. through integration) (SO2)

Furthermore, the CSP III principles and specific interventions financed also contribute to the other strategic objectives of the PESS:

5. Strengthen partnerships for Health on the basis of mutual respect (through support to PROSAUDE)
6. Increase transparency and accountability on the way public resources have been used (through support to PROSAUDE and the GTAF Technical Assistance (TA))
7. Strengthen the Mozambican Health System, including through supporting the decentralization-policy (through support to PROSAUDE and focus on Tete province)

The stronger focus on adolescents is also aligned with a stronger focus on adolescents by the GoM. Within the PESS 2014-19 there is a special program dedicated to adolescent health that focuses on improving access (through the Youth and Adolescent Services (SAAJ) to provide family planning, counselling and testing for HIV and other sexually transmitted diseases, and promotes integration with other services, etc.); quality improvement (through training of health providers and integration of SAAJs into the integrated care flow chart for victims of violence); improve equity (increase the number of SAAJ from 25 in 2013 to 100 in 2017) and improve partnerships with other ministries to promote the multisectoral approach as promoted by the Programa Geração Biz (PGB). There is also a school health program that promotes healthy living practices and counselling corners.

The cooperation program is also aligned with the priorities outlined by the province of Tete<sup>7</sup>, in particular with the Strategic Objective 2 'Improving equity and access to health care' which highlights a need for technical assistance for health planning; support for monitoring of the strategic plan, and analysis and interpretation of statistical data; expansion of the network of SRH services for adolescents to all the districts in the province; training of health personnel on adolescent SRHR; multisectoral collaboration with the Provincial Education Directorate (DPE) and the Provincial Youth and Sports Directorate (DPJP) and establishment of a reference system for Adolescent Sexual and Reproductive Health (ASRH) in the city of Tete.

<sup>7</sup> Priorities listed in the 2015 Análise situacional sobre a equidade em saúde e determinantes sociais de saúde, província de Tete, Moçambique by René Loewenson and Sarah Simpson (annex 8.6). Source DPS but without date.

## 3.2.2.3 Translation of objectives into national and provincial programs

Table 4 presents an overview of the extent to which each intervention is aligned with the three sub-objectives. Each sub-objective has been translated into activities by between two to four interventions (see € in table 3). Other projects may also (indirectly) contribute to the objective, but often to a much lesser extent (see orange € in table 3). The financial weighting is presented as €€€ (budget of more than €2 million), €€ (budget between €1 and €2 million), € (budget of less than €1 million).

While the support to PROSAUDE does not explicitly contribute to any of the three sub-objectives, it does impact on different health system strengthening blocks and also aims to improve several health indicators that are related to maternal health and SRHR. According to several interviewees, the common fund PROSAUDE is the aid modality within the current context of Mozambique that allows maximum alignment with national policies. Certainly, at the local level now that approximately 80% of the fund is being disbursed directly to the decentralised level. The technical assistance for the GTAF and the DPS in Tete contribute to the overall objective of “an efficient and effective health policy at national level and in Tete Province”. While TA for the planning process is stipulated in the provincial strategic plan and while the Terms of Reference (ToR) were co-designed with the DPS in Tete, the ToR for the TA are too broad to have a valuable impact and lack focus, according to the DPS in Tete.

Table 4. Coverage of sub-objectives

Geographical coverage	NATIONAL				TETE			MAPUTO PROVINCE/CITY			
	PROSAUDE	TA GTAF	INS/ITM	WHO	TA Tete	UNFPA	CUAMM	ICHR-M	Viva Africa	Apopo	Action Aid
SO 1. Contribute development of a critical mass of well trained and motivated health workers – skilled to also serve adolescent population effectively	€€€			€		€€	€€	€€			
SO 2. Contribute to good health research and monitoring of diseases and epidemics with, attention for the underserved adolescent population			€€	€	€	€€	€€	€€		€	
SO 3. Contribute to the promotion of sexual and reproductive health and rights of all Mozambicans, with a special emphasis on the most vulnerable populations, in particular adolescents, through the promotion of a multisectoral approach	€€€					€€	€€	€€	€		€

SO 1 is most directly addressed by the UNFPA and WHO program of improving the skills and quality of midwifery staff in Tete. Other interventions also include training of health personnel (such as CUAMM and ICHR-M) but it is often a relatively small activity. PROSAUDE also contributes indirectly to this objective, through ensuring that MISAU increases its absorption capacity of trained human resources. SO

1 is most directly implemented in the province of Tete but also has an impact at national level through the contribution of the WHO on the revision of the SMI training curriculum. UNFPA and the MISAU are interested in replicating this model to other training institutions in the country.

SO 2 is translated in different ways at both national and provincial level. The objective is most directly translated by the capacity strengthening project of the INS in collaboration with the Antwerp Institute of Tropical Medicine (ITM). While some of the INS studies address issues that impact on the adolescent population, overall support for general capacity strengthening was considered to be the main priority. The WHO program also contributes to the objective at national level through its component on maternal mortality surveillance. In Maputo city, the Apopo intervention provides support to increase the TB detection rates. In Tete, the TORs of the TA also presuppose support to overall monitoring of health indicators in the province. Furthermore, other projects have included the conduct of operational research as part of the intervention, often focused on adolescents (CUAMM and ICHR-M).

SO 3 is most directly translated into interventions by projects implemented by NGOs both in Tete and Maputo province. The CUAMM and ICHR-M project focus on increasing access and demand to quality health services by adolescents and with a particular focus on the 10-14 age group (ICRH-M). The Viva Africa project contributes to increased access to SRH services (prevention of mother to child transmission of HIV, HIV treatment and screening of human papilloma virus (HPV)) for women and to some extent also girls. However, it is unclear to what extent the objectives of the Dreams project are fully aligned with the priorities of the CSP III. Instead of supporting the health system, it has created a parallel health project which is unlikely to be integrated in the existing health system. The project proposed by Action Aid is the only project in the portfolio working solely on addressing gender-based violence (GBV). The UNFPA program and PROSAUDE also indirectly contribute to this objective by improving the capacity of SMI nurses to attend to adolescents' health needs (UNFPA) and by allocating 80% of the funding at provincial and district level (PROSAUDE). This specific objective also stresses the need to promote a multisectoral approach to health promotion. Three specific projects under this objective (ICRH-M, CUAMM and Action Aid) include such a multisectoral approach by working with the respective provincial and district authorities for health, education, youth and sports and in some cases also gender and social affairs.

### **3.2.3 PAST LEARNINGS**

All the interventions funded by the CSP III are either a continuation of previous projects (PROSAUDE, TA GTAF, INS/ITM, Viva Africa and Apopo) or based on previous experiences and results of similar projects (TA Tete, UNFPA/WHO, ICRH-M, CUAMM and Action Aid). However, the fact that interventions are either a continuation or based on previous experiences is not necessarily a factor that guarantees successful implementation and results. For example, the TORs for the TA in Tete were based on the role that a previous TA (financed by Denmark) fulfilled in the DPS but are now considered to be lacking in focus and so far, not yet contributing to any results. Similarly, the project proposed by Action Aid was based on previous projects implemented by the organisation but has encountered several difficulties in terms of quality of activities implemented as well as financial management. Also, the continuation of previous projects is not without its difficulties and require continuous support and monitoring from the Deputy General Representative of Flanders and other staff to ensure the projects and programmes remain on track.

Most of the recommendations of the previous MTRs were considered and implemented. An important recommendation of the previous MTRs included the need to further reduce the fragmentation across the portfolio. This has been partially achieved with 11 projects under the current CSP compared to 16 under

the previous one, although the number of projects still remains considerable. Moreover, the fragmentation is very likely to increase further with the recent call for proposals. While this call for proposal is more focused in terms of the content, the possible engagement with new actors but also type of approaches are likely to increase the administrative burden. Annex 5 details the extent to which the recommendations of the last MTR (conducted in 2014) are being addressed. While a few of the recommendations are being addressed, their results are not yet visible. For example, the MTR recommended to “Keep M&E/research as specific theme, with a clear focus on institutional support to action-oriented research” (recommendation #7). Operational research has been programmed in the different interventions; however, the implementation of this component is often delayed, which may eventually also mean that it is not implemented at all. Also, recommendation # 10 “Revisit the aid modality in Tete Province. It is recommended to support the joint implementation of provincial integrated health plans in a flexible manner” has been addressed to some extent through the financing of a technical assistant to the DPS in Tete, however, this is not directly contributing to the implementation of integrated health plans.

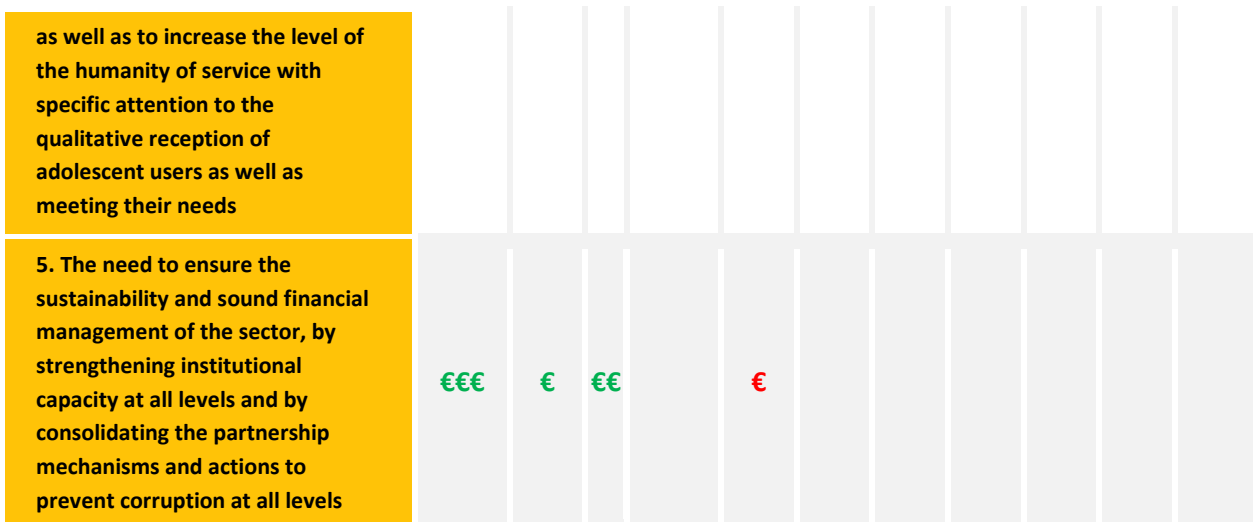
Furthermore, recommendation # 13 (“make more use of regular, independent project evaluations (besides the financial audits), to identify lessons learned”) is also not yet fully visible. The inclusion of project evaluations is encouraged in the proposals and several (but not all) have budgeted for a project evaluation, but so far none has been conducted.

### 3.2.4 TO WHAT EXTENT IS THE CSPIII PORTFOLIO RELEVANT?

The portfolio is to a large extent aligned with the overall and specific objectives of the CSPIII and the interventions aim to address key gaps identified by the GoF and GoM as of interest for their cooperation (see table 5 below).

**Table 5. Contribution to specific gaps identified by the GoF and GoM**

Geographical coverage	NATIONAL				TETE			MAPUTO PROVINCE/CITY			
	PROSAUDE	TA GTAF	INS/ITM	WHO	TA Tete	UNFPA	CUAMM	ICRH-M	Viva Africa	Apopo	Action Aid
Interventions											
1. The need to increase demands for services in the area of maternal health including through advocacy							€€	€€			€
2. The need to increase the quality of maternal health services’ provision, including in the area of safe abortion, in an integrated way	€€€			€		€€	€€	€€	€	€	
3. The need to implement the Strategy for Family Planning (FP) to make it universally accessible	€€€						€€	€€			
4. The need to improve the management of health personnel,	€€€			€		€€	€€	€€			



The current portfolio addresses most of the gaps identified by the GoM and GoF, however, a few projects (i.e. Viva Africa, Apopo and Action Aid) only contribute to the gap either indirectly or to a limited extent. The approach of a call for proposal, assessed jointly by the GoM and GoF, is expected contribute to more coherence across the CSP III portfolio.

Also, while the project proposal may be aligned with the sub-objectives, the results are not always so obvious or slightly deviant from the primary objective. According to the project proposal, the general objective of Viva Africa, through the Dreams project implemented by Sant'Egidio, is the promotion of good sexual and reproductive health in young girls and women, and the specific objectives and activities are focused on improved quality of some services (PMTCT, HIV treatment, and HPV screening and treatment) for a relatively small group of women, which is not directly aligned to the CSP III sub-objectives. Furthermore, it is unclear to what extent the funding is contributing directly to the results (because it is only a minor contribution to a large project, i.e. Dreams) and to what extent the results are sustainable (because it is a parallel health project). Furthermore, the contribution of Flanders to this project is not clearly visible. Similarly, the Apopo project faces challenges in its alignment with the CSP III objectives. Although some changes were made to the project set-up, whereby Apopo now plays an important and appreciated role in TB screening through providing GeneXpert laboratory services to approximately 20 public health facilities across Maputo City, the main feature of its project (TB detection by rechecking sputum smear microscopy samples done by trained rats) has more or less become a secondary objective. The fact that the rat technique did not pass the WHO accreditation represents an important challenge for the project, and the Mozambican authorities are therefore hesitant to roll it out nation-wide.

The CSP III has a specific focus on sexual reproductive health and rights (SRHR). SRHR, according to the comprehensive definition of the Lancet-Guttman Commission, has essentially two key components: essential sexual and reproductive health services and sexual and reproductive rights<sup>8</sup>. This is also reflected in the Sustainable Development Goals, in which progress on SRHR is measured by two specific targets: SDG 3.7 and SDG 5.6. Many of the projects supported by Flanders are contributing to increasing access to SRH services as per the SDG target 3.7 which aims to “ensure universal access to SRH services, including family planning, information and education and the integration of reproductive health into national strategies and programmes”<sup>9</sup>. In particular the projects of CUAMM, ICRH-M and Viva Africa focus on

<sup>8</sup> 2018 the Lancet-Guttman commission on redefinition SRHR (panel 3) <https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>

<sup>9</sup> Sustainable Development Goals Knowledge Platform: <https://sustainabledevelopment.un.org/sdg3>



providing access to and information on appropriate SRH services for adolescents, as well as services related to HIV/AIDS. The UNFPA programme could also be seen as contributing to this objective by strengthening the capacity of SMI nurses to provide these SRH services. In relation to sexual and reproductive rights, which is measured by SDG target 5.6 to “ensure universal access to sexual and reproductive health and reproductive rights”, one project supported by Flanders contributes directly to this target: the Action Aid programme addresses gender-based violence and aims to strengthen women and girl’s auto-confidence and capacity to break the silence and challenge harmful culture practices, while the ICRH-M and CUAMM projects also contribute to some extent by improving the information and communication around sexual relations, contraceptive use and reproductive health care services. However, very few projects address social and gender norms that exert a powerful influence on individual SRHR. Men and women have unequal status in most societies, resulting in women having fewer opportunities to make decisions regarding their bodies, sexual behaviour, marriage and reproductive health<sup>10</sup>. Recent research has observed that holistic programmes, that use gender transformative approaches including context-sensitive demand and supply building blocks are most successful in achieving behavioural changes and empowerment<sup>11</sup>. This is particularly the case if gender sensitive support is provided to both sexes. Only two projects in the current Flanders portfolio (ICRH-M and Action Aid) acknowledge the importance of social and gender norms on SRHR and aim to work on these norms. So, the Flanders portfolio clearly contributes to increasing access to essential SRH services and to some extent also contributes to the realisation of sexual and reproductive rights of adolescents. However, going forward it may be worth including projects that address the barriers to comprehensive SRHR in a more holistic and gender transformative way.

