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Institutional Capacity Assessment of Selected Directorates in the Ministry of Health of Timor-Leste

Local Health System Sustainability Project
Task Order 1, USAID Integrated Health Systems IDIQ

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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Acronyms

DACA	Data analysis capacity assessment
DNSP	National Directorate of Public Health
FGD	Focus group discussion
ICA	Institutional capacity assessment
GoTL	Government of Timor-Leste
HMIS	Health management information system
HR	Human resources
HRH	Human resources for health
LHSS	Local Health System Sustainability Project
MoF	Ministry of Finance
MoH	Ministry of Health
TWG	Technical working group
USAID	United States Agency for International Development

Background

As one of the world's newest democracies, Timor-Leste has made impressive strides in building democratic processes and institutional frameworks, and in rebuilding infrastructure and core human resources. Likewise, the country's health system demonstrated flexibility and commitment amid the coronavirus (COVID-19) pandemic to successfully deliver improved laboratory-testing capabilities, mass-vaccination rollouts, and hospital care in temporary facilities.

However, the Government of Timor-Leste (GoTL) faces challenges that restrict its ability to govern, finance, and deliver quality, affordable, and essential health services effectively, transparently, and sustainably. These challenges include limited institutional capacity for evidence-based decision-making; challenges in training, recruiting, maintaining, and distributing human resources for health (HRH); underuse of social and behavior change strategies to encourage healthy behaviors; and low levels of advocacy and participatory governance.

Timor-Leste's young democracy and associated political appointments to senior civil-service positions have resulted in high turnover that hinder building lasting individual and institutional capacity for improved evidence-based policymaking and public financial management. Further limiting the resilience and sustainability of the health system is Timor-Leste's high dependence on donor funding. The downstream effects of these challenges include a lack of institutionalized processes to generate data for decision-making, low Ministry of Health (MoH) capacity for evidence-based policymaking, weak budgeting processes, poor budget execution, and minimal coordination between the MoH and the Ministry of Finance (MoF). Though positive trends are evident within the health system—such as increased collaboration in response to COVID-19, momentum towards program-based budgeting, and the recent production of National Health Accounts—incremental improvements lack scale and sustainability when the health system writ large requires strengthened governance capacity.

Development assistance for health in Timor-Leste has typically funded service delivery projects that address the country's urgent health needs, such as nutrition, maternal and child health, and family planning. Rates of infant mortality and malnutrition in Timor-Leste are still high but have continued to decline[1]. At the same time, relatively low levels of family planning and lack of basic sanitation facilities and practices also persist.

With the aim of improving the GoTL's ability to produce and use health-financing data for decision-making, improve resource optimization at the national and subnational levels, and strengthen inter- and intra-agency coordination for information-sharing, the USAID Health System Sustainability Activity represents a new type of project that emphasizes sustainability and building the resilience of Timor-Leste's health system. The Activity addresses systemic challenges to Timor-Leste's self-reliance such as low institutional capacity to generate and use data for decision-making; high turnover within the MoH that makes policymaking and implementation difficult; and weak public financial management capacity within the MoH, such as limited capacity to create needs-based budgets that are grounded in evidence, poor budget execution, and low ability to advocate for health in the budget process with the MoF.

[1] Concern Worldwide and Welthungerhilfe, "Global Hunger Index 2019: Timor-Leste," Global Hunger Index, October 2020, https://www.globalhungerindex.org/pdf/en/2019/Timor-Leste.pdf.

Methods

The Activity's interventions to strengthen health-sector governance began with a series of assessments referred to as the "baseline assessments": the Institutional Capacity Assessment (ICA), the Data Analysis Capacity Assessment (DACA), and the Health Financing Landscape Analysis. Their purpose was to identify interventions the Activity can undertake in partnership with the GoTL to strengthen their capacities to improve health-system governance and functioning. A key element of the Activity's approach to these baseline assessments is design and execution collaboration with working groups comprised of GoTL representatives. While undertaken independently, the results of the assessments will be considered together in the development of the Capacity Development Action Plan.

Health Financing Landscape Analysis

This analysis had two objectives: to assess progress of the MoH Health Financing Strategy 2019-2023 and public financial management reforms, and to identify strategic activities that will bolster the government's efforts to implement the health-financing strategies and public financial management reforms.

Findings are centered around the strategic interventions described in the Health Financing Strategy, and are grouped into the following four categories:

- Ensuring sufficient and sustainable public financing for health. Monitoring of the effect of resource mobilization interventions by establishing a functional unit to monitor spending on health.
- Restoring a unified pooling and resource allocation mechanism through the creation of a Health Sector Budget Working Group and its program budgeting tasks
- Harnessing reforms in program budgeting and performance-based resource allocation
- Making the package of essential health services a tool for entitlement, planning, and contracting through a review, costing and feasibility analysis

Data Analysis Capacity Assessment

The DACA was executed to assess MoH data use and data quality processes to understand the opportunity and capacity of different levels of the health system to analyze data. It also examined health-management information system (HMIS) governance, electronic HMIS deployment, the state of interoperability, and COVID-19 data capture. The team focused on behavioral, technical, and organizational determinants affecting HMIS performance as they relate to strengthening data analysis and data use.

