



USAID
FROM THE AMERICAN PEOPLE

MOZAMBIQUE FORSSAS (HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING)

QUARTERLY TECHNICAL PERFORMANCE REPORT: FISCAL YEAR 2013, QUARTER 3

April 1 – June 31, 2013

Cooperative Agreement No. AID-656-A-12-00002

July 31, 2013

This publication was produced for review by the United States Agency for International Development. It was prepared by Deloitte Consulting LLP.

MOZAMBIQUE FORSSAS (HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING)

QUARTERLY TECHNICAL PERFORMANCE REPORT: FISCAL YEAR 2013, QUARTER 3

April 1 – June 31, 2013

Prepared for:

USAID/Mozambique, Integrated Health Office

Prepared by:

Deloitte.

Cooperative Agreement No. AID-656-A-12-00002

July 31, 2013

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Table of Contents

Executive Summary	1
1. Introduction	2
2. Progress, Challenges and Upcoming Activities by Intermediate Result	2
2.1 Intermediate Result 1: Increased Effectiveness in Health Governance.....	2
2.1.1 <i>Current and Cumulative Progress</i>	3
2.1.2 <i>Challenges Encountered and Solutions</i>	5
2.1.3 <i>Plans for Upcoming Quarter (July 1 – September 30, 2013)</i>	5
2.2 Intermediate Result 2: Improved Management of Health Sector Financing.....	6
2.2.1 <i>Current and Cumulative Progress</i>	7
2.2.2 <i>Challenges Encountered and Solutions</i>	7
2.2.3 <i>Plans for Upcoming Quarter (July 1 – September 30, 2013)</i>	8
2.3 Intermediate Result 3: Strengthened Management and Operations Capacity	8
2.3.1 <i>Current and Cumulative Progress</i>	8
2.3.2 <i>Challenges Encountered and Solutions</i>	9
2.3.3 <i>Plans for Upcoming Quarter (July 1 – September 30, 2013)</i>	10
2.4 Intermediate Result 4: Strengthened Institutional Capacity to Improve the Management, Budgeting, and Performance of Key Health and Social Welfare Staff	10
2.4.1 <i>Current and Cumulative Progress</i>	11
2.4.2 <i>Challenges Encountered and Solutions</i>	12
2.4.3 <i>Plans for Upcoming Quarter (July 1 – September 30, 2013)</i>	13
3. Performance Monitoring Progress, Challenges, and Upcoming Activities	14
3.1 <i>Current and Cumulative Progress</i>	14
3.2 <i>Challenges Encountered and Solutions</i>	15
3.3 <i>Plans for Upcoming Quarter (July 1 – September 30, 2013)</i>	16
4. Other Activities	16
4.1 <i>Project Staffing</i>	16
5. Success Stories	16
5.1 <i>Finance Manual to guide DAF completed</i>	16
5.2 <i>FORSSAS reduces the turnaround time and quality of CMAM IA visit reports</i>	17
6. Lessons Learned	17
6.1 <i>Standardizing feedback loops of existing national reporting systems strengthens data quality</i> 17	
7. Annexes	18
Appendix A: Indicator Measurement Matrix	1