Finally, the use of different types of aid modalities (‘on-budget’ and ‘off-budget’) and implementing partners (government institutions, multilateral agencies, academic institutions and NGOs) is also to some extent justified, especially in light of the capacity of actors working in the health sector in Mozambique. However, there is still a relatively large fragmentation with many different projects being funded. This fragmentation presents risks in terms of efficiency and effectiveness (see chapter 3.3 and 3.4 for more details).

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<sup>10</sup> Starrs, Ann M et al. (2018) ‘Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission’, in: *The Lancet*, Volume 391, Issue 10140, 2642 – 2692.

<sup>11</sup> J. E. Mantell, A. Harrison, S. Hoffman, J. A. Smit, Z. A. Stein, and T. M. Exner, “The ‘Mpondombili’ Project: Preventing HIV/AIDS and Unintended Pregnancy among Rural South African School-Going Adolescents,” *Reprod. Health Matters*, vol. 14, no. 28, pp. 113–122, 2006.; S. N. Ramesh, “Effectiveness of adolescence education programme among adolescent girls and boys: a school based intervention study in Nalgonda District of Andhra Pradesh. TT -,” *Indian J. Matern. Child Heal.*, vol. 12, no. 3, p. [7] p, 2010; H. Wehr and S. E. Tum, “When a girl’s decision involves the community: The realities of adolescent maya girls’ lives in rural indigenous Guatemala,” *Reprod. Health Matters*, vol. 21, no. 41, pp. 136–142, 2013; J. van der Geugten, B. van Meijel, M. H. G. den Uyl, and N. K. de Vries, “Evaluation of a Sexual and Reproductive Health Education Programme: Students’ Knowledge, Attitude and Behaviour in Bolgatanga Municipality, Northern Ghana,” *African J. Reprod. Heal. / La Rev. Africaine la Santé Reprod.*, vol. 19, no. 3, pp. 126–136, 2015 ; Rahman D, “The effect of community-based reproductive health communication interventions on contraceptive use among young married couples in bihar, India. TT -,” *Int. Fam. Plan. Perspect.*, vol. 34, no. 4, pp. 189–197, 2008.

### 3.3 EFFECTIVENESS

#### Review questions:

- To which extent is the composition of the portfolio effective? What factors influence the effectiveness of the portfolio?
- Provides the Annual Consultation an adequate instrument for policy dialogue and monitoring progress?
- How have programs and projects supported by Flanders contributed to improved policymaking and service delivery?
- To what extent are adolescents being reached? (\*question added by the MTR team)

#### Key Findings:

- Factors influencing effectiveness include delays with the start of the project, time required to establish confidence with main stakeholders, collaboration with government institutions and other donors, institutional capacity of implementing partners, reliance on M&E systems of implementing partners, absence of (external) evaluation mechanism, and limited clarity of expectations of the beneficiary.
- The Annual Consultation is considered by both the Mozambican and Flemish government as an adequate mechanism for dialogue, but the consultation is not held consistently.
- The CSPIII contributes largely to improved service delivery through increased allocation of PROSAUDE budget to the health districts, improved accessibility of the SAAJs and refurbished “counselling corners” (cantine escolar) in schools, improving the skills of maternal and child health nurses through training in Tete and increased availability of TB testing equipment.
- The CSPIII also contributes, albeit to a more limited extent, to improved policymaking, through updating the curriculum for competencies of SMI nurses (UNFPA/WHO) and improved communication capacity to translate evidence into policies (INS/ITM). There is furthermore potential for contribution to policymaking through innovative types of financial analysis provided by the TA to GTAF.
- The CSPIII has an extensive focus on adolescents across all the objectives, however, only two of the objectives are having a direct or indirect impact on the health of adolescents. The aim of “working towards a data revolution” to inform on specific health status and gaps in service delivery for adolescents is not yet being addressed by any of the projects. Multi-sectoral cooperation is left to the responsibility of individual organisations and not actively promoted at either central or provincial level.

With the application of the OECD-DAC criteria, the evaluation of effectiveness addresses the measure of the extent to which the activities attain its objectives. Usually, the following questions are considered:

1. What were the major factors influencing the achievement or non-achievement of the objectives?
2. To what extent were the objectives achieved / are likely to be achieved?

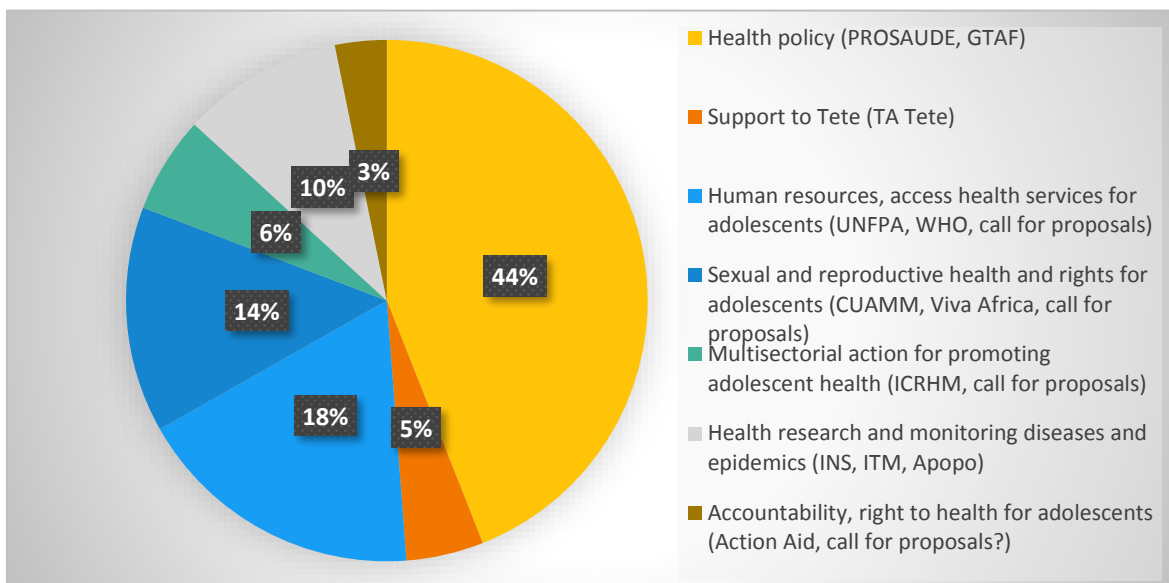
#### 3.3.1 FACTORS INFLUENCING THE ACHIEVEMENT OF THE OBJECTIVES

There are several factors that influence the effectiveness of the CSPIII.

### 3.3.1.1 Fragmentation of the portfolio

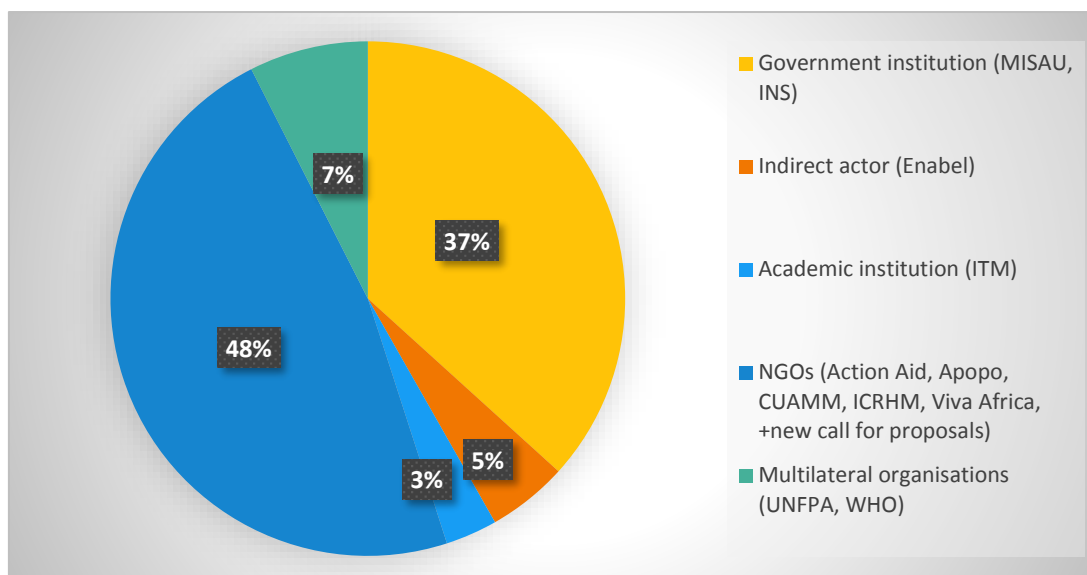
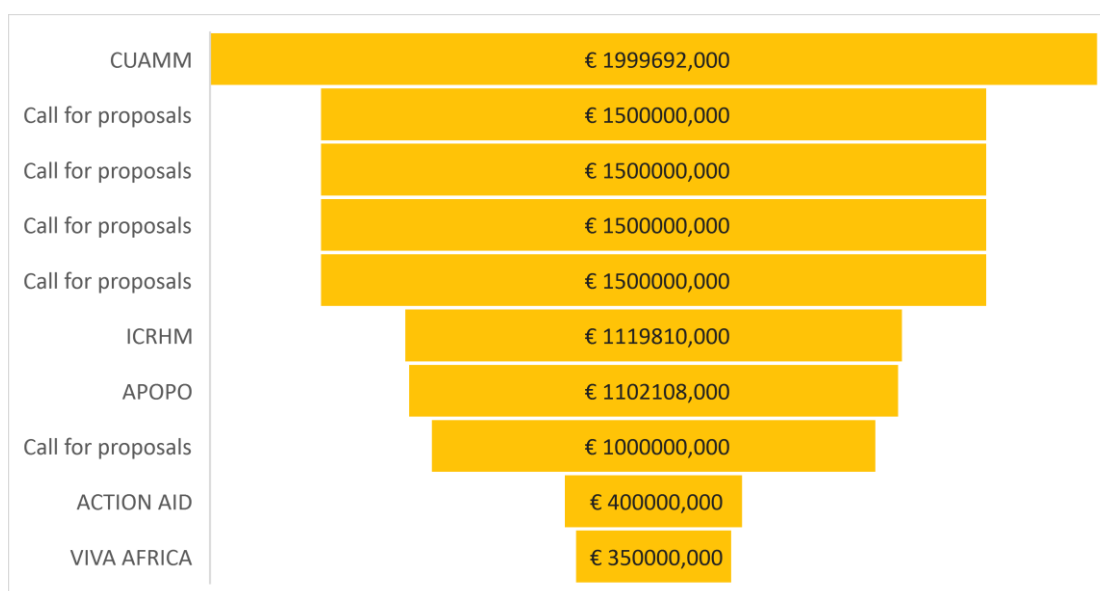
The recommendations provided by the previous MTR's have led to a certain reduction in fragmentation the CSP III portfolio, in particular in terms of areas addressed by the CSP III, as per figure 1 below.

**Figure 1. % of indicative budget by thematic area**



However, many different implementers continue being deployed by the GoF and the allocation of the budget by implementer highlights that almost half (48%) of the total budget will be implemented by non-governmental organisations (see figure 2). This figure would have been different (40% for NGOs and 44% for government institutions), should Flanders have maintained its contribution of €2 million to PROSAUDE in 2016. While risk mitigation is one of the main reasons cited to justify the use of different implementers, the amounts channelled to each organisation (and in particular to the NGOs) are fairly small (see figure 3). The MTR questions whether this composition can indeed produce the intended effects because:

- Each new project runs a risk of incurring delays, which often impacts on the delivery of activities, such as planned operational research (see below).
- Currently almost half of the CSP III budget is allocated to NGOs and this can impact the efficiency of the portfolio due to the technical and financial management capacity available (see section 3.4 for more details).
- The workload of managing many projects should not be underestimated. Projects implemented by NGOs, but also Mozambican agencies, require a significant investment in terms of monitoring and supervision, independent of the volume of funds allocated to the project.

**Figure 2. % of total budget allocated by type of implementer****Figure 3. Budget allocated to each NGO**

### 3.3.1.2 Delays at the start of implementation

Projects, and in particular new projects, run a certain risk of suffering from delays, often impacting on the delivery of activities. Delays at the start of the implementation have therefore a vital influence on the overall effectiveness of the CSP III, particularly for projects with a shorter timeframe for implementation. Some of the projects supported by CSP III were confronted with this challenge, like the project implemented by ICRH-M. The project started a few months later than planned due to a delay in receipt of funding and because the DPS requested ICRH-M to change the districts from Manhiça and Namaacha to Moamba and Magude. This required a revision of the approach and the budget because ICRH-M had not yet worked in those districts. While these delays may have had some impact on the effectiveness of the project, the change of districts will contribute positively to the coverage of the Province of Maputo. At the time of the MTR, ICRH-M was still in the process of identifying local partners and supporting the local authorities with the planning cycle to ensure alignment of activities.

Similarly, the project implemented by CUAMM in Tete Province was also confronted with a delay at the start. The DPS in Tete also asked CUAMM to change the districts in which the activities were foreseen to others that are further away. Moreover, CUAMM needed time to set up its operations in Tete Province since they had not worked in this province before.

While the project implemented by UNFPA and WHO at the Tete Health Training Institute was not delayed as such at the start, there were some delays in getting up to speed. This was mainly because of unclarity in the roles and responsibilities of the different stakeholders involved. Particularly the roles of the Cuban technical assistants compared with the national teachers was not fully clear at the start and required additional time investment from UNFPA.

Another project that faced some challenges at the start was the TA to the DPS in Tete contracted by Enabel. Although Enabel had contracted TA previously on behalf of Flanders, the TA to the DPS in Tete was a new set-up and roles and responsibilities between the involved stakeholders (Flanders, Enabel and the TA itself) may not have been fully clear from the beginning, particularly at the recruitment and contracting stage.

Due to these delays, the time of the implementation of the projects, and consequently the time to achieve the objectives is reduced with consequent risks that objectives may not be fully achieved.

### 3.3.1.3 Building confidence and collaboration with governmental institutions and other development partners

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The time needed to establish a confident relationship with other relevant stakeholders, in particular with the governmental institutions, also influences the effectiveness of the project, and reduces the time planned for achieving the objectives. The above-mentioned projects were all confronted – albeit to different extents - with this situation. Setting up projects in districts where the partners had no previous experience is an obvious challenge (ICRH-M and CUAMM). Moreover, when an innovative concept is being introduced, which is the case for the Cuban technical support to the ICST, the roles and responsibilities, as well as the expectations need to be fully clear at the start. UNFPA and WHO had to slightly change their approach to resolve this lack of clarity. Although it has taken some time, a relationship of trust has been built, which results in strong linkages between the main stakeholders involved.