Findings include recommendations to strengthen areas needing improvement. The DACA is organized into six categories each of which is connected to strengthening data analysis and use:

- HMIS and health information system governance
- Information, products, and dissemination
- Health Information System management and interoperability
- Data entry and data management
- Data quality
- Data analysis and use

Definition

The Activity uses the following definition of organizational capacity development as a basis for the project's approach to scaling up local capacity.

"The process through which individuals, organizations and societies obtain, strengthen, and maintain the capabilities to set and achieve their own development objectives over time.[2]

This definition considers three levels of intervention that are incorporated into the Activity's institutional organizational capacity-development approach:

- Individual: develops the competencies of individuals in technical and managerial domains to strengthen the knowledge and skills individuals need to fulfill certain roles.
- Organization:[3] builds the management and organizational capacity of a single organization or operating unit of a larger entity, such as a provincial health division. Includes the ability of an organization or unit to finance, plan, manage, implement, and monitor its activities and services.
- System: strengthens institutional arrangements and coordination mechanisms required for both public and private organizations to work together toward a common end. This includes the structures, standards, guidelines, supportive policies, legal frameworks, budgets, and attitudes and behaviors that influence how organizations work and operate together.

Institutional Capacity Assessment (ICA) Framework

Capacity-strengthening is a process, rather than a single event. An ICA lays the foundation for the development of a concrete action plan (or intervention plan) that provides organizations with a clear development roadmap. The assessment can be repeated on an annual basis to monitor the effectiveness of previous actions, evaluate progress in capacity improvement, or identify new areas in need of strengthening.

The Activity works with a capacity development framework whose 12 dimensions constitute the core management competencies for an effective ministry, directorate, or department (Annex A). The framework is then adapted to the specific goals of the assessment to be undertaken.

Defining Assessment Parameters

The objective of the ICA was to assess capacity in the specific areas of the Activity's focus[4]: With this objective in mind, in consultation with the MoH the Activity formed a Technical Working Group (TWG) comprised of two sub-groups, each with specific roles and responsibilities:

- A strategic oversight and validation group for the assessment's process and findings, and for determining priorities for capacity development. It is represented by the Director General of Corporate Services; Director of the Cabinet for Health Policy, Planning and Cooperation; Director of Budget and Financial Management; and Director of Human Resources.

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2 United Nations Development Programme.

3 We use "institutional" capacity development and "organizational" capacity development throughout this document, where "institutional" is referring to government directorates or departments, and the term "organization" is used more generically.

4 Production and utilization of health-financing data for decision-making, improved resource optimization at the national and subnational levels, and strengthened inter- and intra-agency coordination for information-sharing.

- A design group comprised of technical staff of the MoH to work closely with the USAID Health System Sustainability Activity team in design and execution of the assessment, and based on its results, support developing the Capacity Development Action Plan.

The Activity team and TWG narrowed the focus of the assessment by identifying a subset of six the 12 framework capacities that must be in place for the Ministry to successfully carry out the interventions in a manner that will be sustainable over time. The selected capacities include leadership, structure and staffing, cooperation and collaboration, organizational mandate, technical capacity, and implementation capacity.

The Activity team and TWG next identified MoH directorates and departments that will work with the Activity in co-development and co-implementation of Activity interventions. The departments and directorates selected were:

- General Directorate of Corporate Services
- General Directorate of Health Services
- National Directorate of Budget and Financial Management
- Department of Internal Control and Accounting
- Department of Payment and Treasury
- Department of Budgeting
- National Directorate of Human Resources
- Department of Personnel Management
- Department of Planning
- Department of Human Resources Provision
- Directorate of Health Policy, Planning and Cooperation
- Department of Monitoring and Evaluation
- Department of Health Management Information System
- Department of Policy and Cooperation

A small number of additional directorates—i.e., Directorate of Support to Hospital Services, Directorate of Pharmacy and Medicine, General Inspectorate Directorate, Directorate of Quality Control, Directorate of Referral Hospital (Maliana), and the Directorate of Referral Hospital (Aileu)—were selected for participation in the ICA to provide more participation balance across the Ministry. Furthermore, the selected directorates and departments constitute the target population for assessment.

Review of Background Documentation

In reviewing background documentation, the Activity team sought to identify any gaps in its knowledge of the institution and to determine what additional information was required to develop a baseline understanding of the Ministry's capacity. The capacity assessment was then designed to elicit the information to fill those gaps and establish a solid baseline or starting point for capacity-strengthening activities.

Past assessments of the Timor-Leste health system have highlighted a number of challenges, including: a lack of institutionalized processes to generate data for decision-making, low MoH capacity for evidence-based policymaking, poor budget execution, and insufficient coordination between the MoH and the highly influential MoF.

Further, the team noted that, in its National Health Sector Strategic Plan II 2020–2030, the MoH identifies the need to strengthen health-sector stewardship and management and to improve availability and use of data for decision-making. The Strategic Plan for Human Resources for Health 2020–2024 provides recommendations related to training and education, motivation,

performance, and retention of staff, as well as the development of a human-resource information system.