Acronyms

APE*	Community Health Worker (<i>Agente Polivalente Elementar</i>)
CHW	Community Health Worker
CMAM*	Central Medical Stores (<i>Central de Medicamentos e Artigos Medicos</i>)
DAF*	Directorate of Administration and Finance (<i>Direcção de Administração e Finanças</i>)
DIS	Department of Health Information (<i>Departamento de Informacao para Saude</i>)
DPC*	Directorate of Planning and Cooperation (<i>Direcção de Planificação e Cooperação</i>)
DPM	Department of Planning and Management
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FORSSAS*	Health and Social Welfare Systems Strengthening (<i>Fortalecimento dos Sistemas de Saúde e Acção Social</i>)
GFU	Global Fund Unit
GTM*	Technical Working Group for Pharmaceuticals (<i>Grupo de Trabalho de Medicamentos</i>)
IA	Internal Audit
ICSM*	Health Sciences Institute of Maputo (<i>Instituto de Ciências de Saúde de Maputo</i>)
IFAPA*	Training Institutes in Public and Municipal Administration (<i>Institutos de Formação em Administração Pública e Autárquica</i>)
IR	Intermediate Result
JANS	Joint Assessment of National Strategies
M&E	Monitoring and Evaluation
MISAU*	Ministry of Health (<i>Ministério de Saúde</i>)
MMAS*	Ministry of Women and Social Welfare (<i>Ministério da Mulher e da Acção Social</i>)
MPD*	Ministry of Planning and Development (<i>Ministério da Planificação e Desenvolvimento</i>)
MTEF	Medium Term Expenditure Framework
NHA	National Health Account
PARI*	Accelerated Plan for Institutional Reform (<i>Plano Acelerado de Reformas Institucionais</i>)
PBF	Performance Based Financing
PES*	Annual Economic and Social Plan (<i>Plano Economico e Social</i>)
PESS*	Health Sector Strategic Plan (<i>Plano Estrategico do Sector Saúde</i>)
POPES*	Economic and Social Operational Plan (<i>Plano Operativo do Plano Economico e Social</i>)
PIREP*	Integrated Program for the Reform of Professional Education (<i>Programa Integrado da Reforma da Educação Profissional</i>)
PFM	Public Financial Management
PMP	Performance Monitoring Plan
SOP	Standard Operating Procedure
TB	Tuberculosis
UGEA	Acquisitions Executive Management Unit (<i>Unidade Gestora Executora de Aquisições</i>)
USAID	United States Agency for International Development

*Portuguese acronyms, formal definition provided in italics

Executive Summary

The Government of Mozambique has prioritized strengthening its national health systems to improve health outcomes. In support of this objective the United States Agency for International Development (USAID) developed the five-year Health and Social Welfare Systems Strengthening (FORSSAS) program. The report presents the results of the fourth quarter of the first year of project implementation.

The project approach has three phases: 1) vision and plan; 2) design and implement; and 3) institutionalize. In Year One, the FORSSAS team engaged counterparts across the Ministry of Health (MISAU) and the Ministry of Women and Social Welfare (MMAS) to define a long-term vision to guide activities based on national strategies and objectives. Joint planning between FORSSAS and government counterparts from the start promoted local ownership. Project activities align to Ministry strategies including the Accelerated Plan for Institutional Reform (PARI), the Health Sector Strategic Plan (PESS) and the annual Economic and Social Operational Plan (POPES).

Year One activities moved the project from the vision/plan phase to the design and implement phase in the majority of intervention areas. The duration of the design and implement phase varies depending on activity, but this is typically the longest phase of the approach. However during Year One, some mature activities transitioned from the design and implementation phase into the third phase, institutionalize.

One example of the approach lifecycle is FORSSAS support to MISAU's Global Fund Unit (GFU): In Year One, FORSSAS and MISAU envisioned sustainability of the unit and implemented mechanisms for support including the integration of GFU positions in the Round 8 health systems strengthening grant (now signed). FORSSAS has now transitioned to institutionalizing these positions by providing mentoring and technical assistance to the Coordinator and Deputy Coordinator who will lead the unit.

Across each of the three phases, FORSSAS integrates performance management to track progress and increase accountability. Ministry counterparts, including those within the Central Medical Store (CMAM), the Directorate of Administration and Finance (DAF) and MMAS, have adopted performance management models, tools and indicators. Together with FORSSAS support, counterparts implemented procurement data-tracking processes; internal audit (IA) data collection; *Modulo Basico* reporting; and compliance measurements and use of a maturity model to measure and track capacity building at the provincial level.

FORSSAS builds on existing systems to strengthen national processes. Year One results that built on national systems include completion of the Financial Management Standard Operating Procedures (SOP) Manual; improvement in provincial data quality through the institution of the *Retiroinformação* process; and strengthened CMAM IA visit processes that reduced reporting time and increasing quality and completeness.