Building trust and confidence is certainly an important element when TA is being provided to government institutions. The support from the GoF through Enabel to the GTAF and to the DPS Tete relies heavily on a trusted relationship that the technical assistants are able to establish with their government counterparts. Although the Technical Assistant to GTAF was a newly recruited person, the person had already earlier exposure to PFM in MISAU and Enabel had already experience in providing this kind of TA. Despite some difficulties in the beginning to establish the right balance between being accountable to the donors and to DAF, the TA was able to gain confidence, which led to improved ownership by DAF. While DAF may at times still be reluctant to accept the innovative way of PFM analysis, a relationship of trust exists. The situation with the TA to the DPS in Tete, on the other hand, is rather different. Several contextual factors impeded the TA to establish trust with the DPS Tete counterparts. One of the reasons cited is that the ToRs are too broad and lack focus, and consequently don't provide sufficient direction to the TA. The TA position has no budget available to support the DPS and the DPS has also not assumed full ownership of this project. Furthermore, the profile of the TA could have been more geared towards general health systems management expertise rather than towards a public health expert, and there was only limited guidance and monitoring of the TA. Consequently, the DPS and the TA are not achieving the intended results.

For the support to PROSAUDE, Flanders is considered an important partner both by other development partners and the government. The collaboration with other development partners in relation to

PROSAUDE has been effective and efficient. Flanders' contribution to the strategic discussions, and its support to the GTAF working group is much appreciated by other bilateral donors. These donors, however, are not very familiar with the other support that Flanders is providing to the health sector and neither does Flanders have a lot of knowledge of how other bilateral donors apply their funding beyond PROSAUDE in the health sector.

With MISAU Flanders has been able to maintain a stable relationship, despite the decision to withhold its PROSAUDE disbursement in 2016. The annual contribution from Flanders to PROSAUDE for the year 2018 was also disbursed quite late in the year. Late disbursements to PROSAUDE are not limited to Flanders only since MISAU confirmed that many PROSAUDE partners are usually late with their disbursements. These situations certainly have an influence on the effectiveness of the activities to be implemented. And while currently the confidence in PROSAUDE is slowly rising again, and other donors are considering joining the common fund, the increased fragmentation of donor support since the 2016 debt crisis has undoubtedly impacted negatively the effectiveness of the health system.

#### 3.3.1.4 Institutional capacity of partners

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Effectiveness of the CSP III may also be compromised when the institutional capacity of the selected partners is not adequate. The Deputy General Representative of the GoF notes considerable difference in the institutional capacity of contracted partners (see section 3.4.1 for more details). Usually there are less concerns when working with multilateral organisations like UNFPA and WHO. Working with (international) NGO's, however, requires a considerable investment of time for appropriate accompaniment. The example of CUAMM, whereby the project manager needed to be replaced, as well as the situation with Action Aid whereby disbursements have been frozen partly because of limitations in institutional capacity, illustrate these challenges.

#### 3.3.1.5 Dependence on external monitoring and evaluation systems

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In line with the Effective Development Cooperation (EDC) principles (Paris, Busan) and with the objective to reduce transaction costs for implementing partners, the Flemish government relies fully on the Monitoring and Evaluation (M&E) systems of its implementing partners, including the ones of the Mozambican government and its partners for PROSAUDE. While it is praiseworthy in terms of EDC, it is more difficult to measure the extent to which the CSP III is effectively achieving its objectives. The technical and financial reporting provided by the implementing partners is usually done through pre-established formats from the GoF, although some partners prefer to use own formats.

Most of the projects have an independent, external evaluation foreseen either mid-way or at the end of the project, but not all of them have appropriately budgeted for these evaluations and some partners mentioned that such evaluations would not be carried out.

The foreseen Annual Consultations, although not held consistently, provide an adequate opportunity for both governments to discuss progress made, and to analyse the extent to which the results of the CSP III are being achieved (or not). Both governments expressed their satisfaction about these mutual discussions, and these certainly have the potential to contribute to improved effectiveness of the cooperation between the two governments.

### 3.3.2 ACHIEVEMENT OF OBJECTIVES

The MTR assessed whether the CSPIII is contributing to results in terms of improved service delivery and policymaking, as well as to what extent adolescents are being reached.

**Table 6. Service delivery and policymaking**

Geographical coverage	NATIONAL				TETE			MAPUTO PROVINCE/CITY			
Interventions	PROSAUDE	TA GTAF	INS/ITM	WHO	TA Tete	UNFPA	CUAMM	ICRH-M	Viva Africa	Apopo	Action Aid
CSPIII contribution to service delivery	€€€			€		€€	€€	€€*	€	€	
CSPIII contribution to policymaking	€€€	€	€€	€	€	€€	€€	€€*		€	

\* The contribution of ICRHM to service delivery and policy making cannot yet be assessed because the project is still starting, but according to results of previous projects and the project proposal, it is assumed that the new project will contribute both to service delivery and policy making

#### 3.3.2.1 Service delivery

Most of the projects supported by CSPIII started in 2017 and some even in 2018. Also considering some projects were confronted with delays at the start, the timing of the MTR is too early to make a sound pronouncement about the CSPIII's contribution to improved service delivery, and how it was achieved. Nevertheless, some important achievements were noted:

- Eighty (80) percent of the funds allocated to PROSAUDE are now going directly to the provinces and health districts. While the funds can be used flexibly by the health authorities, it is assumed that the larger allocation to health districts will contribute to improvements in service delivery. This change started only in 2018 and the results are therefore not yet visible.
- The MTR team noted an improvement in the accessibility to SAAJ's and refurbished counselling corners in schools. These objectives were achieved through the implementation of the projects by CUAMM in Tete Province and are also planned as part of the ICRH-M project in Maputo Province. Although the available data require more analysis, an increase in the SAAJ attendance was noted. Furthermore, several counselling corners in schools were refurbished, but the effectiveness of these corners is still unclear. Students attend these corners mostly to obtain condoms and at the same receive information on SRHR by trained peer educators, however, the quality of these peer educators varies largely and none of them had access to a manual with information, instead they relied on their memory and a few leaflets that were still available. The lack of information, education and communication (IEC) materials was obvious and constrains the peer educators. In case of doubts, one peer educator mentioned that he consults the internet.
- The support provided by the Cuban Technical Assistance at the ICST does not only contribute to improved skills of the SMI nurses that are being trained at the Institute, but positive effects are also being noted in terms of improved quality of service delivery through the accompaniment of students during their work placement in public health facilities across Tete Province. As a matter of fact, the

Cuban experts also provide recommendations to these facilities regarding improved service delivery during supervision visits and when accompanying the students.

- Improved quality of service delivery is also being achieved through the Viva Africa project. The recently opened facility in Zimpeto was visited by the MTR team and the team observed a different approach to service delivery than in a regular public health centre. The Zimpeto facility disposes of a modern laboratory with modern equipment. The centre also provides laboratory services to public health facilities across Maputo City, which can also be considered an improvement in service delivery. The project also provides GeneXpert TB screening to the public sector whereby it receives the reagents from the Maputo City Health Directorate, and the equipment is linked to a national network that automatically reports detected drug resistant TB cases to the health authorities. The objectives of the Viva Africa project, however, are not fully in line with CSP III (as outlined above), and the visibility of Flanders as one of the donors to the project is limited.
- Similarly, the Apopo project is also contributing to improved service delivery. The project now provides GeneXpert TB screening services to approximately 20 public health facilities across Maputo City. The project also receives its reagents from the Maputo City Health Directorate and the system is linked to the same national network. The National TB Programme at MISAU expressed its appreciation of the services that Apopo is providing, including its motorbike sample collection network. These services, however, are not the main objective for which the Apopo project was set up and there are questions about its sustainability (see below).

### 3.3.2.2 Policymaking

Another key objective of the CSP III is its contribution to improved health policymaking. The projects that are 'on budget' are the ones that particularly contribute to this objective.

The support to PROSAUDE directly contributes to improved health policymaking. Through the Joint Coordination Group (JCG) the bilateral donors, including Flanders, have direct access to the MISAU and can engage at a strategic level on health policy making and implementation. For example, the fact that PROSAUDE is now allocating 80% of its funding directly to the provinces and districts, is a result of negotiations among the MISAU and PROSAUDE donors.

Furthermore, the TA provided to GTAF is also likely to influence policy making. The innovative character of the financial analysis that the TA develops goes beyond the traditional analysis and provides MISAU as well as the donors with more insights in terms of allocation of resources whereby certain allocations can be questioned from an equity perspective.

Policy making is also particularly addressed through the support to INS. In particular the development of a nation-wide environment conducive for good quality health research, as well as the establishment of an INS health policy and communication office to ensure translation of the generated evidence to health policy and practice are two objectives that are likely to contribute to improved policy making, however no specific results could already be observed. The research on antibiotic resistance is still ongoing and the capacity to translate evidence into policy is still being acquired. The ITM provides support in this area and an INS student is currently doing a Master degree on Health Communication at the ITM.

The MTR team also acknowledges the work done by WHO in the context of its joint project with UNFPA for enhancing the quality of the midwifery workforce in Tete Province, whereby the WHO is supporting the revision of the curriculum for SMI nurses. The revision is informed by the project implemented in Tete but will be rolled out nationally, after government approval.



Finally, other projects supported by Flanders also include a component of operational research (CUAMM, ICRH, Apopo). This kind of research can potentially also contribute to policymaking, however, so far, no clear examples are available. In many cases the results of operational research were not yet available, or the research is being postponed.

### 3.3.2.3 Focus on adolescents

The CSPIII has a strong focus on adolescents. The three sub-objectives of the CSPIII (health workforce, research and surveillance, and promotion of SRHR) refer explicitly to adolescents. It furthermore makes reference to issues like “improving the accessibility of services by adolescents”, “the collection of age and sex disaggregated data at the level of adolescents”, “prioritize research and monitoring SRHR with due attention to adolescents”, and “active looking for interlinkages with other sectors (e.g. education, gender, etc.)”. The MTR team has tried to assess whether these objectives are also translated into implementation. A preliminary analysis is included in the table 7.

**Table 7. Focus on adolescents - implementation**

Geographical coverage	NATIONAL				TETE			MAPUTO PROVINCE/CITY			
Interventions	PROSAUDE	TA GTAF	INS/ITM	WHO	TA Tete	UNFPA	CUAMM	ICRH-M	Viva Africa	Apopo	Action Aid
Focus on adolescents – translation into implementation/action	€€€			€		€€	€€	€€	€		€

The contribution to the development of a critical mass of well trained and motivated health workers, *who are skilled also to service the adolescent population effectively* is primarily being achieved through the UNFPA/WHO project. Although the updated curriculum for the SMI nurses is not fully finalized yet, informants pointed at improved attention for adolescents in the new curriculum as well as in the training provided at the Tete Institute. PROSAUDE funds also go to training activities of health workers, but it is not clear to which extent these activities are targeted at adolescents.

The sub-objective of contributing to health research and monitoring of diseases and epidemics refers to *relevant and appropriate attention to the underserved adolescent population* but this does not really appear to be implemented as such. The INS/IMT project does not have a particular focus on adolescents, and neither has Apopo.

The third sub-objective generally focuses on adolescents, through increasing access to services through the refurbishment of SAAJs and the counselling corners at school. While increased attendance of young people is observed by key informants, but not enough data is available yet to conduct a comprehensive analysis. The aim of “working towards a data revolution” to inform on specific health status and gaps in service delivery for adolescents and developing evidence-based approaches for age groups of 10-14 and 15-19 years (including disaggregated data on sex) is not yet fully happening.

Informants also pointed at weaknesses in terms of inter-sectorial collaboration and coordination with regards to SRHR for adolescents, both at the central and decentralized level. While at the central level some coordination mechanisms exist, these do not seem to be fully functional and depend to a large extent on the funding situation of the government entity leading the mechanism, which rotates between different ministries. At the decentralized level (Maputo Province and Tete Province) these mechanisms

are also not functioning and multi-sectoral coordination is left to the responsibility of individual organisations. For example, CUAMM and ICRH-M consult with other provincial directorates, but not through an existing mechanism. One of the consequences of the still limited existence of inter-sectorial linkages is a limited focus on “rights-based approaches” for SRHR. Indeed, the MTR team noted relatively little attention is given to the social and gender norms that impact on the realisation of sexual and reproductive health rights of adolescents. .

### 3.4 EFFICIENCY

#### Review questions:

- How efficient is the coordination and cooperation with partners and other donors?
- What are the strengths and weaknesses of the cooperation with the different partners? Is the management capacity and the monitoring and evaluation capacity of the partners sufficient to ensure successful and timely implementation of the programs?
- Is financial implementation effective? Have disbursements been timely? Are financial monitoring and evaluation, and organisation of audits adequate?

#### Key Findings:

- There is a high level of coordination with other PROSAUDE partners, but there is room for improvement for the coordination and collaboration between the different projects supported by the GoF at central and provincial level. The technical and political role and capacity of the Deputy General Representative of the GoF is well appreciated by partners, including the government institutions.
- The management and M&E capacity vary to a large extent across different implementing partners. Generally, supporting and accompanying the (international) NGOs requires a substantial level of effort from the Deputy General Representative.
- Overall, financial implementation is efficient. There are some differences between the original budget and effective implementation, which has to some extent impacted on the efficiency of the CSP III but not necessarily on the effectiveness.

With the application of the OECD-DAC criteria, the evaluation of efficiency addresses the extent to which the most efficient process has been adopted to achieve the objectives. It measures the qualitative and quantitative outputs in relation to the inputs. Usually, the following questions are considered:

1. Were the activities cost-efficient?
2. Were the objectives achieved in time?
3. Was the program implemented in the most efficient way compared to alternatives?

However, for this MTR – and in line with the review questions outlined in the terms of references, the assessment will focus on management capacity of the different stakeholders, as well as the financial implementation of CSP III. Questions on achievements of the objectives in time were addressed in the previous chapter (see 3.3.1).

### 3.4.1 CAPACITY OF PARTNERS

In general, there is a large diversity in the capacity of the implementing partners, mainly due to the various modalities that are being deployed.

#### 3.4.1.1 Support to and through government institutions

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The confidence in PROSAUDE is slowly returning, and other donors are considering (re-)joining the common fund. The increased fragmentation of donor support since the 2016 debt crisis has however undoubtedly impacted negatively not only the effectiveness of the health system, but also the efficiency. In terms of efficient processes, it has taken the PROSAUDE partners and MISAU a very long time to agree on a procedures' manual. The approved manual is currently being implemented and contributes certainly to improved efficiency. The design of the manual and the common fund itself, however, was done with having a much larger amount of funds in mind. Currently there are approximately 20-30 million US\$ flowing through PROSAUDE annually while it had been designed for approximately 150 million US\$. Consequently, the procedures for managing a relatively low amount of funds are currently considered to be heavy both by MISAU and the partners. A special technical unit was set up within MISAU to coordinate PROSAUDE, called the "Technical and Programmatic Unit". The unit is currently being funded by PROSAUDE's lead donor Italy but discussions are ongoing to fund the unit in the future from PROSAUDE funds. The overall performance and efficiency increased considerably according to most informants. Given the relatively low amount within PROSAUDE, the staff is now also working on other tasks, and in the context of EDC and reduced transaction costs, discussions are ongoing on how the unit can also take on tasks related to the management of other donor funds like The Global Fund, Gavi and GFF.