The team also studied the results of two institutional capacity assessments conducted recently by the National Institute of Health in March of 2021, and *Servico Autonomo de Medicamentos e Equipamentos de Saude* in 2019 (Procurement of Medicine and Equipment for Health, an MoH autonomous agency). While some generalizations might be drawn from the two assessments, the team concluded the assessments have limited relevance in establishing a capacity baseline in areas related to 1) generation and use of data for decision-making or 2) the management of human resources.

Given the limitations of information readily available, the Activity and MoH agreed to conduct an ICA and designed an assessment tool for this purpose. The assessment tool can be found in Annex D.

Data Collection and Validation

The Activity's health governance and finance lead oriented the Activity team to the purpose of the assessment and the assessment methodology, and then trained them in the use of the assessment tool.

The Activity team conducted 19 face-to-face interviews with directors and heads of department and seven focus group discussions (FGDs) with MoH staff in February and March 2022. Interviews were conducted by a single team member; team members worked in pairs to conduct the focus groups, with one person facilitating the discussion, and the other taking notes on participant responses. The face-to-face interviews and FGDs were conducted using the same Tetum- and English-language (depending on the preference of the interviewee or as agreed by focus group members) questionnaire.

Staff from each of the selected units participated in focus groups; the superiors (department chiefs and directors) of those selected units were interviewed individually. The same questionnaire was used for both focus groups and interviews to facilitate comparison of responses between staff and supervisor and the discovery of issues that otherwise may not have been shared. For instance, in the preliminary findings, some of the superiors in the face-to-face interviews stated that structured performance evaluations were undertaken on a yearly basis. Staff reported that the staff's performance was often evaluated subjectively based on personal relationships, or other inappropriate considerations.

Upon completion of the data collection, responses in Tetum were translated to English, and all data was recorded in English utilizing the data-collection software KoBo Toolbox.

A validation workshop was held in April 2022 to permit interview and FGD participants the opportunity to validate the data collected and associated findings. During the workshop, focus group participants and interviewees offered supplemental information and the Activity team updated their records accordingly. A list of invitees and attendees can be found in Annex E.

Assessment Analysis

The team analyzed assessment data for each capacity dimension. Following a commonly accepted procedure, team members worked individually to extract and themes from the data

relating to both institutional strengths and capacity gaps. Team members then "scored" each dimension on a 1–5 scale, where 1 represented the lowest level (i.e., "Beginning") and 5 the highest (i.e., "Sustainable"). Definitions of each level can be found in Table 1. They then compared results and a consensus score agreed. Interview and focus group themes, supported by illustrative quotes, were then selected to illustrate the rating.

Table 1 Levels of institutional capacity

Level	Definition
Level 1–Beginning	This dimension requires substantial strengthening in most areas.
Level 2 -Start-up	This dimension requires some strengthening in some areas.
Level 3–Developing	There is sufficient capacity in this dimension for acceptable performance.
Level 4–Expanding	Capacity in this dimension is good, but the dimension will benefit from strengthening.
Level 5–Sustainable	This dimension is strong in most areas.

Results

The analysis for each directorate is presented according to capacity dimension in Annex F. A summary is presented below in Table 2, and a description of preliminary findings from the data in Table 3.

Table 2 Summary of Directorate capacity analysis by capacity area

	Leadership	Structure and Staffing	Coordination and Collaboration	Organizational Mandate	Implementation Capacity	Technical Capacity
Directorate of Budget and Financial Management	Level 2 Start-up	Level 2 Start-up	Level 4 Expanding	Level 2 Start-up	Level 4 Expanding	Level 2 Start-up
Directorate of Human Resources	Level 1 Beginning	Level 1 Beginning	Level 4 Expanding	Level 3 Developing	Level 2 Start-up	Level 1 Beginning
Directorate of Health Policy, Planning and Cooperation	Level 3 Developing	Level 1 Beginning	Level 5 Sustainable	Level 4 Expanding	Level 5 Sustainable	Level 2 Start-up

Table 3 Takeaways from the data

Capacity Area	Assessment
Leadership	Two issues stand out in this dimension. First is delegation: participants consistently described the circumstance whereby decision-making within MoH can be delegated only to another of comparable rank and not to someone at a lower level. While there are probably historical reasons for this practice, it negatively affects efficiency and, potentially, staff morale. A very important second issue is the absence of a performance-management system that is tailored to individual jobs and used as a tool for staff development.
Structure and staffing	MoH organizational charts exist but are not comprehensive or current, lacking representation of departments and individual positions. Similarly, job descriptions are often not current and/or are otherwise generically written and thus not useful in guiding staff or as a basis for conversation about performance. In some departments, there is a sense that existing staffing levels would be adequate if staff had the necessary knowledge and skills, but as-is, more staff are need. Also notable are the effect of emergencies and of frequent turnover on productivity and on the quality of work. In those circumstances, staff pitch in and depend on one another, but no formal mechanisms are in place to respond.
Cooperation and collaboration	Collaboration is consistently reported as strong. Goodwill and a sense of mutual support exist across departments at the national level and between departments at the Ministry and the municipalities. This is a strength upon which the MoH can build in improving other capacity areas.
Organizational mandate	Though respondents knew that the organization's mandate exists and knew where it could be found, many had not seen it or reported that because it is written in Portuguese, they were unable to read it. Additionally, it was not commonly viewed as a relevant or useful in guiding decisions or actions.
Implementation capacity	Respondents reported that operational plans exist, though the extent to which such plans are followed, progress monitored, and corrective action taken is uneven. For example, respondents noted that departmental plans within the Directorates of Budget and Financial Management; Health Policy, Planning and Cooperation; and Monitoring and Evaluation, are in place and are monitored, with problems identified and actions taken to resolve them in a timely manner. In the Human Resources (HR) Directorate, the plans exist, but the extent to which they are monitored, and corrective action taken is less consistent varying from department to department.