In Year One project advisors worked closely with counterparts and were embedded within the Ministries. This established a collaborative work environment. A challenge with this approach is that project advisors were often asked to provide operational support for tasks that counterparts can complete. FORSSAS is continuing to work with Ministry leadership to reiterate advisor roles and shift from "substitution" of counterpart staff to a more sustainable approach which reduces the counterparts' need for external operational support.

During Year Two, the project will continue to focus on local engagement and alignment, performance management and strengthening national systems. Based on the prioritized needs that the Ministry and USAID have identified, and in response to successful outcomes and innovative approaches to date, the project is proposing new areas of support, but will also remain focused on its initially proposed activities in order to deliver on all objectives.

1. Introduction

During the period of April 1 through June 31, 2013, the Mozambique Health and Social Welfare Systems Strengthening Program (FORSSAS) completed the last quarter of its first project year. Over the course of the first year, the project laid the foundation for continued progress over the life of the program, reaching achievements across all intermediate result (IR) areas. Notable successes during the current period include: completion of the Financial Management SOP Manual; delivery of the 2014-2016 Medium Term Expenditure Framework (MTEF); improvement in provincial data quality through the institution of the *Retroinformação* process; and reduced production time for CMAM IA Visit Reports while increasing quality and completeness. As Year One comes to a close, the project is primed to initiate Year Two activities, including additional activities directly requested from both USAID and from counterparts.

1.1 Project Background

FORSSAS is a five-year USAID project awarded to Deloitte Consulting, LLP in July 2012. The purpose of FORSSAS is to provide technical assistance to the government of Mozambique to address specific constraints hampering the health and social welfare system in order to achieve improved health outcomes.

The key result areas for FORSSAS are: effective governance; integrated finance; sustainable operations capacity; and strengthened human resources management and increased retention of health and social welfare staff. This report describes the project's accomplishments, challenges and successes during its fourth quarter of implementation, April 1 through June 31, 2013.

1.2 Recent Expenditures

A separate document outlining recent expenditures, the Quarterly Financial Report, is attached.

2. Progress, Challenges and Upcoming Activities by Intermediate Result

This section provides an overview of Deloitte's progress in supporting each of the four IRs for FORSSAS, including challenges experienced and plans for the upcoming quarter.

2.1 Intermediate Result 1: Increased Effectiveness in Health Governance

IR 1 includes CMAM and Acquisitions Executive Management Unit (UGEA) procurement strengthening components. Through implementation of IR 1, the project supports MISAU and USAID strategic goals to strengthen operational and technological capacity within procurement, internal audit, and financial management

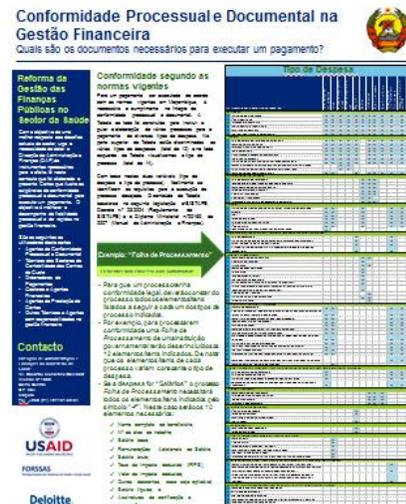
During the quarter, the project team completed the *Manual de Procedimentos de Gestão Financeira* (Financial Management SOP Manual) and the job aid for payment internal controls compliance. The SOP Manual provides DAF with an agreed, documented basis for standardizing financial management procedures across the institution; the manual received the buy-in of donors and the Ministry. The job aid seeks to improve adherence to internal controls and maintain supporting documentation for payments.