The management capacity at the decentralized level is considered as less optimal. Although there are no funds flowing directly to the DPS in Tete (except through PROSAUDE), the DPS in Tete has not very well managed and use the TA provided by Flanders through Enabel.

Improving the institutional capacity of INS is a key objective of the BICMINS III project. This component is greatly appreciated by the INS and is in fact the only support targeted at institutional strengthening, when compared to other funding sources. The results in terms of management capacity are however not yet fully visible. Currently, the work is being done by a project coordinator, a logistician, a dedicated accountant and an assistant, as it was foreseen in the project proposal. However, the monitoring and follow up of the project still requires a substantial level of effort despite the foreseen support provided by ITM. As such, INS planned to also add a dedicated Project Manager to the team, but is facing challenges with the recruitment, seemingly due to the limited financial resources budgeted for this position.

#### 3.4.1.2 Support to and through multilateral organisations

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*"Enhancing the quality of the midwifery workforce in Tete province"* is a joint program of UNFPA and WHO, whereby UNFPA is the lead agency. While within the joint program, the role of WHO is merely to conduct the baseline and final assessment of the pre-service training institution, WHO also received direct support from the GoF for providing technical assistance to increase the capacity of health training institutions by updating and validating the pre-service training curriculum of medium-level SMI nurses, and defining strategies for on-the-job training, as well as for establishing a quality control system in selected hospitals for monitoring and recording maternal and neonatal deaths.

WHO was also beneficiary of Flanders' support during the previous CSPs whereby Flanders supported the salary of a WHO staff member. While it has lost this direct linkage with WHO, the relationship is still good and both WHO and Flanders are appreciative of their cooperation.

The management capacity of these multilateral organisations is generally adequate. An important advantage is the well-established UN accounting systems, as well as the fact that multilateral

organisations are used to work closely with government institutions. In addition, UNFPA and WHO are also used to working directly with (international) NGOs and are pro-active when it comes to problem solving. UNFPA and WHO are also familiar with funding sources through bilateral agreements with governments. UNFPA, for example, is currently implementing a similar project as the ICST, supported by DFID. The administrative requirements of the donors for these multilateral organisations differ from one to the other. In this regard, informants stated that Flanders is quite demanding in terms of financial justifications and will only disburse funds when all previous expenses have been adequately justified. It seemingly entails a risk of losing efficiency because of the additional efforts needed to satisfy these demands, and because of delayed payments. An advantage for the GoF is that UNFPA channels its funds partially directly to the DPS in Tete for the component of the ICST, and it manages these funds and corresponding accountability directly with the DPS.

The monitoring and evaluation capacity of both the WHO and UNFPA are also deemed adequate. The quality of the reports submitted so far is appropriate. WHO will undertake the final evaluation of this project, while UNFPA is currently planning an internal evaluation in relation to the improvements in terms of theory, practices and attitudes of the trained SMI nurses.

#### 3.4.1.3 Role of Enabel for contracting TA for GTAF and DPS Tete

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The efficiency of the TA is not fully dependent on the management capacity of the implementing partner. In this regard, there is a notable difference between the efficiency of the TA to GTAF and the TA to the DPS in Tete, even though these are being implemented through the same implementing partner (Enabel). Overall, the continuation of the TA to GTAF under the current CSP III by Enabel is characterised by an efficient process in terms of recruitment, contracting, management and monitoring. The TA to the DPS in Tete, however, was a new position and there were clearly more challenges. As such, there were misapprehensions on the roles and responsibilities between Enabel and the GoF during the recruitment and contracting of the TA, which resulted in delays in contracting. Furthermore, the MTR team noted only very limited monitoring and follow-up of the TA in Tete by Enabel, which may have led to reduced efficiency and lost opportunities for the DPS to take advantage of the TA. Moreover, the challenges that Flanders and Enabel faced in the beginning, had implications on the mutual relationship between the two agencies in Mozambique, which led to the use of only formal communication channels through both the headquarters in Brussels. This has had an obvious impact on the efficiency of the project.

Enabel uses its own format to report on progress made. The reports are of good quality, however, there are concerns on whether enough and regular attention is being given to the issues encountered by this project (both the issues encountered by the TA but also by the DPS).

#### 3.4.1.4 Support through (international) NGOs

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The management capacity, as well as the M&E capacity differs considerably from one partner to the other. Except for ICRH-M, all the NGOs are international organisations with local representation offices. While ICRH-M has a similar set-up, it is the only real national NGO even though it continues to have strong ties with ICHR in Belgium. Viva Africa and Apopo are the only two Flemish NGOs, while CUAMM is originally from Italy and Action Aid from the UK. The difference in management capacity cannot be explained by the backing of an international organisation. The Deputy General Representative of Flanders and the MTR team note differences in management capacity primarily linked with the quality of the local representation. As such, CUAMM faced challenges in the leadership of its project in Tete at the start while Action Aid experienced difficulties with its accountability system. In combination with concerns about the technical quality of activities implemented by the Action Aid project, Flanders decided to freeze the disbursements for this project (jointly with Catalunya, who co-funds the project). Currently, discussions

are ongoing to find a solution for the problems, but it is likely that both Action Aid and Flanders will not to continue the collaboration.

All the NGOs use the reporting template provided by the GoF. The quality of the reports submitted varies but is usually sufficient. In some case, however, the templates are followed too strictly, and the report lacks analysis in terms of progress made (i.e. Action Aid). No reports were available from Viva Africa.

The level of effort required from the Deputy General Representative, its Secretariat and back-office in Brussels to review the financial and technical reports of the NGOs is substantial. While the number of NGOs reduced noticeably from 11 to 5 between the CSP II and the CSP III, this number will certainly increase with the new call for proposals that was launched. Therefore, the level of effort is likely to intensify considerably which potentially leads to serious risks for the efficiency of the portfolio.

### **3.4.2 COORDINATION AND CAPACITY OF FLANDERS**

The relative fragmentation in the current portfolio and the likelihood of increased fragmentation with the new call for proposals requires a high level of effort and capacity from the GoF. Currently, capacity appears to be in place when the resources in Mozambique and Brussels are combined, recognizing that gradually the number of staff in Brussels was reduced considerably during the last few years. However, the front-office in Mozambique is relatively small for the current portfolio.

Considering the already stretched capacity of the Flemish team, the expectation towards Flanders from other PROSAUDE donors to take on the focal point role of PROSAUDE, and the fact that the number of implementing partners will increase due to the recent call for proposals, there is certainly a need to expand the capacity of Flanders at its front-office. The MTR team believes that there are different ways to do so (see section 4.2).

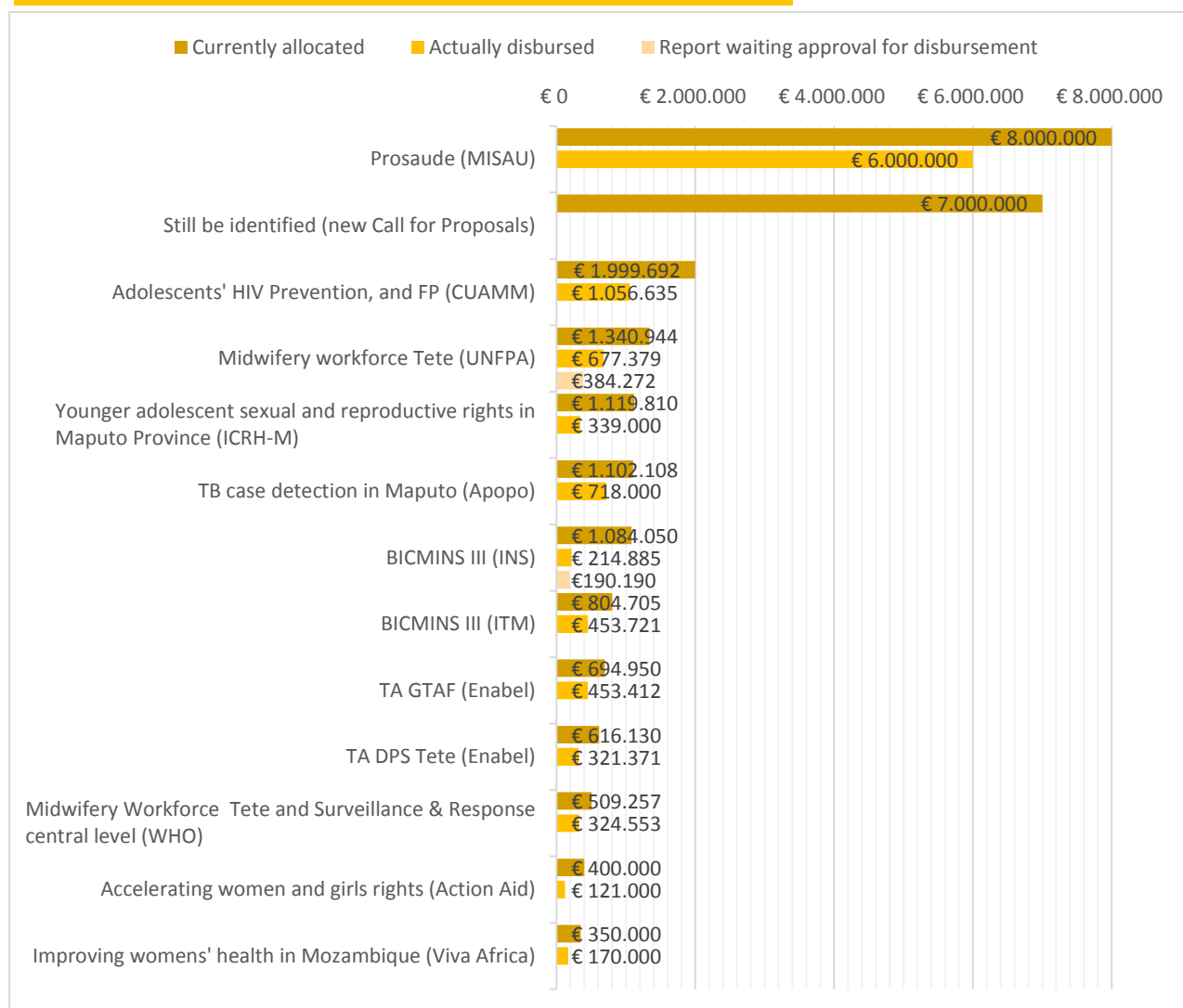
Most informants, both from the government and the implementing partners, expressed satisfaction and appreciation about the level of involvement and support provided by the staff of the GoF. Particularly the Deputy General Representative of the GoF in Mozambique is well appreciated both at the political and technical level. Especially the PROSAUDE partners expressed their appreciation, as well as their expectation that Flanders will take over the focal point role of PROSAUDE from Italy in 2020. Formally, Spain had been identified to lead PROSAUDE in 2020, however, there are doubts about whether Spain has the appropriate human resource capacity in place to lead PROSAUDE. The expectation about Flanders' role is largely fuelled by the technical and political capacity that Flanders currently has demonstrated in Mozambique, but also by the fact that it is a rotating role and Flanders has not yet taken on this responsibility. The MTR team believes that the GoF should consider taking on this role, not only because of the existing expectations but also because it provides an opportunity to further strengthen its dialogue with the MISAU and to continue its contribution to health system strengthening also at a strategic and political level.

Finally, there is some room for improvement with regards to coordination between the different projects supported by the GoF. Only very few informants from the implementing partners were well aware of the whole portfolio of Flanders and while this coordination may not be very important for some implementing partners like Viva Africa and Apopo, more collaboration and cooperation between the NGOs working especially in the field of SRHR for adolescents would be an added value and an advantage for increased cohesion of the Flemish portfolio. For this, involvement with the provincial authorities and involvement with other projects funded by other donors is needed. In Tete Province, this kind of coordination mechanism existed, but it is not active anymore. Similarly, inter-sectorial coordination does not really take place at the central level (or at least Flanders is not represented and actively participating), and neither at the provincial level.

### 3.4.3 FINANCIAL IMPLEMENTATION

Figure 4 below provides a general overview of the financial implementation of CSPIII:

**Figure 4. Financial implementation of the CSPIII**



Currently roughly €18 million have been contracted and the remaining 7 million will be allocated (most likely) to five projects to be selected through the recent call for proposals, as well as to TA to GTAF and TA to DPS Tete. In early 2019, €11 million were already disbursed (€0.5 million pending disbursement due to reports still to be approved). This represents a disbursement rate of 61% in relation to the contracted budget and 44% in relation to the overall CSPIII budget. Depending on the allocation and disbursement of the amounts foreseen for the call for proposals, the MTR team expects that the remaining funds will be implemented according to what was planned, except for the funds from Action Aid.

There are a few differences between what was originally planned in the budget, and how it was eventually implemented. This has mostly impacted funds allocated to health policy development and implementation. For example, the indicative budget included a total amount of €1.2 million for support to Tete, of which only €616,130 has been allocated. Also, the non-provision of €2 million to PROSAUDE in Tete has contributed to fewer funds being disbursed using country systems, because the funds were consequently re-allocated to CUAMM for the implementation of a project focusing at improving adolescent's HIV prevention and retention, and Family Planning uptake. These changes, however, were not intentional and are largely dependent on external factors. Overall, the GoF has been able to identify

other relevant projects and therefore the impact on the implementation of the CSPIII has not been significant, however, it has contributed to a larger number of NGOs being funded, which has contributed to a larger fragmentation of the portfolio.

While some informants stated that payments are not always in time, generally the implementing partners confirm that there are no critical issues with payments from the GoF. Implementing partners are also used to the fact that disbursements are done following the approval of technical and financial report. The approval of financial reports, however, can lead to delays if there are issues with justification of expenses. Some informants stated that the level of scrutiny and verification done by the GoF is rather detailed and has a tendency towards micro-management compared to other donors, but commonly partners are satisfied with the way this is being handled, and with the support that the GoF provides. Obviously, the financial and administrative capacity of each implementing partner plays an important role in the fluidity of receiving disbursements, which is demonstrated by the example of Action Aid.

Internal administrative procedures and mechanisms at the GoF may sometimes also cause delays in payments, but this has so far only been the case with the 2018 payment for PROSAUDE, which arrived very late in the year. Several contextual factors influenced this delay, including the fact that MISAU provided required documents late and that there was some unclarity on the new PROSAUDE manual, and whether the conditions for payment were fully fulfilled. Besides this delay (which was not only the case for Flanders) and the non-provision of funds in 2016, the commitments and communication around commitments are provided in a timely manner. MISAU referred to the support of Flanders as “one of the most stable partners in terms of commitments, values and payments”.

The GoF depends on external audits for the projects. Because Flemish development assistance is spread over three countries, the available budget for audits is limited. Therefore, only a few projects are being audited annually, and this is done according to a pre-established planning. In addition, several of the implementing partners also carry out internal and/or external audits of their projects and programs, and Flanders relies on the joint auditing obligations as per the PROSAUDE procedures for its PROSAUDE contribution.