Capacity Area	Assessment
Technical capacity	Many respondents reported that, while they have had general office or professional training, they do not have the specific technical knowledge and skills required to be top performers in their units. While some training is provided—e.g., when a new system is introduced—opportunities for broader skill enhancement are limited. No systems or mechanisms are in place for assuring that departments or the staff within them are updating their skills on a regular basis. Staff noted that they rely on one another when they have questions about how to do something. The absence of technical capacity is most pronounced in the HR Directorate. The Ministry recognizes this challenge and both the Health Sector Strategic Plan, and the HRH Strategy incorporate plans to remedy the situation.

The data confirm that the availability and effective management of human resources are among the greatest challenges facing the MoH. The following are important areas for discussion and potential inclusion in the capacity development action plan:

Clarity with regard to the organization's purpose, structure, and the allocation of staff. This means, among other things, assuring that managers and staff have a shared understanding of the mission or purpose of the work unit and how the work of the unit supports the effectiveness of the Ministry. Clear and current organizational charts and job descriptions enable staff to understand the relationship of their positions and their individual work to the work of the unit. Effective supervisors are able to use those documents as tools for managing staff performance, including setting clear performance expectations, and providing timely feedback on staff performance in relation to those expectations.

Updated guidance and instruction about work processes and standard operating procedures about the work to be done and how it is to be done. Doing so will assist staff in understanding what is expected of them on a day-to-day basis. In addition, the documents will facilitate cross-training of staff and the orientation of new staff in the event of turnover.

In addition, planning for continuity in the event of unusual circumstances or staff changes will better position the Ministry to address such challenges as they arise.

Taking a systematic approach to providing staff training and skill development, including inventorying staff knowledge and skills against the requirements of their current job descriptions, identifying skill gaps, and creating a development plan that can be reviewed and updated regularly in the context of performance appraisals.

Strengthening management and supervisory skills. Highly productive work units depend on effective management. Effective management of the work unit requires a manager or supervisor to establish or strengthen strong working relationships with staff and to use the tools and processes available to them to support staff performance and staff development. Setting the expectation for strong management and supervision of staff, recognizing supervisory strengths, identifying capacity gaps, and providing training, coaching, and mentoring to reduce or eliminate those gaps will be important to the overall effort of strengthening the effectiveness of the Ministry.

Development of a Capacity Development Action Plan

The capacity dimensions included in the ICA constitute the building blocks of a sustainably strong institution. Coupled with the information obtained through the DACA and the Health Finance Landscape Analysis, the MoH will have a comprehensive picture of its technical and organizational strengths, as well as areas for improvement. Given resource limitations and concerns for the absorptive capacity of the different directorates and departments, it will be important for the MoH to both recognize and build upon strengths in these units and to prioritize areas in need of strengthening.

The information provided through the three assessments will enable the MoH to make decisions with regard to priorities for capacity development. While the immediate focus may be on the national level, improvements in institutional capacity will also support the Ministry as it pursues its decentralization agenda.

The activity will facilitate a workshop in July 2022 during which the combined findings will be presented to and discussed among the TWG, and capacity-development priorities will be agreed upon across all assessed domains.

Subsequent to the workshop, the Activity will work with the TWG to outline capacity development interventions that capitalize on strengths and respond to areas in need of strengthening. Interventions will then be sequenced, and a macro plan developed for presentation to the Council of Directors. With their concurrence, a detailed implementation plan will be co-developed.

Annex A: Institutional Capacity Development Framework

Dimension	Definition
Organizational Development	
Organizational mandate	The existence of clearly defined official roles and responsibilities, accountability, and functions.
Strategy and planning	Ability to develop long-term strategies, short- and medium-term operational plans, and to implement the strategy.
Structure and staffing	Adequacy of the organizational structure and staff to carry out its core functions. Clarity of individual roles and responsibilities as reflected in job descriptions and work assignments
Implementation capacity	Capacities to plan, manage, monitor, and improve the quality of activities implemented.
Leadership and management	Leadership that sets direction, motivates, and aligns staff behind strategic direction; management that works together, monitors staff, assures the quality of performance, and shares information.
Gender equality and social inclusion	Explicit gender and social inclusion practices and functions.
Resources	Adequacy of basic operating resources in the short and long term.
Coordination and stakeholder engagement	Capacity to engage and coordinate internal and external stakeholders.
Organizational governance	The existence of a structure that provides oversight and ensures accountability.
Technical capacity	Technical skills and systems commensurate with functions (e.g., health financing, quality improvement)
Financial Management, Business Planning, and Compliance	
Management systems, including for financial management	Well-defined and used systems for financial management, human resources, IT, and procurement.
Compliance	Systems and capacity to ensure compliance with government and USAID requirements.