2.1.1 Current and Cumulative Progress

Support the Directorate of Administration and Finance’s (DAF) financial management, procurement, and governance capacity

This quarter, FORSSAS completed the *Manual de Procedimentos de Gestão Financeira* (Financial Management SOP Manual). This was one of the highlights of DAF’s contributions to both the former *Plano de Acção de Fortalecimento da Gestão Financeira* and the most recent MISAU plan, the PARI. It establishes detailed standard procedures for common financial management processes. Prior to the SOP Manual, there was no streamlined, documented process to guide the complex tasks executed by DAF technicians. The SOP Manual details the specific roles of individual positions in executing the various budgeting and financial management tasks, which will also serve as the basis for job descriptions of DAF staff. The Manual establishes key performance indicators that measure the execution of financial management processes within MISAU. The document outlines key links with other organizational units such as the Directorate of Planning and Cooperation (DPC), UGEA, and the various cost centers involved in the management and execution of MISAU’s internal and external funding sources. Equipped with a detailed technical manual, the FORSSAS team can now proceed with SOP-based capacity development and performance improvement. The provincial level SOP Manual is now in development using the DAF SOP Manual to harmonize processes at various Ministry levels.

FORSSAS also completed the Internal Controls for Supporting Documentation job aid, a poster developed to improve compliance with procedural and documental requirements of payments within MISAU. This gap is a major weaknesses identified by various audits including the Global Fund Inspector General’s Report, which noted that Ministry cost centers lack compliance with procedural and documental requirements. This is a problem not only faced by DAF; all MISAU cost centers and directorates seem to lack complete understanding about what documents are required to support various types of payments. The job aid aims to improve compliance by specifying what each payment type requires in terms of documentation, approvals, and other internal control obligations. Copies of the poster will be delivered to the numerous cost centers at the central level Ministry. Later, the job aid will be adapted to provincial level needs.



The job aid is a one-stop reference for DAF and cost centers to understand requirements.

Support CMAM supply chain governance

FORSSAS continued to support CMAM IA in achieving their annual audit plan by assisting with the implementation of IA Visits to verify provincial level compliance with supply chain management procedures. The team also supported the reporting of audit results through the continued development of the IA database and automation of the reporting process. Key activities this quarter included:

- Supported CMAM IA to conduct 29 visits in five provinces.
- Reduced the time to produce IA Audit Reports (2 months to 17 days); increased report quality and completeness.
- Simplified data entry and streamlined reporting through improvements to the IA Access database.
- Coached IA staff on the use of the IA database and reporting template to facilitate reviews of audit findings externally with provinces and internally within CMAM.

- Developed an IA Risk Register and initiated the identification and prioritization of risks at the Central and Provincial levels of the medical supply chain.
- Contributed to the revised statute of CMAM, including the organizational structure, charter, and mission, to articulate and standardize IA activities related to compliance.

Support to CMAM financial management

FORSSAS technical advisors to CMAM financial management collaborated with the FORSSAS DAF team to complete the DAF SOP Manual. By supporting this effort, FORSSAS jump-started the formalization of e-SISTAFE-based execution methods at CMAM and assisted the achievement of PARI 2.1, the development and implementation of a DAF SOP Manual.

FORSSAS initiated a workload analysis of Finance Sector personnel. The workload and organization analysis examines the current structure, functions and roles of CMAM Finance Sector staff and aims to more efficiently distribute tasks across sector staff, in order to align to leading practices and e-SISTAFE regulation.

The project also supported CMAM to improve accounting practices, cost recovery methods, archiving financial documents and financial reporting. As CMAM is the cost center of the Ministry with the highest volume of own revenues to manage, improving capacity in cost recovery will help increase the volume of revenue CMAM has at its disposal. As such, CMAM will be better positioned to satisfy emergency requests such as those for medicine and customs clearing fees.



FORSSAS support to CMAM cuts across the finance, procurement and internal audit sectors.

Support CMAM in procurement capacity

This quarter, FORSSAS shared results from its CMAM Procurement Current State Analysis to CMAM and USAID leadership. Notable results include:

- Over 40 findings were documented and prioritized across the people, process and technology areas.
- Recommendation of prioritized actions to address key gaps.
- Sixteen business process flows documented and delivered.
- Six Terms of Reference drafted to support organizational redesign recommendations.