The CSPIII highlights explicitly that dedicated funding can be provided within the initiatives supported by Flanders to make the work on cross-cutting themes (gender, HIV, good governance, climate change) more concrete and visible, but this has not (yet) been materialized, and doubts exist whether this is necessary. In addition, the CSPIII also states that the Deputy General Representative will manage 5% of the annual budget for implementation (€5 million) for assessing the quality of identification, formulation, monitoring and evaluation, and for providing ad hoc technical assistance within the programmes supported by Flemish funds. Up to the moment of the MTR, this budget has not been used.

### 3.5 SUSTAINABILITY

#### Review questions:

- To what extent have international agreed principles of cooperation been taken into account? What is the degree of ownership of the CSP III by the Mozambican partners implementing the CSP III?
- To what extent are the programmes innovative?
- To what extent have cross-cutting themes been taken into account?

#### Key Findings:

- The CSP III and the GoF largely adhere to internationally agreed principles on Effective Development Cooperation. There is good ownership of central Mozambican partners for projects that use country systems and focus on institutional capacity strengthening. Ownership at provincial level varies and depends on the relationship and trust established between the project implementers and local authorities. Overall, an increase in ownership from Mozambican counterparts is observed, which is linked to a consistent approach of the GoF to the common fund, and the participation from the GoM in the call for proposals.
- There is a focus on obtaining sustainable results. The GoF applies a certain rigorousness in approving project proposals that may face issues with sustainability (e.g. handover and maintenance of equipment, etc.) although a number of projects comprise equipment and human resources for which there are no guarantees that the public system can absorb them once the support finishes.
- The CSP III promotes partnerships for development with different types of partners. However, the preponderance of working through (international) NGOs may also negatively impact on sustainability, in particular when the government counterparts are not actively involved in the projects and not prepared to take over at the end of the project.
- The CSP III foresees an Annual Consultation between the GoF and GoM to discuss progress made and analyse the extent to which the results of the CSP III are being achieved. This mechanism is important to ensure the GoM remains informed about the different projects that Flanders funds under the CSP III. The involvement of the GoM in the recent call for proposals has also contributed to further transparency and shared responsibility.
- The CSP III has some innovative elements, but not all of them are fully aligned with the overall objectives of the CSP III
- Across the CSP III portfolio the cross-cutting themes are being addressed to a certain extent, but more linkages could be sought with the projects supported out of the CSP III, in particular the one linking health and climate change.

Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable. When evaluating the sustainability of a programme or a project, it is useful to consider the following questions:

1. To what extent did the benefits of a programme or project continue after donor funding ceased?
2. What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?



For the purpose of this MTR, we have approached the criteria of sustainability from a broad and diagonal angle, looking at effective development cooperation (what is the level of ownership from Mozambican partners? To what extent does the GoF promote sustainability in terms of results, partnerships and transparency?), technical sustainability (are programs innovative and are innovations sustainable?) and socio-economic sustainability (How are other cross-cutting themes addressed and mainstreamed in the interventions)?

### 3.5.1 EFFECTIVE DEVELOPMENT COOPERATION PRINCIPLES

The extent to which the latest agreed international principles (e.g. Paris and Busan declarations) of EDC are being followed by the GoF was also assessed by the MTR team. These declarations outline fundamental principles for making aid more effective, such as:

- Ownership of development priorities by developing countries: Countries should define the development model that they want to implement
- A focus on results: Having a sustainable impact should be the driving force behind investments and efforts in development policy making
- Partnerships for development: Development depends on the participation of all actors and recognises the diversity and complementarity of their functions.
- Transparency and shared responsibility: Development cooperation must be transparent and accountable to all citizens

#### 3.5.1.1 Ownership by the Mozambican partners

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For the projects that are 'on-budget' there is generally a good degree of ownership of the Mozambican partners. Both MINEC and MISAU demonstrated involvement and knowledge about the portfolio funded by the GoF, especially those using country systems. There is a large sense of ownership of the PROSAUDE by MISAU even though the envelope shrunk and that more funding is going directly to the provinces and districts. It is noticeable in the discussions with MISAU that the appreciation for the GoF has increased because of their continued support to the common fund. There is also good knowledge about the support provided to the INS and very active involvement of the senior officials of MISAU and DPS Tete in the project implemented by UNFPA and the WHO. It is a relatively innovative programme and is being monitored from close by central level even though implementation happens in Tete.

In relation to the other projects, the degree of ownership varies significantly. The TA to the GTAF had some difficulties in the beginning to establish the right balance between being accountable to the donors and to the Administration and Finance Directorate of MISAU (DAF), but as this is now achieved, the ownership of the DAF has also increased. This is not the case for the TA in Tete, where ownership of the DPS has been minimal. For the projects implemented by NGOs, the ownership usually sits at a lower level, i.e. DPS in Tete, Maputo Province or Maputo City health authorities. Their respective ownership very much depends on how the NGO engages with these authorities but there are examples (on two separate occasions, i.e. in project of CUAMM and ICHR-M) of the DPS requesting a change in the districts of implementation in order to resolve issues of health service coverage.

The relationship with Mozambican partners has mostly been at the level of the health sector, except for the project of Action Aid, where there was more direct engagement with the Ministry of Gender and Education. At provincial level, other projects also worked with the directorates for education and youth, but the main point of entry is usually the provincial health directorate.

Interviewees from Flanders mentioned that it used to be more difficult to assure ownership of the Mozambican counterparts, however, they have noticed a positive encouragement since the last Annual Consultation in 2018. Similarly, Mozambican counterparts referred to the Annual Consultation as an important moment to share knowledge and ensure a common direction for the cooperation. Furthermore, the GoF has actively engaged the involvement of staff of the GoM in the jury for the call for proposals and this participation is considered a success by both parties.

#### 3.5.1.2 A focus on results: having a sustainable impact

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Having a sustainable impact is also a driving force of the CSP III and clearly implemented by the Representative of Flanders in Mozambique. Various mentioned that Flanders always assess the impact in terms of sustainability prior to making decisions on re-allocation of budget lines, for example.

Health Systems Strengthening (HSS) also contributes to creating a sustainable impact and is a central concern and ambition of the CSP III. The main interventions that have “HSS” as the main objective are the contribution to PROSAUDE and the TA for the DPS in Tete. PROSAUDE provides MISAU with a high level of flexibility to channel resources to the different building blocks of the health system, for which overall agreement is needed from the PROSAUDE partners. For example, the development partners demanded MISAU to stop using PROSAUDE funds for topping up of salaries of certain MISAU staff and medical staff in the field. This was for a long time a critical point of discussion, and the decision to no longer pay these top ups, may have led or may lead to a certain brain drain from MISAU, but for the partners it was important that PROSAUDE resources are spent on health system investments which are more likely to contribute to results. The TA for the DPS in Tete was also supposed to contribute to HSS but this has not yet contributed to any clear results due to several factors (broad ToRs, lack of budget, lack of ownership from DPS, lack of follow up from Enabel and perhaps not the correct profile of the TA). In addition to the contribution to PROSAUDE and the TA for the DPS in Tete, the TA to GTAF and the institutional capacity strengthening of the INS also contribute to HSS.

#### 3.5.1.3 Partnerships for development

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The GoF uses a wide variety of partners for the implementation of the CSP III, from government institutions, multilateral agencies to academic institutions, NGOs and other indirect actors (such as Enabel). Also, within the projects, interesting partnership are established, such as for example the collaboration with the Ministry of Health in Cuba for the capacity strengthening of the ICST.

Flanders recognises the diversity and complementarity of the different partners and uses their capacity as best as possible for the achievement of the CSP III objectives. However, the preponderance of working through (international) NGOs may also negatively impact on sustainability, in particular when the government counterparts are not actively involved in the projects and not prepared to take over at the end of the project (i.e. the City of Maputo mentioned explicitly that they do not have the capacity to support the maintenance cost of the GeneXpert machine, should the Apopo project come to an end, and the Faculty of Veterinary of the Eduardo Mondlane University, where the project is located, does not have the possibility and capacity to absorb the project’s staff). Also, projects that are not contributing to the strengthening of the public health system (as is the case of Viva Africa) are less likely to contribute to sustainable results. Partnership with government institutions are more likely to contribute to sustainable development, in particular when these partnerships focus on capacity building and health system strengthening which is the case for PROSAUDE, support to INS and ICST and to some extent also the TA to GTAF.

### 3.5.1.4 Transparency and shared responsibility

The CSPIII foresees an Annual Consultation between the GoF and GoM to discuss progress made and analyse the extent to which the results of the CSPIII are being achieved. So far, only one Annual Consultation happened but it clearly contributed to increased transparency and mutual discussions on accountability. These mechanisms are important to ensure the GoM remains informed about the different projects that Flanders funds under the CSPIII. The involvement of the GoM in the recent call for proposals has also contributed to a further transparency and may contribute to a further shared responsibility. However, it may also be useful to institutionalise this shared responsibility even further, perhaps through the creation of a Steering Committee for the CSPIII between members of the GoF and the GoM. The GoF has institutionalised a similar approach in South Africa, which is considered as useful, and which provides an interesting learning opportunity for the CSP in Mozambique.

## 3.5.2 INNOVATION

In the current portfolio there is one project that stands out for its innovative approach, while targeting at the same time two of the three sub-objectives of the CSPIII, namely the health workforce and SRHR. The South-South collaboration between Mozambique and Cuba has been going on for the past 40 years, however, the approach of the joint WHO/UNFPA project at the ICST can be considered a novelty. Indeed, the project is focused on creating institutional capacity rather than on just training nurses, through the deployment of three Cuban experts. At the same time, three Mozambican students are being trained in Cuba in different fields of maternal and child health care. The support also includes the necessary equipment for the ICST and increased attention to monitoring during the practicum as well as improving the conditions during the practicum. At the policy side, WHO works on updating the curriculum of the SMI nurses training and the ICST is serving as an example for other similar institutes across the country, and there are discussions ongoing for the accreditation of the Tete Institute by MISAU. The training, and the updated curriculum, focus particularly also on components of SRHR and adolescents. UNFPA and the GoM are interested to replicate this project in other training institutions across the country.

In terms of institutional capacity strengthening, the support provided to INS is to a certain extent also innovative. INS has the capacity to generate a substantial amount of resources for research from a variety of sources, but there is in fact no other donor that invests in institutional strengthening of the Institute. The part of the Flemish support that is targeted at research within INS, however, is not fully aligned with the CSPIII objectives. Certainly, antibiotic resistance research is important and innovative for Mozambique and can to some extent be related to adolescent and SRH, but otherwise the research portfolio supported by the GoF has very few linkages with SRHR and adolescents.

In terms of SRHR for adolescents, the project implemented by ICRH-M also has some innovative characteristics. Firstly, there is a special focus on younger adolescents in the age category of 10-14 years since generally, approaches to work effectively with this age group are often under-developed. Secondly, the project includes also interventions for families, particularly for parents since good parent-child communication is protective in relation to SRHR issues, and only very few other projects in Mozambique focus on this parent-adolescent communication.

Some other CSPIII projects also have certain innovative elements:

- The Technical Assistant to GTAF applies innovative approaches to provide insights in resource allocation through an equity lens. This is greatly appreciated by both MOH (even though it may not always accept the analysis) and the development partners.

- The project implemented by Apopo is also innovative, and while it contributes to TB surveillance, the alignment with CSPIII is less obvious. In addition, the use of trained rats for sputum examination remains controversial among TB experts. The fact that the technology was not able to obtain full WHO accreditation and the fact that the Mozambican health authorities consider the rat technology as an interesting “side-project” represents an important threat to its sustainability.

### 3.5.3 CROSS-CUTTING THEMES

The CSPIII is very clear about how the programs should address cross-cutting themes. It states that partners are expected to fully integrate “gender, HIV/AIDS, good governance, children’s rights, persons with disabilities and climate change” into their programs. The MTR team has therefore broadly assessed all CSPIII interventions against these cross-cutting themes, as per table 8.

**Table 8. Cross-cutting themes**

Geographical coverage	NATIONAL				TETE			MAPUTO PROVINCE/CITY			
	PROSAUDE	TA GTAF	INS/ITM	WHO	TA Tete	UNFPA	CUAMM	ICRH-M	Viva Africa	Apopo	Action Aid
HIV/Aids	€€€		€€	€		€€	€€	€€	€	€	
Gender		€		€		€€	€€	€€	€		€
Good governance	€€€	€	€€	€	€		€€	€€			
Children’s rights				€			€€	€€	€		€
Persons with disabilities	€€€					€€		€€			
Climate change	€€€							€€			

The table above demonstrates that the cross-cutting themes HIV/AIDS, Gender, Good Governance and Children’s Rights are being addressed through several projects, albeit to a certain extent. HIV/AIDS, Gender and Good Governance are the themes with wider coverage by the partners, resulting in a wider distribution of resources addressing these themes. The broader attention for HIV/AIDS and Gender is particularly associated with the projects that directly engage with communities through service delivery (PROSAUDE, Viva Africa, CUAMM, ICRH-M). Moreover, HIV/AIDS is also being addressed through doctoral research in the INS/ITM project while specific issues around gender and HIV/AIDS are being covered in the training for SMI nurses through the UNFPA project.

Children’s Rights is to a certain extent addressed in the projects providing services to adolescents (CUAMM, ICRH-M, AAM, Viva Africa). The themes on Persons with Disabilities and Climate Change are less well covered through the CSPIII projects. But Climate Change is being addressed in Mozambique through a number of projects outside the CSPIII. Indeed, climate change is an important area for the GoF, with several regional projects in Southern Africa, and with climate change being the focus area for its support to the government of South Africa. These projects are just starting and while deliberate attention was paid to aligning Flanders’ climate efforts with its sectoral efforts, there are no linkages yet with

projects outside of the CSPIII, but it would be important to share lessons from those projects more widely with the stakeholders involved in the CSPIII.

The projects that will be implemented through the new call for proposals have increased potential to address the broader cross-cutting themes, since there was a special focus during the evaluation of the proposals for these themes. However, the 2016 Flanders Vision for Development Cooperation anno 2030 mentions that the explicit focus on cross-cutting themes has become less relevant because Flanders' development cooperation is aligned with the international policy framework for integrated sustainable development in which inclusiveness and 'leaving no one behind' has become a red thread. Instead, the Flemish development cooperation has chosen to emphasize the importance of good governance, gender and human rights as basic conditions for sustainable global development.

## 4 CONCLUSIONS AND RECOMMENDATIONS

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### 4.1 CONCLUSIONS

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The CSPIII indicates three broad strategic approaches which according to the MTR are largely adhered to: (1) the sectorial common fund remains the first option instrument for channelling funds and the GoF has almost adhered to the commitment of deploying 50% of its funds for the health sector through the country's own systems; (2) all interventions focus on one or more of the subsectors: HRH, SRHR and support of evidence-based medicine and health monitoring; and (3) the Flemish-Mozambican cooperation also continues to give priority to the cooperation in Tete Province and its health districts. The CSPIII also demonstrated its flexibility by funding interventions in Maputo Province. The focus on Tete and Maputo Province is strategic because it fills gaps in terms of coverage of services related to SRHR for adolescents. Flanders is able to attract partners/resources for these two provinces.