Annex B: Interviewees

No	Name of Unit	Position Title
1.	National Directorate of Budget and Financial Management	
2.	Department of Internal Control and Accounting	Chief of Department
3.	Department of Payment and Treasury	Chief of Department
4.	Department of Budgeting	Chief of Department
5.	National Directorate of Human Resources	Director
6.	Department of Personnel Management	Chief of Department
7.	Department of Planning	Chief of Department
8.	Department of Human Resources Provision	Chief of Department
9.	Directorate of Health Policy, Planning and Cooperation	Director
10.	Department of Health Management Information System	Chief of Department
11.	Department of Policy Planning and Monitoring and Evaluation	Chief of Department
12.	Department of Partnership and Cooperation	Chief of Department
Additional Units Suggested by MoH		
13.	Directorate of Support to Hospital Services	Director
14.	Directorate of Pharmacy and Medicine	Director
15.	Directorate of Quality Control	Director
16.	Office of General Inspector	General Inspector
17.	Directorate of Family Health	Director

Annex C: Focus Group Composition

No.	Unit	Position Title	Number of People in Unit (Number of Those Who Participated in Focus Groups)
FGD 3 (10 pax)	National Directorate of Budget and Financial Management	Chief of Cabinet	1
		Technical Administration	4
	Department of Internal Control and Accounting	Technical Professional	14 (4)
		Technical Administration	1
FGD 4 (9pax)	Department of Payment and Treasury	Technical Administration	2
		Technical Professional	12 (4)
	Department of Budgeting	Technical Professional	6 (3)
FGD 5 (10pax)	National Directorate of Human Resources	Technical Administration	3
		Technical Professional	2
	Department of Personnel Management	Technical Professional	5 (1)
		Technical Administration	6(1)
		Technical Professional (database)	1
		Technical Administration (database)	2(1)
		Nurse	2(1)
		Finance	1
FGD 5 (10pax)	Department of Planning	Technical Administration	3
		Technical Professional	1
		Technical Professional (database)	1
	Department of Human Resources Provision	Ex Chief Department	1
		Technical Professional	2
		Technical Administration	2
FGD 6 (9pax)	Cabinet of Policy Planning and Cooperation	Chief of Secretariat	1
		Technical Professional	3 (1)
		Technical Professional	2 (1)
		Planning Officer	1
		Pharmacist	1
	Department of Partnership and Cooperation	Technical Professional	2
		Technical Administration	2

No.	Unit	Position Title	Number of People in Unit (Number of Those Who Participated in Focus Groups)
FGD 7 (9pax)	Department of Policy, Planning and Monitoring and Evaluation	Technical Administration	3
		Technical Professional	2
	Department of HMIS	Technical Professional	2
		Officer–Information System	1
		Monitoring and Evaluation	1

Annex D: Interview and Focus Group Discussion Questions

LEADERSHIP AND MANAGEMENT **Definition: Effectiveness of leaders and managers to set direction and to develop and implement strategies and plans**	
Does the unit leadership set direction for the unit?	
YES	NO
How is direction communicated to staff?	
Does unit leadership help staff to understand the direction and how their jobs can contribute to that direction?	
YES	NO
How is that done?	
Does the unit leadership delegate responsibilities to staff along with the authority to do the tasks?	
YES	NO
Comment:	
Is there a system for monitoring staff performance?	
YES	NO
Please describe it	
Do staff receive feedback on performance?	
YES	NO
How is that done?	

STRUCTURE AND STAFFING **Definition: Adequacy of the organizational structure and staff to carry out its core functions. Clarity of individual roles and responsibilities as reflected in job descriptions and work assignments**	
Is there an organizational chart (organogram)?	
YES	NO
Comments:	
Does the organizational chart include all the positions needed to carry out the unit's core work?	
YES	NO
Comments:	
Are roles and responsibilities clearly defined?	
YES	NO
Comments:	
Are they reflected in job descriptions?	
YES	NO
Comments:	
Are there enough staff to carry out core functions?	
YES	NO
Comments:	
Do staff have the right skills to do the work?	
YES	NO
Comments:	

COORDINATION AND COLLABORATION **Definition: Ability to identify and productively engage with key stakeholders**	
Does the unit have a good working relationship with other departments and units within MoH?	
YES	NO
Comments:	
Does the unit coordinate work with other units and departments?	
YES	NO
If yes, how is this done?	
Does the unit have a good relationship with subnational (provincial/district) units?	
YES	NO
Comments:	
Does the unit share information with/receive information from subnational units?	
YES	NO
If yes, how often? For what purpose?	

ORGANIZATIONAL MANDATE **Definition: adequacy of the current scope and authorities of the unit, especially in relation to other departments in the MoH, and other national agencies.**	
Is there a formal governmental document that defines roles and responsibilities for the unit?	
YES	NO
Is the mandate understood in the unit?	
YES	NO
Comments:	
Does it define the unit functions in relationship to those of other units in MoH?	
YES	NO
Comments	
Does it define unit functions in relationship to units at province or district level?	
YES	NO
Comments	
Is the mandate clear enough and does it have the necessary information for smooth functioning of the unit?	
YES	NO
Comments:	
Does the unit have the right authority or stature to carry out the work?	
YES	NO
Comments:	
Does the unit have the right authority or stature to carry out the work when compared to other units in the MoH? (Are there other units in the MoH that are better suited to do the work?)	
YES	NO
Comments:	

IMPLEMENTATION CAPACITY **Definition: Capacity to plan, manage, and monitor activities**	
Does the unit have a plan for its work (operational plan)?	
YES	NO
Comments:	
If no, how are decisions made about the work to be done?	
How does the unit check the progress of activities – timeliness and quality?	
What happens if an activity is not completed on time? (Are remedial steps taken)?	
What happens if an activity that has been completed doesn't produce the results expected?	