The team conducted numerous client demos and completed internal testing of the Procurement Information Management System which supports the CMAM Operational Plan for 2013. FORSSAS also began drafting materials for the system training planned and Procurement To-Be SOPs to be completed next quarter.

Support UGEA in procurement capacity

This is a new activity in Year Two. This quarter focused on start-up and further definition of scope. The team reviewed prior assessments and audits conducted for UGEA's current state and interviewed eight UGEA key contacts in order to prepare preliminary observations and business requirements. The team reviewed outcomes from scoping sessions with key USAID and UGEA stakeholders and began providing daily functional support to UGEA staff.

2.1.2 Challenges Encountered and Solutions

Support DAF's financial management, procurement, and governance capacity

A large challenge continues to be DAF's perspective on the role of FORSSAS staff members. While work plans were developed in conjunction with DAF leadership, FORSSAS is regularly called to assist with tasks that should be completed by DAF staff. FORSSAS leadership and embedded staff continue to work regularly with DAF's leadership to clarify roles and shift further from staff augmentation and more toward technical assistance.

Support to CMAM in supply chain governance

Due to limited availability of audit staff (who are often traveling), certain activities are not currently or sufficiently completed (for example, follow-up of audit recommendations). In some situations, this results in FORSSAS substitution of activities instead of focusing on technical assistance. It also affects the absorption capacity of IA staff in terms of retaining and institutionalizing new technical knowledge and/or skills. In response, FORSSAS is in the process of completing a human resource projections activity (for the IA sector) in order to prioritize the audit activities given available resources. Also, FORSSAS is attempting to simplify and/or automate some activities to decrease the resources required (for example, the IA database).

CMAM IA lacks the necessary equipment (e.g. laptop computers) that can assist auditors to increase the efficiency of audit visits and thereby decrease their workload. Lack of equipment contributes to the limited availability of audit staff discussed above. Though equipment constraints are outside of the project's control, FORSSAS is attempting to demonstrate the benefits of allocating additional operational funding to the acquisition of necessary equipment through deliverables like the IA human resource projections.

CMAM is hesitant to share data for external use and it is therefore difficult to obtain approval to access and analyze data from CMAM systems (e.g. SIMAM, MACS). FORSSAS is now participating in a formal process to request written approval. FORSSAS is also exploring other options to make the data-sharing process more efficient.

Support to CMAM financial management

Lack of a documented and formalized CMAM transition to a Budgetary Execution Unit (*Unidade de Gestao de Execucao* or UGE) threatens autonomy and long-term sustainability. In the initial phase of transition, the CMAM Finance Sector will pay for operational cost expenditures and DAF will continue to pay for pharmaceutical procurements. However, at a future point, DAF will relinquish its role and CMAM will be responsible for executing payments for pharmaceutical procurements. With no documented timeline or UGE transition plan, there is a greater risk that the Finance Sector may be unprepared to assume the greater responsibility of the last phase. In response, FORSSAS technical staff, MISAU and CMAM will work to establish an e-SISTAFE roll-out plan.

Another risk is handling CMAM's revenues once e-SISTAFE is fully operational. This risk is beyond the control of FORSSAS. There is a risk that CMAM's revenues may be channeled through the CUT and e-SISTAFE, and therefore an automatic percentage will be returned to the Ministry of Finance. As such, CMAM's pool of funds to pay for operational costs, custom clearing fees, etc., may be jeopardized. FORSSAS has recommended that CMAM senior management raise this issue to both CEDSIF and the Revenue Authority to establish and document CMAM's revenue management policy once e-SISTAFE is installed.