The CSPIII objectives are found to be well aligned with key policy documents and priorities of the GoM. Compared with the previous CSPs, CSPIII has a relevant larger focus on adolescents. While Flanders is not the only donor focusing on this issue in Mozambique, the large coverage gaps of quality health services and comprehensive SRHR for adolescents justify the interventions. The CSPIII portfolio currently focuses mostly on improving access to essential SRH services (including information) for adolescents, but only marginally addresses other factors that also impact on the realisation of sexual and reproductive rights, such as social and gender norms.

In terms of financial resources, the health sector remains fragile and largely dependent on external support; it therefore is considered a strategic choice to concentrate available resources in this sector. The use of country systems and consistent and strategic contribution to PROSAUDE is widely appreciated by both the GoM and other development partners. In an increasingly fragmented donor landscape in the health sector, it provides the GoF with an important platform for coordinating and leading the dialogue with government institutions. Overall, an increase in ownership from Mozambican counterparts is observed, which is linked to a consistent approach of the GoF to PROSAUDE, and the participation from the GoM in the call for proposals.

The MTR concluded also that the composition of the portfolio is largely relevant, except for a few projects that are not fully aligned with the CSPIII objectives, reducing the portfolio coherence. The portfolio, however, remains fragmented with the use of different aid modalities and partners. While the MTR team acknowledges the reasoning of risk mitigation behind applying different modalities and working through a number of NGOs (with the likelihood of an increased number of NGOs through the recent call for proposals), it entails a relatively large effort from the Flemish General Representative at the Maputo front-office, which is already facing capacity constraints with the current portfolio. In addition, the fragmentation may reduce the overall effectiveness, efficiency and therefore impact of the CSPIII. Indeed, relying on the management and M&E capacity of a relatively large number of implementing partners represents risks as the capacity varies across the different partners, and especially NGOs require a substantial time investment for appropriate technical and administrative support.

The MTR further concluded that the CSPIII does contribute to improved service delivery (increased allocation of PROSAUDE funds to provinces and districts; increased utilization of SAAJs; and improved skills of SMI nurses) and that the CSPIII has the potential to contribute to policymaking by updating the curriculum of the SMI nurses training, by improved communication capacity at INS, and by innovative types of financial analysis provide by the TA to GTAF. The CSPIII also finances some innovative approaches, but not all of them are found to be fully aligned with the overall objectives of the CSPIII. The cross-cutting themes around HIV/AIDS, Good Governance and Gender are being addressed to various extents by the

different CSPIII projects, and interaction with projects funded outside the CSPIII, in particular addressing Climate Change could be facilitated to build on lessons learned. Multi-sectoral cooperation, particularly in the area of SRHR for adolescents, is left to the responsibility of individual organisations and not actively pursued at either central or provincial level. There is room for increased coordination and collaboration between the different projects supported by the GoF at central and provincial level. For the support to the provincial level, in particular to the DPS in Tete, the MTR observed that the ToRs of the TA to the DPS were too broad and lacking focus. Combined with several other contextual factors related with recruiting, contracting and monitoring of the TA, as well as with limited ownership of the DPS in Tete, this impeded a real contribution to results.

While there are some differences between the original budget and effective implementation of the CSPIII, overall financial implementation was found to be efficient.

## 4.2 RECOMMENDATIONS

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### 4.2.1 FOR GoF

#### Portfolio

- Consider taking on the leadership of PROSAUDE. Particularly the General Representative of the GoF in Mozambique is well placed both at the political and technical level to take on such a role. The PROSAUDE partners expressed their expectation that Flanders would be taking over the leadership. While this expectation is largely fuelled by the existing current capacity, it is a rotating role and Flanders has not taken its responsibility at this level.
- Reduce the fragmentation of the portfolio to the maximum extent possible. Further to the recommendations provided in the previous MTRs, the GoF has addressed the fragmentation of its portfolio to a limited extent. While the MTR team acknowledges the reasoning behind applying different modalities and working through a number of NGOs (with increased number of NGOs expected with the recent call for proposals), it entails a relatively large effort from the General Representative and the Secretariat, and may reduce the overall effectiveness, efficiency and therefore impact of the CSPIII. Possible alternatives include channelling more resources through multilateral organisations (requiring less time investment while ensuring a number of key (EDC) principles are in place). Furthermore, consideration could be given to an increase in the contribution to PROSAUDE. This would provide a strong signal of confidence in the common fund that may trigger other donors to join and would certainly be positively perceived when Flanders takes on the leadership of PROSAUDE. Consideration could be given therefore to increase the contribution just in the context of taking over the focal point role.
- In line with reducing the fragmentation across the portfolio, more coherence in the composition of the portfolio should be sought. Particularly the continuation of support to those projects that are not fully aligned with the specific objectives of the CSPIII or that represent tangible challenges in terms of sustainability (such as Viva Africa and Apopo) should be re-considered. In the case of Apopo, as they are also working in other countries, the project could be financed instead through regional funds.
- With the new call for proposals it is likely that the cross-cutting themes will be better addressed across the portfolio. There is however room for improving the linkages with the different regional and national projects that are funded outside of the CSPIII, particularly the ones covering climate change, also aiming at more coherence within and outside the CSPIII.

- In line with EDC principles and working through government's systems, other PROSAUDE donors (e.g. Switzerland, Ireland) are channelling funds directly to DPS's. The GoF could learn from these donors what it entails in terms of technical and financial accompaniment, and could consequently consider providing direct financial support to the DPS in Tete. Especially when a decision will be made to discontinue the TA to the DPS in Tete, this would be an alternative option. It would furthermore provide an entry point to engage more intensively with the DPS and to support health system strengthening at the provincial level.

### Management

- Organise an annual consultation with all the projects supported by the GoF in each province. The MTR identified a limited interaction between the different projects, even those operating in the same province. An annual meeting would aim to promote synergies, exchange of experiences and partnerships, including the possibility to share best practices and find linkages in implementation. It would also stimulate increased ownership of the CSP on behalf of the involved government institutions and corresponding dialogues. A further consideration could be made to extend the invitation to other projects (funded by other donors) to increase sharing and learning.
- There is a need to increase the Maputo front-office's capacity if Flanders assumes the leadership of PROSAUDE. Expectations from the GoM and other PROSAUDE donors are high in this regard, and it will require additional time investment from the Deputy General Representative and the financial officer. Since the expectations are high, and since there may be constraints to invest in additional human resources, opportunities should be explored with other PROSAUDE donors to cover for certain investments (e.g. technical unit at MISAU). Some of the other donors have expressed potential ability to support the GoF in this regard. In addition, GoF could consider bringing in a junior person who can learn from the Deputy General Representative with a future-looking perspective.

### Implementation

- Intensify collaboration with other projects and organisations that are not necessarily supported by the GoF but that work in the same thematic areas, particularly for the use of existing and already approved information, education and communication (IEC) materials for SRHR for adolescents. Some partners (e.g. CUAMM) have limitations in the implementation of their activities due to the absence of IEC materials that are still being developed. To reduce the costs of conceptualization and design of such content, the projects could approach organisations such as Nweti and Coalização to acquire and reproduce existing materials.
- Increase dialogue and communication with other sectors, especially for projects on GBV. While the concentration of implementation on health is strategic for Flanders, to tackle adolescent and youth SRHR – specifically in regard to GBV – there is a need to involve the education and gender ministries as well as other government institutions and organisations working on gender-related topics that may not be linked explicitly to health. Expanding dialogue and communication with such actors would benefit the implementation of CSPIII through the promotion of a holistic approach to SRHR, including gender as a cross-cutting theme. In addition, it is likely to lead to increased attention to a better fulfilment of sexual and reproductive rights.



#### 4.2.2 FOR GOM

##### MISAU

- Since MISAU is adhering great importance to the mechanism of a common fund (PROSAUDE), which provides MISAU with a certain level of flexibility in its resource allocation compared to other large donors, it should deploy additional efforts to advocate alongside the donor community for resource mobilization through the common fund.

##### DPS

- Multisectoral coordination of SRHR initiatives with all provincial directorates (DPS, DPEDH, DPGCAS, DPJD) should be strengthened. The MTR identified limited interaction between all involved government stakeholders in SRHR at the provincial level, as well as between the different projects and NGOs working in SRHR. While according to policy documents such multisectoral coordination is expected, in practice the coordination is lacking, which also leads to a reduced understanding of who is doing what and where regarding SRHR in Tete but also in Maputo Province.
- In addition to improved (multisectoral) coordination in terms of SRHR interventions, the DPS of Tete should also improve the leadership and mapping in the coordination of activities implemented by different implementing partners
- In case the collaboration with the TA to the DPS in Tete continues, there is a need for better usage of the capacities and services that can be offered. The DPS in Tete recognizes that it has not made optimal use of the TA. Improved and focused ToRs will be needed to realise this.

#### 4.2.3 FOR GOF AND GOM

- Based on learning from a similar approach in South Africa, a Steering Committee for the CSP between the GoF and the GoM should be established. This Steering Committee would be involved at a strategic level for the development of the CSP, the identification and formulation of aid modalities and an annual review of progress (along the same lines of the Annual Consultation). While this collaboration is already happening to some extent, the establishment of a Steering Committee with clear terms of reference would ensure engagement and participation from both Governments as crucial and strategic times of the cooperation.
- Both governments, possibly in coordination with other stakeholders, should consider carrying out an external evaluation of the SRHR approaches applied by the different projects and NGOs throughout the country. The MTR has identified that slightly different approaches and activities are being implemented towards adolescents' SRHR, depending on the project and the NGO. An evaluation would be relevant to provide information on the efficacy of peer educators (activistas) and the impact of the messages transmitted to adolescents, and the dialogue with parents, amongst others. The evaluation would provide an understanding of the social and health impact of the various interventions implemented in the country over the years and would inform policy development for these thematic areas. Additionally, the evaluation may allow for certain readjustments in implementation.

## ANNEX 1 – TERMS OF REFERENCE

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### TERMS OF REFERENCE JOINT MEDIUM-TERM REVIEW OF THE DEVELOPMENT COOPERATION BETWEEN THE GOVERNMENT OF FLANDERS AND THE GOVERNMENT OF THE REPUBLIC OF MOZAMBIQUE

#### 1. THE BACKGROUND

- 1.1 The current medium-term strategy for development cooperation between Mozambique and Flanders is laid down in a mutually agreed upon “*Country Strategy Paper III for Development Cooperation between the Government of Mozambique and the Government of Flanders, 2016-2020*” (in continuation referred to as **CSP III**). This third CSP confirms the choice of the Health Sector as the sole prioritized sector of development cooperation between Flanders and Mozambique.

In accordance with the Flemish development policy, the **general objective** of Flemish development cooperation is to contribute to the implementation of the international development agenda as enshrined by i.a. the goals and targets, the assumptions and principles within the 2030 Agenda for Sustainable Development. In the context of its bilateral support to Mozambique, Flanders contributes to the efforts of the government of Mozambique to realize this 2030 Agenda for Sustainable Development within its own territory, while it also supports the country-specific goals and targets in the field of poverty alleviation within its general five-year plan. More specifically, through the definition of its **cross cutting themes and principles**, the cooperation is aimed at (1) promoting good governance; (2) gender; (3) the fight against HIV/AIDS; and (5) due attention to children’s rights and (6) those of people with disabilities while (7) its interventions should be economically, socially and environmentally sustainable. The cooperation is long term, aiming at continuity and based on the principles of partnership and ownership. At the same time the concepts of geographical and sectoral concentration and the aim of coordination with other donors are at the heart of the Flemish development cooperation with Mozambique.

Next to the bilateral interventions at the national level, the **province of Tete** constitutes the focal area of Flemish cooperation with the Mozambican population.

- 1.2 **Between 2002 and 2005**, i.e. before the implementation of the first CSP, Flanders already appropriated over **15 million EURO** of financial assistance for Mozambique, 80% of which was allocated to the health sector, with an important emphasis on the prevention and treatment of HIV/AIDS. In the period of the first CSP, i.e. **2006-2010**, Flanders invested a total of **25.688.365 EURO** in its development cooperation with Mozambique of which **18.391.164 EURO** was invested in the Health Sector. During the implementation period of the Second CSP, **2011-2015**, Flanders invested a total amount of **21.238.254 EURO**, of which almost 90% went to health sector support. In the first three years of implementation of the current CSP, respectively **3.249.136 EURO**; **6.062.044 EURO** and **4.282.063 EURO** was spent.

National programs and projects as well as projects at the provincial and district level have been supported, and aid was channelled through both direct bilateral (mainly PROSAUDE), multilateral and indirect cooperation.

- 1.3 After the approval of the third five-year CSP in 2016, one **Annual Consultation** was held on the 16<sup>th</sup> of October 2018, where progress was discussed on the implementation of this CSP.
- 1.4 Finally, the annual Flemish contribution to the ODA in Mozambique in the period from 2016- 2020

amounts to about 5 million Euros<sup>1</sup>.

## 2. OBJECTIVES, ALIGNMENTS AND INSTRUMENTS

2.1 **The general objective of the five year CSP** is to contribute to the Mozambican development plans to realise the fundamental right to the **highest attainable standard of health** for the entire Mozambican population as **part of a strategy to reduce absolute poverty in the country**, this in agreement with the priorities set in the “*Government Program for the Quinquennium 2015-2019*”<sup>2</sup>. The cooperation is also in line with the Policy Paper, 2014-2019, on “*Foreign Policy, International Entrepreneurship and Development Cooperation*”<sup>3</sup>, and the “*Vision concerning the Development Cooperation anno 2030*”<sup>4</sup> of the Government of Flanders, contributing as such to the realisation of the *Sustainable Development Goals*, mainly SDG 3 (Good Health and Well-Being), SDG 5 (Gender Equality), SDG 16 (Peace, Justice and Strong Institutions) and SDG 17 (Partnerships for the Goals).

At the sectorial level, the program is aligned with the “*Strategic Plan of the Health Sector*”<sup>5</sup> (PESS by its Portuguese acronym) of the Government of Mozambique. Specifically, the contribution for the sector budget support to the Health Sector was done in accordance with the provisions and mechanisms established by the *Memorandum of Understanding for PROSAUDE III*<sup>6</sup> and its *procedures manual*.

2.2 The Flemish interventions are aimed at obtaining the following **specific objective**:

*“To contribute to the development and implementation of an efficient and effective health policy at national level and in Tete Province with sufficient attention for adolescents.”*

This in conjunction with the following sub-objectives from which the Flemish-Mozambican cooperation wishes to derive its real added value:

1. Contribute to the further development of a critical mass of well trained and motivated health workers, who are skilled to also serve the adolescent population effectively;
2. *Contribute to good health research and monitoring of diseases and epidemics with, wherever relevant and appropriate, sufficient attention for the underserved adolescent population;*
3. *Contribute to the promotion of sexual and reproductive health and rights of all Mozambicans, with a special emphasis on the most vulnerable populations, in particular adolescents, i.a. through the promotion of a multisectoral approach.*

2.3 Instruments to deliver aid in the Health Sector are **direct disbursements of financial contributions to the relevant pooled donor funds of the health sector**: the PROSAUDE II/III funds. Other instruments to support the health policy but mainly the implementation of an efficient and effective health policy in the relevant subsectors are direct support to specific government institutions (INS) and support to relevant projects of **multilateral** (WHO, UNFPA etc.) and **indirect actors** (ICRH-Ghent and Mozambique, ITM- Antwerp, MSF, Apopo, CHAI, PSI etc.).