TECHNICAL CAPACITY **Definition: Sufficiency of technical capacity to carry out its mandate**	
How would you rate the quality of the work produced by the unit?	
How do you think other departments or units would rate the quality of the work?	
Do staff have the skills needed to do the work?	
YES	NO
Comments:	
Does the unit keep up to date on developments in the field?	
YES	NO
If yes, how is this done?	
Does the unit ensure that staff skills are upgraded in line with developments in the field?	
YES	NO
If yes, how is this done?	

Annex E: Validation Workshop Participants

Activity description: Institutional Capacity Assessment Validation Workshop

Date of Activity: April 26, 2022

No	Participant's Name	Position/Title	Name of Organization	Gender
1	Marcelo Amaral	General Director	Ministry of Health	Male
2	Helia Correia	Tech. Officer	Ministry of Health	Female
3	Feliciano Pinto	Head of department DGGQS	Ministry of Health	Male
4	Ermelinda da Costa	Tech. Adm	Ministry of Health	Female
5	Miguel Maria	Director DNOGF	Ministry of Health	Male
6	Apolinario Guterres	Monitoring & Evaluation Officer	Ministry of Health	Male
7	Antonio Viegas	Head of P&F	Ministry of Health	Male
8	Marcelina Lucia	Finance Officer, National Directorate of Public Health (DNSP)	Ministry of Health	Female
9	Terezinha Imaculada	Officer	Ministry of Health	Female
10	Madalena de Deus Soares	Tech.Prof	Ministry of Health	Female
11	Funli da Silva	Secretary, DNSP	Ministry of Health	Female
12	Maria de Fatima Abi	Tech.Prof	Ministry of Health	Female
13	Luiza M. da Costa Oki	Tech. Adm	Ministry of Health	Female
14	Arlena C.F Babo	Tech.Prof	Ministry of Health	Female
15	Carl Seagrave	Program Office Director	USAID	Male
16	Nazario dos Santos	Monitoring, Evaluation, and Learning Specialist	USAID	Male
17	Dra.Telma de Oliveira	PMS for Health governance	USAID	Female

No	Participant's Name	Position/Title	Name of Organization	Gender
18	Afonco Lima Araujo	Head of HMIS department	Ministry of Health	Male
19	Narciso Fernandes	Director of CPPCH	Ministry of Health	Male
20	Maria Natalia	Head of Monitoring & Evaluation Department	Ministry of Health	Female
21	Agusto Joaquim Pinto	Director of HR Directorate	Ministry of Health	Male
22	Calistro Pacheco	HMIS Officer	Ministry of Health	Male
23	Nazario A.G. Maris	Tech.Prof	Ministry of Health	Male
24	Maria Elena Braz	Officer/DPC	Ministry of Health	Female
25	Eva Sequeira de Jesus	Officer/DPC	Ministry of Health	Female
26	Teodoro M.de Jesus	Head of GAIM	Ministry of Health	Male
27	Maria Fida	Officer-DNRH	Ministry of Health	Female
28	Augusto Sera Mali	Tech.prof-DNOGF	Ministry of Health	Male
29	Marta da C. Soares	Finance Officer/DNOGF	Ministry of Health	Female
30	Feliciano A.C. lobo	Finance Officer/DNOGF	Ministry of Health	Male
31	Julia de Jesus Pereira	Planning Officer, DNSP	Ministry of Health	Female
32	Celestina A. Magno Ximenes	Nutrition Officer	Ministry of Health	Female
33	Francisca Castro Belo	Monitoring & Evaluation Officer	Ministry of Health	Female
34	Julia da Costa Freitas	Recruitment Officer	Ministry of Health	Female
35	Dr. Jaime B.de Oliveira	Monitoring & Evaluation Officer	Ministry of Health	Male
36	Filipe de Neri Machado	Head of Surveillance Department	Ministry of Health	Male
37	Agustinho de Oliveira	Head of IA, DNSP	Ministry of Health	Male
38	Dra. Gracieth Dias Ximenes	RPS Officer (GLRAS)	Ministry of Health	Female
39	Maria de Lourdes Soares	Tech. Adm	Ministry of Health	Female