2.1.3 Plans for Upcoming Quarter (July 1 – September 30, 2013)

Support DAF's financial management, procurement, and governance capacity

- Tailor the Financial SOP Manual and internal control job aid for the provincial level
- Develop the training plan and training materials for the SOP Manual for central and provincial levels
- Begin the routine collection and review of key performance indicators data, based on Performance Management framework

Support CMAM in supply chain governance

- Continue requested improvements to the IA database and reporting process
- Mentor CMAM auditors on the use of the IA Database and reporting tools
- Continue to pilot the current IA methodology and gather feedback from auditors
- Facilitate completion of a Risk Register documenting supply chain risks at the provincial level
- Finalize the IA Charter aligned to the revised CMAM statute
- Develop human resource projections for provincial, central hospital and warehouse audits
- Ongoing financial and technical support for IA audits

Support to CMAM in financial management

- Complete workload analysis and offer recommendations
- Support Finance Sector staff with first months of in-house e-SISTAFE usage
- Support first semester financial reporting
- Conduct gap analysis of cost-recovery activities and tools
- Support the installation of accounting software to help manage CMAM's own revenues
- Support improvements in archiving practices and system

Support CMAM in procurement capacity

- Implement Procurement Information Management System and deliver training
- Provide daily help desk support for newly implemented database
- Develop CMAM Procurement To-Be SOPs and deliver associated training
- Provide day-to-day monitoring, mentoring and coaching on newly implemented future state processes

Support UGEA in procurement capacity

- Conduct shadowing sessions and interviews
- Support increased tracking of procurement processes
- Provide advisory support to UGEA for defining functional requirements for standard reports
- Support design and implementation of improved electronic and hard copy archiving/filing system
- Support design and implementation of improved bid opening & tender evaluation processes

2.2 Intermediate Result 2: Improved Management of Health Sector Financing

The project is supporting MISAU to develop a roadmap for Mozambique's first health financing strategy to strengthen health care financing and expedite progress toward universal coverage. Led by MISAU and supported by FORSSAS, this strategy will propose mechanisms to collect, pool and finance efficient and equitable health services, and form the overarching framework for health financing activities. Current activities related to resource tracking, resource planning and allocation and innovative financing will be used to inform the strategy. Notable achievements this quarter include efforts towards strengthening evidence-based planning and budgeting within the recently completed five-year PESS; and delivery of the 2014-2016 MTEF which reinforces the link between sector policy and resource allocations.

2.2.1 Current and Cumulative Progress

Develop and execute a national health financing strategy

FORSSAS shared a first draft of the health financing roadmap with USAID. USAID feedback was incorporated and an updated version is currently pending comment. Once the team arrives at a consensus, the roadmap will be presented first to the Health Insurance Advisor within MISAU and subsequently representatives from the Health Partners Group, including DFID, UNICEF, WHO and the World Bank.

The World Bank hosted a Health Financing Workshop in June 2013 in Nairobi that brought together country teams from Africa engaged in developing or strengthening the health financing framework in support of expanding coverage for health services. FORSSAS participated with the Mozambique team. Key ideas discussed with the team were incorporated into the country's health financing roadmap.

Support and institutionalize NHA and other resource tracking and utilization activities

FORSSAS is in the initial stages of data collection and seeks to have this process completed by October 2013. All data sources and key stakeholders have been identified. FORSSAS is also preparing for the separate child health sub-account exercise and is meeting with the Maternal and Child Health Department of MISAU to ensure that the exercise adequately addresses its needs.

FORSSAS recently provided NHA training to Maputo Central Hospital staff and has several more sessions planned. WHO has requested FORSSAS support for WHO's own NHA training, anticipated next quarter.

Support for resource planning

A situation analysis of the current budget and program monitoring process was recently completed. The MTEF 2014-2016 exercise also concluded this quarter. This was accompanied by a planning guide, developed by FORSSAS to facilitate the next exercise which has been distributed to the provinces.

Substantial time has been dedicated to the five-year PESS (2013-2017), with almost all strategies now costed. FORSSAS contributed to chapters on risk analysis, risk mitigation, costing and the available resource envelope. The latter presents the estimated costs of the investment planned for the 2013-2017 period, projecting availability of financial resources and resource gaps. FORSSAS also helped in the prioritization sessions with all programs.

Support for performance-based financing (PBF)

FORSSAS met with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to share their experiences in PBF and explore potential areas of collaborations. There are plans to support a MISAU-led PBF workshop in August 2013. An agenda for the event is under development.