<sup>1</sup> However, this doesn't include some other funding streams of which Mozambique is also a partial beneficiary, such as multilateral core support to UNAIDS, HRP, climate finance and (structural) humanitarian aid and emergency support.

<sup>2</sup> <https://www.caicc.org.mz/index.php/biblioteca/governacao/3477-plano-quinquenal-do-governo-de-mocambique-2015-2019>, pp. 15-16.

<sup>3</sup> <https://www.vlaanderen.be/nl/publicaties/detail/beleidsnota-2014-2019-buitenlands-beleid-internationaal-ondernemen-en-ontwikkelingssamenwerking>.

<sup>4</sup> [https://www.fdfa.be/sites/default/files/atoms/files/Visienota%200S\\_WEB%20NL.pdf](https://www.fdfa.be/sites/default/files/atoms/files/Visienota%200S_WEB%20NL.pdf).

<sup>5</sup> [https://www.preventionweb.net/files/PESS\\_30%20setembro%202013\\_com%20Anexos\\_Anotado.pdf](https://www.preventionweb.net/files/PESS_30%20setembro%202013_com%20Anexos_Anotado.pdf).

<sup>6</sup> <https://www.fdfa.be/en/memorandum-of-understanding-between-the-government-of-mozambique-and-the-cooperation-partners>.

### 3. CONSTITUTING ELEMENTS OF THE MEDIUM-TERM REVIEW

#### Place and Purpose

- 3.1 During the latest Annual Consultation held in Maputo on the 16<sup>th</sup> of October 2018, both parties agreed that a medium-term review of the current development cooperation as outlined in the CSP III should take place in the middle of 2019.
- 3.2 The purpose of the mid-term review is to (1) review the actual state of affairs as to the implementation of the CSP III, (2) identify possible bottlenecks and problems, and (3) formulate recommendations for improvement and adjustment for the period 2019-20 but also beyond. It is not the intention to evaluate the results and outcomes of the specific interventions within the health sector since this will be the scope of the mid-term evaluations of the programs.
- 3.3 In line with the engagements made by the Government of Flanders within the broader framework of the *Paris Declaration on Aid Effectiveness*, it should be noted that systematic and timely review or evaluation of its country programs or framework of cooperation as a means of accounting for the management of the allocated funds is an essential element for Flanders' ODA. This also helps promoting lesson-learning & advancing the best practice culture and knowledge development throughout the organization.

Of great importance to the Government of Mozambique and the Government of Flanders is to ensure that ODA is aligned to Mozambique's own development priorities, and that relations with donors are based on mutual respect and partnership.

As a consequence of the above, joint programs of cooperation will have to be aligned to Flanders' global general development policy emphasis, goals & targets and Mozambique's development priorities. It will equally provide for improved coordination, coherence and should be complementary with initiatives of other donors and of the Mozambican government itself.

#### Objective

- 3.4 The objective of this Medium-Term Review is:
- to provide the Government of Flanders and the Government of Mozambique with an independent, critical and objective analysis of the progress made on the implementation of the cooperation strategy as outlined in the CSP III;
  - to draw a set of forward-looking recommendations for improvement of the cooperation in the short, medium and longer term that take account of the social, political, economic and environmental context in which the cooperation is implemented.

#### Scope

- 3.5 The medium-term review should:
- focus holistically on the relevance, effectiveness, efficiency and impact of the Mozambique-Flanders CSP III, particularly in relation to its overall and specific objectives, as well as to focus on overall strategic program issues, themes and instruments, rather than specific project matters;
  - draw out the key findings and lessons of experience from the current CSP and its implementation programs to Mozambique, as it has evolved within its wider objective setting since its inception;
  - present the findings and lessons, along with a set of detailed recommendations, in a report designed primarily to provide the Government of Flanders and the Government of Mozambique with a valuable basis for the preparation of future cooperation.

**Set up****3.6 Three distinct phases to the assignment can be identified viz.:**

- Collection of data and interviews;
- Field visit to Mozambique;
- Judgement of findings, leading to:
  - Reporting on conclusions and recommendations in a first draft report;
  - Insertion of the comments made by representatives of both Governments when deemed correct and relevant by the consultant(s) and elaboration of a final report;
  - Live debriefings of the results of the review.

**3.7. The study will draw on:**

- All relevant documentation supplied by the Flemish Department of Foreign Affairs and the Government of Mozambique, (i.e. CSP III, Medium-Term Review of the CSP I & II, appraisal reports, Annual Consultation Reports, Government Program for the Quinquennium 2015- 2019, the Strategic Programme for the Health Sector, 2014-19, Annual Joint Evaluations of the Health Sector, the JANS or other documents for joint assessment/evaluation, key documents for the (further) programming, monitoring and evaluation of PROSAUDE II and III, individual Project Proposals for approval by the Flemish Government, individual and/or collective evaluations of projects and programmes supported completely or partially with Flemish funds, etc.);
- Any documentation from other sources which the evaluators find relevant and useful and;
- Interviews with the relevant officials and resource people both in Flanders and Mozambique.

**Qualitative elements to be analysed****3.8 The Medium-Term Review should minimally comprise analysis of the following qualitative elements:**

- Offer a broad analysis of the general and specific objectives of the program of cooperation as outlined in the CSP III, and the way they have been translated into national and provincial programs funded by Flanders;
- Consider the extent of alignment to Mozambique's own development priorities, as articulated in the aforementioned general and sectorial strategic plan of the Mozambican central government and of the local government of Tete province;
- Consider the degree of ownership by the Mozambican partners in the implementation of the CSP III;
- Offer a **broad analysis of the strategic choices** as outlined in the CSP, and more particularly related to:
  - the relevance of limiting the number of sectors to only one sector, namely the health sector, and the added value of Flanders within this sector vis a vis the other donors present;
  - the strengths and weaknesses of the cooperation with the central Ministry of Health and its specialized agencies;
  - the strengths and weaknesses of the cooperation with the provincial partner(s) in Tete;
  - the strengths and weakness of the cooperation with the other actors involved (e.g. multilateral and indirect actors);
  - the coordination and cooperation with other donors;
  - the degree of innovation involved in the programs;
  - the overall composition of the portfolio of bilateral, multilateral indirect cooperation in terms of efficiency, effectiveness and ownership.
- Offer a general financial analysis of Flanders and Mozambique's co-operation program detailing information on timely commitments, disbursements, monitoring and evaluation requirements, instances of under spending and reasons thereof, organisation of financial audits at program level, etc.;
- Offer a general view of the management capacity of the partners involved to ensure

- successful and timely implementation of the different programs;
- Offer a general view of the monitoring and evaluation capacity of the partners involved to ensure successful implementation of the different programs;
  - Assess how far the experiences and results of previous similar programs and projects were taken into account in the programs of the CSP III;
  - Offer a broad view of the extent to which the recommendations and lessons learned from the implementation of CSPI and CSPII are taken into account in the implementation of the CSP III;
  - Assess how far the programs took into account the cross-cutting themes gender, sustainable development, good governance and HIV/AIDS, people living with disabilities as well as the integration of the adaptation to climate change;
  - Assess how far the principles of cooperation as most succinctly outlined in the first paragraph under point 4.2.2 of the CSP III have been taken into account;
  - Offer a broad view of the Annual Consultation as an instrument for policy dialogue and monitoring of the progress of the different programs;
  - A broad assessment must be made for the health sector as to how the programs and projects that are supported by Flanders contributed to improved policymaking and service delivery by key institutions in the field;
  - Programming and identification: Define whether the final interventions, identified or in progress are or will be in line with the directives included in the CSP III and, if applicable, assess in a broad way the justification for the deviation(s).
  - Based on the findings of the above, formulate conclusions and recommend possibilities for improvement of the implementation of the CSP III and beyond;

#### **4. OUTPUTS: REPORTS & SUBMISSIONS**

- 4.1 The consultant(s) will produce a consolidated report not exceeding a maximum of 40 pages, excluding annexures and an executive summary of maximum 3 pages.
- 4.2 The report will describe the state of affairs of the implementation of the CSP III, and highlight the strong as well as the weak points.
- 4.3 The report will also contain a set of recommendations for the further implementation of the CSP III and beyond.

#### **5. EXPERTISE REQUIRED**

The MTR will be implemented by one consultant or a team of consultants, jointly selected by the Government of Flanders and the Government of Mozambique. Team members should be complementary as far as the skills and competencies required for this mid-term review, are concerned.

(At least one of ) the consultant(s) will:

- have educational competency in the area of study;
- be familiar with Flemish development cooperation priorities and strategies;
- be familiar with Mozambique's ODA policies and priorities as well as donor strategies and programs;
- have thorough knowledge of the languages used in all relevant documents or to be used during interviews and communications (Portuguese, Dutch and English);
- be expert of evaluations of development programs in the health sector;
- be knowledgeable about gender-responsive evaluations;
- have experience in working with bilateral donors in Africa generally (SADC region) and, at least one of the consultants, in Mozambique specifically;
- have relevant and extensive experience of monitoring and evaluation in the development arena at both program and project level;
- have experience of working with development actors in Mozambique viz. Private Sector, Multilateral Organization, Civil Society and Government.

## 6. EXECUTION AND TIMEFRAME OF THE CONSULTANCY

6.1 Following phases should be included:

Phase 1: Preparation by the jointly selected consultant(s), in Flanders and Mozambique simultaneously. This would include reading background materials and conducting interviews with officials of the development cooperation in Brussels (including the Flemish Department of Foreign Affairs and other stakeholders if needed) and conducting interviews with the Ministry of Health, INS etc. in Mozambique.

Phase 2: A Joint mission in Mozambique: contacts with the General Representative of the Government of Flanders in Pretoria and with the Deputy General Representative of the Government of Flanders in Maputo, contacts with the relevant central Ministry and the provincial department of Health in the province of Tete that are or eventually will be in charge of the implementation or governmental oversight of the programs , NGO's, multilateral organizations and other relevant stakeholders.

Phase 3: Report writing, with consolidation of both contributions in one document agreeable to all consultant(s).

6.2 The **mandatory field visits** should take place between the **first and the 30<sup>th</sup> of June 2019**.

A **first draft report** should be submitted to the Government of Flanders and the Government of Mozambique by the **31<sup>st</sup> of July 2019 COB** in Dutch and in Portuguese. On the basis of **comments** received on the First Draft Report by the **20<sup>th</sup> of September** at the latest, prepare a **final report**, which will be delivered to the Government of Flanders and the Government of Mozambique in a Portuguese, English and Dutch version by no later than the **18<sup>th</sup> of October 2019**.

6.3 (One of) the consultant(s) could be asked to present the report on the occasion of the annual consultation between Mozambique and Flanders, which is foreseen in Brussels at the beginning of 2020.

## 7. ASSIGNMENT OF THE CONSULTANCY

7.1 The Governments of Mozambique and of Flanders shall select the consultant(s) jointly. The Government of Mozambique and the Government of Flanders will make a **shortlist** of consultants. Both Governments will decide jointly on the consultant(s) to be withheld.

7.2 The **actual selection** of the consultant(s) shall be initiated on the **first of April 2019**.

7.3 The **final selection** shall be **communicated** by the **23<sup>rd</sup> of April 2019** at the latest. The contract with the selected consultant(s) will be signed before the start of the consultancy.

7.4 Criteria will first and foremost include, in order of diminishing importance, (1) **competence and experience** of the consultant(s) and (2) quality of the proposed **evaluation methodology** and (3) the **budget proposal**.

## ANNEX 2 – LIST OF INTERVIEWS CONDUCTED

Day	Time	Institution	Contact person
Monday 20 May	14h00	Government of Flanders	Simon Calcoen
Wednesday 22 May	11h00	Government of Flanders	Katrien De Pauw
Wednesday 22 May	14h00	Government of Flanders	Delphine Delouvroy
Tuesday 28 May	14h30	Government of Flanders	Sander Spanoghe
Monday 3 June	9h00	Government of Flanders	Katrien Vandepfadutse
Monday 3 June	15h00	Government of Flanders	Herta Daelman
Wednesday 12 June	9h00	Government of Flanders	Geraldine Reymenants
Monday 17 June	14h30	MISAU DPC	Saozinha Agostinho, Arquitecto Dionisio Zaqueu, Victor Zimba
Monday 17 June	16h00	Flanders	Kaat Matthys
Tuesday 18 June	13h30	MISAU Recursus Humanos	Sra Adelaide, Dra Ermelinda Notiço
Tuesday 18 June	14h30	MISAU DAF	Dra Rosa, Dr Perolas
Wednesday 19 June	10h00	MISAU TB	Sra. Benedita José
Wednesday 19 June	11h15	Italian Cooperation	Dott. Fabio MELLONI, Silvia Ussai
Wednesday 19 June	14h00	UNFPA	Amir Modan
Thursday 20 June	8h00	WHO	Alicia Carbonnell
Thursday 20 June	8h00	ICRH Maputo e Marracuene	Sally Griffin, Joelma Joaquim
Thursday 20 June	10h00	Viva Africa Zimpeto	Noorjehan A. Magid, Cacilda Massango, Beinabo Badrú
Thursday 20 June	12h00	INS Marracuene	Esperança Guimarães, Eduardo Samo Gudo, Nédio Mabunda, Sónia Enosse
Friday 21 June	8u30	Maputo Cidade e DPS	Benedita José, Ivan Manissa, Claudia, Luisa, Elsa
Friday 21 June	8h00	Enabel	Laurence Janssens
Friday 21 June	9h00	Enabel	Damiano Stella
Friday 21 June	10h30	AAMAZ	Marcia Cossa
Monday 24 June	8h00	DPS Tete	Dra. Carla Mousse, Rosa Marlene, Rafael
Monday 24 June	9h30	CUBAN TA UNFPA & ICS training school	Dr. Rafael, Mrs. Arénia, Grupo Consultivo, Enfermeiras
Monday 24 June	9h30	DPS Tete	Xarifo Hossene Gentivo
Monday 24 June	12h30	ITA	Kastytis Kaleda
Tuesday 25 June	9h00	Flanders	Kaat Matthys
Wednesday 26 June	8h00	CUAMM/ICRH visit project	Ilaria Onda, Altina Conrado
Wednesday 26 June	10h00	FHI360	Antonio Bila
Wednesday 26 June	10h30	Apopo/UEM/Faculdade veterinaria Maputo	Robert Burny
Wednesday 26 June	14h00	MINEC	Jorge Taylor
Thursday 27 June	14h00	Ireland	Diarmund McClean
Thursday 27 June	15h00	Switzerland	Meli Raphaella