No	Participant's Name	Position/Title	Name of Organization	Gender
40	Geovania da C.S. Martins	Tech. Professional	Ministry of Health	Female
41	Jose dos S. Soares	Tech. Adm	Ministry of Health	Male
42	Rui Leonardo X. Belo	Finance Officer	Ministry of Health	Male
43	Inacio da Costa	GLRAS Officer	Ministry of Health	Male
44	Joao Boavida	Driver	Ministry of Health	Male
45	Abril de Araujo	Driver	Ministry of Health	Male
46	Abril dos Santos Magno	Driver	Ministry of Health	Male
47	Dra. Adelia Maria M. Barreto	Head of DPCS	Ministry of Health	Female
48	Natalie Colo	Officer-Dept.PT	Ministry of Health	Female
49	Juliete Freitas	Officer-Dept.PT	Ministry of Health	Female
50	Dominico Elo	Officer-Dept.PT	Ministry of Health	Male
51	Jose dos Santos S. Soares	Tech.Adm.	Ministry of Health	Male
52	Ivo C. Lopes Guterres	HOD	Ministry of Health	Male
53	Zeferina M.de Araujo	JO Officer	Ministry of Health	Female
54	Anastacio Barreto	JO Officer	Ministry of Health	Female
55	Juvito Amaral	PT Officer	Ministry of Health	Female
56	Sandra R. Pinto	Finance Officer	Ministry of Health	Female
57	Lucia F. Freitas	Finance Officer	Ministry of Health	Female
58	Salustiana Maria	Finance Officer	Ministry of Health	Female
59	Salvador Daniel da Costa	GPPS Officer	Ministry of Health	Male
60	Lourenco Pinto	Health Finance Manager	USAID Health System Sustainability Activity	Male
61	Marleen Vong	HRH Manager	USAID Health System Sustainability Activity	Female
62	Abilio Barros Soares	HRH Lead	USAID Health System Sustainability Activity	Male

No	Participant's Name	Position/Title	Name of Organization	Gender
63	Francisco da Silva Mendonca	Civic Engagement Lead	USAID Health System Sustainability Activity	Male
64	Bhavesh Jain	COP	USAID Health System Sustainability Activity	Male
65	Juliao dos Reis	Health Governance and Finance Lead	USAID Health System Sustainability Activity	Male
66	Mario Gusmao	Monitoring, Evaluation and Learning (MEL) Director	USAID Health System Sustainability Activity	Male
67	Venancio S. Pinto	COVID Lead	USAID Health System Sustainability Activity	Male
68	Emilio dos Santos	Communications Manager	USAID Health System Sustainability Activity	Male
69	Ilda Anesia Soares	Data manager	USAID Health System Sustainability Activity	Female

Annex F: Assessment Results

Note selected interview and focus group quotations are included in quotes.

Directorate: Budget and financial management

Assessment Scoring

For each dimension,

- Review data/Determine appropriate "level" for the unit/List specific points from each interview or focus group that illustrate your conclusion

Leadership and Management

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Delegation

- *"Delegation of tasks is done linked to diploma ministerial and the manual. But technically, this could be risky if one person heads two functions at the same time in the finance system."*
- *"The delegation of tasks cannot be delegated to staff at lower positions, and it has to be with the same level which is not the same practice as the previous time, because of the change in the Diploma Ministerial. We have had this discussion several time but no changes."*
- *"The delegation is based on official letter or phone call conversation. I also used Email to delegate tasks but not all staff use it."*
- *"To review this competence–disaggregation of duty or table of authority. Suggest doing delegation downward, going back to previous practice, to be clear to the audit. "*

Managing Performance

There is no performance management system; there is a performance evaluation from civil service, but it is general, and is not based on actual job descriptions.

- *We have annual performance evaluation, but not quarterly or six-monthly performance-monitoring. Annually, also we do it because it is the expectation from the Public Service Commission to increase their scale or level. But to monitor progress based on ToR, etc. we do not have a tool yet to do so. Perhaps the USAID Activity can support.*

Structure and Staffing

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Organizational charts and job descriptions

- Organograms are not current; job descriptions are generic; not based on actual position.

- Staff do as they are told, but don't have written guidance that would allow them to work more independently, which may be cause for confusion when things change.
- *Emergency situations (hurricane, Dengue fever, etc.) are not uncommon, staff turnover is not uncommon. There doesn't appear to be any system or process in place that anticipates these events and plans around them. (TOR, SOP, handover process, orientation process, emergency staffing plans. As a consequence, everyone pitches in and does the best he/she can do.*
- *"For normal work, there is enough people. But with additional emergency work, this is where we have issues. Most often we work up to 8pm mor 12 am in the morning just to finish the work expected to be done."*

Staff capacity

- *"They all have the right skills, but need capacity-building in financial management, budget allocation, reporting and execution. "*

Coordination and Collaboration

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Interviewees and focus group participants consistently reported excellent cooperation and collaboration with others at Ministry level and with the municipalities. It is not clear how effective the collaboration is though it seems the covid response has been seen as a great example of good cooperation to good effect

- *"Majority (of working relationships) is with very good coordination. But often with logistics and procurement we have to scream at each other. We scream at each other because of work, but after all it is because we want the work done. This is because they expect things to be done quickly without the understanding that there is a process that we have to follow.*

Organizational Mandate

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Existence of mandate

Most staff know where the mandate can be found, though many staff have not seen it. Because it is written in Portuguese) staff must rely on word of the head of unit to explain it.

- *"Yes– [the mandate is derived from] Organic law, government decree for budget execution (every year). It is my role as a leader to provide a copy to all staff to ensure they understand the laws. This is also because the law is written in Portuguese and staff most often don't bother to read. To solve this, perhaps language training will help in the future."*

Clarity of mandate

When asked whether the mandate Is clear enough and whether it provides the necessary information for smooth functioning of the unit, the response is no.