## ANNEX 3 – DOCUMENTS AND WEBSITES CONSULTED

### Documents consulted:

- 2015 Análise situacional sobre a equidade em saúde e determinantes sociais de saúde, província de Tete, Moçambique by René Loewenson and Sarah Simpson (annex 8.6)
- A situação geral da cooperação flamenga para o desenvolvimento em Moçambique (Powerpoint - Bilateral Consultation 2018)
- Beleidsbrief Buitenlands Beleid, Internationaal Ondernemen en Ontwikkelingssamenwerking 2016-2017, Vlaams Parlement
- Beleidsbrief Buitenlands Beleid, Internationaal Ondernemen en Ontwikkelingssamenwerking 2018-2019, Vlaams Parlement
- Beleidsnota 2014-2019 Buitenlands Beleid, Internationaal Ondernemen em Ontwikkelingssamenwerking
- Bertelsmann Stiftung, (2018) BTI 2018 Country Report – Mozambique.
- Call for Proposals: Strengthening the health system in Mozambique so that no adolescent will be left behind, 2019
- Country Strategy Paper III for Development Cooperation between the Government of Mozambique and the Government of Flanders 2016-2020
- Documento de Estratégia para o País II da Cooperação para o Desenvolvimento entre o Governo de Moçambique e o Governo da Flandres, 2011-2015
- Final report Mid-Term Review Country Strategy Flanders – Mozambique 2011-2015, 2014
- Final report Mid-Term Review Country Strategy Flanders – Mozambique 2006-2010, 2009
- GFF Investment case draft April 2017
- J. E. Mantell, A. Harrison, S. Hoffman, J. A. Smit, Z. A. Stein, and T. M. Exner, “The ‘Mpondombili’ Project: Preventing HIV/AIDS and Unintended Pregnancy among Rural South African School-Going Adolescents,” *Reprod. Health Matters*, vol. 14, no. 28, pp. 113–122, 2006
- S. N. Ramesh, “Effectiveness of adolescence education programme among adolescent girls and boys: a school based intervention study in Nalgonda District of Andhra Pradesh. TT -,” *Indian J. Matern. Child Heal.*, vol. 12, no. 3, p. [7] p, 2010
- H. Wehr and S. E. Tum, “When a girl’s decision involves the community: The realities of adolescent maya girls’ lives in rural indigenous Guatemala,” *Reprod. Health Matters*, vol. 21, no. 41, pp. 136–142, 2013
- J. van der Geugten, B. van Meijel, M. H. G. den Uyl, and N. K. de Vries, “Evaluation of a Sexual and Reproductive Health Education Programme: Students’ Knowledge, Attitude and Behaviour in Bolgatanga Municipality, Northern Ghana,” *African J. Reprod. Heal. / La Rev. Africaine la Santé Reprod.*, vol. 19, no. 3, pp. 126–136, 2015
- Rahman D, “The effect of community-based reproductive health communication interventions on contraceptive use among young married couples in bihar, India. TT,” *Int. Fam. Plan. Perspect.*, vol. 34, no. 4, pp. 189–197, 2008
- Memorandum of Understanding between the Government of Flanders and the Government of Mozambique on Development Cooperation, 2009
- Ministry of Health, Procedures Manual of the Memorandum of Understanding PROSAUDE III, 2018
- Minutas das VII Consultas Bilaterais República de Moçambique – Região de Flandres no Reino da Bélgica 16 de Outubro de 2018
- Project Proposal and Progress Reports “Programme to improve sexual and reproductive health in adolescents and women with a focus on enhanced access to contraception, HIV and STD prevention and treatment through tailored interventions in schools, communities and health facilities”, CUAMM
- Project Proposal and Progress Reports, “Accelerating women and girls rights project – WONGI”, Action Aid

- Project Proposal and Progress Reports, “Enhancing the quality of the midwifery workforce in Tete Province”, UNFPA
- Project Proposal and Progress Reports, “Focussed Contribution to the Health System Strengthening of Mozambique”, Enabel
- Project Proposal and Progress Reports, “Improving womens’ health in Mozambique”, DREAM
- Project Proposal and Progress Reports, “Innovative and Enhanced TB Control in Maputo, Mozambique”, Apopo
- Project Proposal and Progress Reports, “Phase 3 - Building institutional capacity at INS to strengthen the evidence base of the public health system in Mozambique”, INS and ITM
- Project Proposal and Progress Reports, “Realizing younger adolescents’ sexual and reproductive rights in Maputo province”, ICRH
- Project Proposal and Progress Reports, “Reducing Maternal and Neonatal Deaths in Mozambique by Enhancing the quality of midwifery workforce and Surveillance & Response”, WHO
- Project Proposal and Progress Reports, “Versterken van het Health System Management van de provinciale Directie Gezondheidszorg (DPS) in Tete – Mozambique d.m.v Internationale technische assistentie”, Enabel
- Report Mid-Term Review Evaluation of the Flemish supported project BICMINS “Building institutional capacity at Instituto Nacional de Saúde to strengthen the evidence base of the public health system in Mozambique – Phase 1 and 2”, 2016
- Starrs, Ann M et al. (2018) ‘Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission’, in: The Lancet, Volume 391, Issue 10140, 2642 – 2692
- The World Bank, (2017). Mozambique poverty assessment: Strong but not broadly shared growth
- Visienota De Vlaamse Ontwikkelingssamenwerking Anno 2030, 2016

#### Websites consulted:

- 2018 the Lancet-Guttmacher commission on redefinition SRHR (panel 3)  
<https://www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights>
- Ballard, B. (2018) ‘Mozambique’s dramatic economic reversal’, in World Finance accessible on <https://www.worldfinance.com/special-reports/the-mozambique-debt-crisis>
- <https://www.caicc.org.mz/index.php/biblioteca/governacao/3477-plano-quinquenal-do-governo-de-mocambique-2015-2019>, pp. 15-16.
- <https://www.fdfa.be/en/memorandum-of-understanding-between-the-government-of-mozambique-and-the-cooperation-partners>.
- [https://www.fdfa.be/sites/default/files/atoms/files/Visienota%20OS\\_WEB%20NL.pdf](https://www.fdfa.be/sites/default/files/atoms/files/Visienota%20OS_WEB%20NL.pdf).
- [https://www.preventionweb.net/files/PESS\\_30%20setembro%202013\\_com%20Anexos\\_Anotado.pdf](https://www.preventionweb.net/files/PESS_30%20setembro%202013_com%20Anexos_Anotado.pdf).
- <https://www.vlaanderen.be/nl/publicaties/detail/beleidsnota-2014-2019-buitenlands-beleid-internationaal-ondernemen-en-ontwikkelingssamenwerking>.
- Sustainable Development Goals Knowledge Platform:  
<https://sustainabledevelopment.un.org/sdg3>
- The Paris Declaration on aid effectiveness: five principles for smart aid (<https://www.oecd.org/dac/effectiveness/45827300.pdf>).
- UNICEF (2017). Mozambique Budget Brief 2017: Health. Available on [https://www.unicef.org/esaro/UNICEF\\_Mozambique\\_-\\_2017\\_-\\_Health\\_Budget\\_Brief.pdf](https://www.unicef.org/esaro/UNICEF_Mozambique_-_2017_-_Health_Budget_Brief.pdf).

## ANNEX 4 – MID TERM REVIEW MATRIX

#	Topic	OECD-DAC criteria	Specific review questions	Sources of information	Data collection method
<b>PROGRAMME DESIGN</b>					
1	Programme objectives	Relevance Effectiveness	1.1. Are the general and specific objectives of the cooperation program relevant?	CSP III, MTR of CSP I&II, Foreign Policy, International Entrepreneurship and Development Cooperation, Vision concerning the Development Cooperation anno 2030, Government Program for 2015-2019, PESS 2014-2019, joint assessment, evaluations and appraisals GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
			1.2. How were the objectives translated into national and provincial programs?	MoU Prosaúde, project proposals and evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
2	Alignment & ownership	Relevance Effectiveness Sustainability	2.1 To which extent is the cooperation program aligned with Mozambique's development priorities at central and local level? Provide examples.	CSP III, MTR of CSP I&II, Foreign Policy, International Entrepreneurship and Development Cooperation, Vision concerning the Development Cooperation anno 2030, Government Program for 2015-2019, PESS 2014-2019, joint assessment, evaluations and appraisals GoM stakeholders (central and local level)	Document review Key information interviews
			2.2 What is the degree of ownership of the CSP III by the Mozambican partners implementing the CSP III?	GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Key information interviews
3	Strategic choices	Relevance Effectiveness	3.1 Remains limiting the number of sectors to only one sector relevant?	CSP III, MTR of CSP I&II, Foreign Policy, International Entrepreneurship and Development Cooperation, Vision concerning the Development Cooperation anno 2030, Government Program for 2015-2019, PESS 2014-2019, joint assessment, evaluations and appraisals GoF stakeholders (Brussels, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
			3.2 What is the added value of Flanders within this sector compared with other donors?	GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Other donors working in health sector/Tete	Key information interviews
4	Past learnings	Relevance, Effectiveness, Efficiency, Sustainability	4.1 To which extent have previous experiences and results of similar programs been taken into account in CSP III?	GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Key information interviews
			4.2 To which extent have recommendations and lessons learned from CSP I and II been taken into account?	CSP III, MTR of CSP I&II, joint assessments, evaluations and appraisals GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
5	Cross-cutting themes	Relevance, Effectiveness, Sustainability	5. To which extent have cross-cutting themes been taken into account?	Project proposals and evaluations GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
6	Cooperation principles	Relevance, Effectiveness, Sustainability	6. To which extent have international agreed principles of cooperation been taken into account?	Paris Declaration on Aid Effectiveness, Sustainable Development Goals, Vision concerning the Development Cooperation anno 2030, CSP III, MTR of CSP I&II, joint assessments, evaluations and appraisals GoF stakeholders (Brussels, Mozambique)	Document review Key information interviews
				Project proposals and evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
7	Innovation	Effectiveness, Efficiency, Sustainability	7. To which extent are the programmes innovative?	GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners (central and local level)	Key information interviews
8	Portfolio composition	Relevance, Effectiveness, Efficiency	8. To which extent is the composition of the portfolio relevant, efficient and effective?	Project proposals and evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level)	Document review Key information interviews
				Implementing partners (central and local level)	
<b>PROGRAMME IMPLEMENTATION</b>					
9	Capacity of partners	Effectiveness, Efficiency	9.1 What are the strengths and weaknesses of the cooperation with the central Ministry of Health and its agencies?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central level) Implementing partners (central level)	Document review Key information interviews
			9.2 What are the strengths and weaknesses of the cooperation with the provincial partners in Tete?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (local level) Implementing partners (local level)	Document review Key information interviews
			9.3 What are the strengths and weaknesses of the cooperation with other actors (multilateral and indirect - further refer to as 'implementing partners') involved?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
			9.4 Is the management capacity of the involved partners sufficient to ensure successful and timely implementation of the programs?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
			9.5 Is the monitoring and evaluation capacity of the involved partners sufficient to ensure successful and timely implementation of the programs?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
10	Coordination	Effectiveness, Efficiency	How effective and efficient is the coordination and cooperation with other donors?	Other donors	Key information interviews
11	Financial implementation	Effectiveness, Efficiency, Sustainability	11.1 Is financial implementation effective?	Financial reports, audits GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
			11.2 Have disbursements been timely?	Financial reports, audits GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
			Are financial monitoring and evaluation, and organisation of audits adequate?	Financial reports, audits GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
12	Monitoring	Effectiveness, Efficiency	Provides the Annual Consultation an adequate instrument for policy dialogue and monitoring progress?	Consultation documents and minutes GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
13	Intermediary outcomes	Relevance, Effectiveness	13.1 How have programs and projects supported by Flanders contributed to improved policymaking and service delivery?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews
			13.2 To what extent are the interventions in line with the directives included in CSP III?	Project evaluations/reports GoF stakeholders (Brussels, Pretoria, Mozambique) GoM stakeholders (central and local level) Implementing partners	Document review Key information interviews

## ANNEX 5 – REVIEW OF EXTENT OF IMPLEMENTATION OF CSPII RECOMMENDATIONS

#	Recommendation	Extent of implementation
1	Strengthen <i>the technical public health expertise/capacity within the Flemish Cooperation</i>	A technical expert is available in Brussels and supports the Representative in Mozambique.
2	Use additional sources of funding, beyond the funds for the CSP in a flexible manner, to fund <i>relevant activities in Mozambique beyond the CSP, on demand</i>	All additional sources of regional funding are allocated to Mozambique specifically to address issues on climate change and where possible with a link to the health sector.
3	Better use should be made of the presence of <i>ITM in the next CSP</i>	ITM is involved in the support to INS.
4	Plan and implement a <i>joint formulation process, to best design the next CSP, based on clear needs as expressed by the direct and indirect beneficiaries</i>	A joint call for proposals was developed and currently being implemented.
5	Rather than focusing exclusively on HIV/AIDS and Reproductive Health, shift the <i>focus on basic health services / basic health care' in general</i>	Based on the needs assessment, a focus on comprehensive SRHR remains valid in the Mozambican context. There are also efforts to ensure SRHR is further integrated in basic health care (i.e. SAAJ provide all health services to adolescents, not just SRH services).
6	Continue to <i>support WHO-CO</i> ; however, define clearly that the flexible cofunding of the HSS-cluster of the biannual WHO plan also should include <i>'basic health services /care'</i>	There is no co-funding of the HSS-cluster, however, WHO is implementing a project to enhance the quality of midwifery workforce and surveillance and response to maternal and neonatal deaths. WHO is furthermore also implementing a project on climate change and the health sector (funded outside of CSPIII).
7	Keep M&E/research as specific theme, with a clear focus on institutional <i>support to action oriented research</i>	M&E and research is programmed in the different interventions; however, the implementation of this component is often of poor quality or delayed.
8	Continue the <i>dialogue</i> between the two governments on <i>Prosaúde-support</i>	The dialogue on PROSAUDE has continued and improved significantly.
9	Consider <i>prolongation of collaboration in Tete</i>	The collaboration with the province of Tete continues and was intensified.
10	<i>Revisit the aid modality in Tete Province</i> . It is recommended to support the joint implementation of <i>provincial integrated health plans</i> in a flexible manner	This was addressed through some extent through the financing of a technical assistant to the DPS but does not directly contribute to the implementation of integrated health plans.
11	<i>Delayed projects</i> , the Flemish Cooperation in Mozambique should work together with the project managers to make a clear overview of the <i>milestones and expected results/expense by end-2015</i>	Not able to verify.
12	Identify more options for <i>delegation of activities</i> to other DPs in the health sector	This has not materialized.

13	<i>Make more use of regular, independent project evaluations</i> (besides the financial audits), to identify lessons learned	Inclusion of project evaluations is encouraged in the proposals. A number of projects (but not all) have budgeted for a project evaluation. So far, no evaluation had been conducted.
14	Develop, as soon as possible, a strategy to fully integrate the <i>night clinic</i> in Moatize within the health system, in a <i>sustainable</i> manner	Not assessed as part of this MTR.
15	Use the current support project – and the eventual continuation under CSP-3 - to the development of <i>provincial action-oriented research agenda's</i> , with full participation of local health staff	This has been taken forward with the support of the INS.
16	Consider to strengthen M&E systems at the <i>provincial level</i> , in which action-oriented local research plays an important role	This was included in the TORs of the TA in Tete.
17	Invest in <i>more administrative capacity</i> , in a sustainable manner	This has not been addressed due to budget constraints