- *"Most of them it is not, or maybe it is clear. But, because we have limited understanding in English, we ask the support of the legal team to interpret and provide information to us to better understand.*

The mandate is clearest for the highest levels of MoH. Mandate least clear at municipality level due to devolved structure:

- "Municipality is under state administration. And financing is centralized in MoH but under the public health directorate. - Transfer to municipality is making our work easier but operation function continue to depend on the national level, when budget for municipality is not sufficient which is the case for all".

Implementation Capacity

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Operational plans exist as does a financial calendar which guides a lot of their work. Supervisors follow up with staff in the event a deadline is missed, or something is done incorrectly

- *We have detailed plans for each unit. …. Calendar for financial management. For instance, from January-March we have to solve all outstanding debt.*

Technical Capacity

Level 5 Sustainability	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Staff report having basic office skills but indicate the need for training in accounting and financial management. Staff learn from one another and from past experience.

There is no regular provision of training or upgrading of skills. The unit keeps up to date on the financial management systems and when new systems are introduced by MoF, there is training provided. After that, however, staff seem to rely on each other and their memories.

- *"We need regular training to our staff at least once/twice (accounting, reconciliation, etc.*"

Directorate: Human Resources

Assessment Scoring

For each dimension,

- Review data
- Determine appropriate "level" for the unit
- List specific points from each interview or focus group that illustrate your conclusion

Leadership and Management

Level 5 Sustainable	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

- Delegation of authority is not clear below that covered by the organic law
- The current provisions are for lateral, not hierarchical delegation
- Staff have general TOR.

There is no SOP so what guidance is received is mostly verbal.

Staff rely on supervisor for guidance, if supervisor is new, the guidance may be lacking. In these cases, staff ask one another

- Staff have authority to do the work but not for final decision-making
- "There is a civil service performance evaluation form, but it is general—not tied to a specific position and so is not seen to measure performance accurately. There is no system for regular feedback

Annual appraisals, but no individual appraisal."

- "There is no clear system to provide feedback (monitoring to staff)".
- Monthly staff meetings have recently begun.
- Scheduled weekly and monthly meetings help staff to understand their jobs.

Structure and Staffing

Level 5 Sustainable	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Organograms and job descriptions are not current and have not been developed with reference to the individual units and staff within.

Staff report that they "do as we are asked to do and following the dispatch and order"

There is a general feeling among interviewees and focus group participants that there are enough staff if the staff had the necessary analytical skills and knowledge of HR

- "We learn from each other and step up to do the work at hand. There has not been any capacity-building to support enhancing our capacities"
- "The more capable a person is, the more work the person is assigned. Single salary/triple work"
- There is no plan or process for training and skill development of staff

Coordination and Collaboration

Level 5 Sustainable	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

Many MoH units need to coordinate with municipalities as part of their work.

Communication and cooperation are reported to be sufficient to do the work at both national and subnational levels.

Meetings within departments take place, but meetings with other departments/ directorates are not regularly scheduled but are conducted as needed. Even so, regular meetings support good working relationships with other departments within MoH

Organizational Mandate

Level 5 Sustainable	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

The mandate is established through the ministerial diploma for HR and a joint diploma mistrial between the ministry of state administration and ministry of health. It specifies responsibilities for the directorate or equivalent at national and subnational levels but does not define the relationship between units within the directorate.

Staff report not having seen the mandate, and indicate that they don't know what it addresses

- "The work our departments do is in line with what is expected, and we believe no other department is more suited to do the job. But we, not even the director, has the competence to make decisions. Only DG will make most decisions"

There is some contention about whether payroll should be Finance responsibility, and not HR

Implementation Capacity

Level 5 Sustainable	Level 4 Expansion	Level 3 Developing	Level 2 Start-up	Level 1 Beginning	N/A (Not applicable)

There are annual plans and implementation plans.

Staff are not aware if/when plans are changed

- "In the planning we have clear quarter 1-4, but during implementation we do not do it as planned. This is due to internal bureaucracy. **(Focus group)"**
- "Sometimes if the activity is not completed on-time, we want to make adjustment, but cannot because the directorate has spent the budget already."

Checking of activities (timeliness and quality) depends on who is the person who is head of department.

The new chief is said to be monitoring progress.

Underperforming staff who do not take opportunities to improve are rotated to areas where they are better suited.

Technical Capacity					
Level 5 Sustainable	**Level 4 Expansion**	**Level 3 Developing**	**Level 2 Start-up**	**Level 1 Beginning**	**N/A (Not applicable)**

Staff knowledge related to HR is uneven.

- Some staff take the initiative to enroll in higher education or training.
- Many in the units come from other disciplines and so may have the skills required for general office work but are lacking basic skills in core human resources (recruitment, performance evaluation, leaves and absence, and other HR training).

The new leadership is interested in providing monthly sessions to increase staff knowledge in the area.

Staff pitch in and try to help each other, but there are no written guidelines.

There are no systems or processes in place to keep the unit up to date on developments in the field.

There are no systems or processes in place to assure that staff skills meet basic requirements, much less stay up to date with developments in the field.