2.2.2 Challenges Encountered and Solutions

Within IR2, activities for the health financing strategy, NHA and PBF require a local champion(s); at this time it is not clear whether there is vested interest from the Minister's office within MISAU to play these roles. Identifying the right directorate to lead the efforts may be a challenge due to the competing priorities – often externally imposed – with which MISAU is faced. FORSSAS will focus on effectively communicating the importance of these activities and their impacts on decision-making to secure champions.

While 2011 household data exists, it will not be made available publically. This may require additional collection of household data. FORSSAS is currently investigating whether other household data is available. The new NHA framework and the level of details it requires may present challenges in adaptability.

2.2.3 Plans for Upcoming Quarter (July 1 – September 30, 2013)

Develop and execute a national health financing strategy

- Convene a health financing working group within MISAU (or leverage an existing one)
- Obtain necessary approvals on the health financing roadmap

Support and institutionalize NHA and other resource tracking and utilization activities

- Begin data analysis
- Deliver first policy brief and ensure circulation across MISAU, the Ministry of Finance, Steering Committee members, donors and other relevant parties
- Convene next Steering Committee Meeting
- Initiate development of MISAU health financing internship program

Support for resource planning

- Provide support to the production of the PES 2014, including:
 - Review proposals from the provinces
 - Align proposed activities with government defined goals and sector priorities
 - Support strengthening of the MTEF process and align sector planning with macroeconomic environment

Support for PBF

- Participate during a Ministry-led PBF workshop to share lesson learned from PBF initiatives underway and discuss data use in PBF policy and planning
- Support the Ministry to develop and give a presentation on data use in PBF policy and planning

2.3 Intermediate Result 3: Strengthened Management and Operations Capacity

During the quarter, FORSSAS IR3 staff played a crucial role in the continued execution and monitoring of Global Fund disbursements for malaria and tuberculosis (TB) and the approval of new funding for health systems strengthening. Technical assistance to DPC helped to finalize the National Monitoring and Evaluation (M&E) Plan (2013-2015) and the PESS (2013-2017), as well as to create an indicator dictionary known as *Notas Técnicas*. The dictionary is expected to promote consistency in data definition, collection and reporting.

2.3.1 Current and Cumulative Progress

Improve capacity in Department of Projects through the institutionalization of financial management, procurement and M&E procedures to meet donor requirements (with focus on the Global Fund)

During the quarter, significant disbursements were received from the Global Fund, including Round 7 Phase Two TB funding of 3,445,738 USD and Round 9 Phase One Malaria funding of 2,385,409 USD. The Transitional Funding Mechanism grant for TB was also approved, securing an additional 7,249,533 USD for TB drugs, laboratory supplies and reagents. For both Round 7 and Round 9, the team supported medical commodity shipments valued at 7,672,917 USD.

The Round 8 health systems strengthening Country Coordinating Mechanism approved terms of reference for GFU technicians and coordinators. The Coordinator and Deputy Coordinator signed their contracts and started supporting the Unit in May 2013. The Unit's work plan and budget were also approved. As FORSSAS looks toward the transition of its support to the GFU in December 2013, these advances in staffing and planning contribute significantly to the Unit's independent operations.

Strengthen Department of M&E at MISAU

FORSSAS support to the Department of M&E promoted consistency and quality in data collection, analysis and reporting. FORSSAS and MISAU worked together to create a dictionary of national indicators (*Notas Técnicas*). This document includes indicators to be reported by programs and guidance on indicator definition, utility, methods of calculation, data source, frequency and reporting responsibility. FORSSAS continued to improve its *Retroinformação* tool and process to strengthen and verify data quality, especially in provinces. This tool is a vehicle that was reviewed and revitalized by FORSSAS to provide monthly feedback to the provinces on data collected through the Health Management Information System (HMIS). In May 2013, the tool was updated to include HIV and PMTCT data. The tool has been institutionalized by the *Departamento de Informação em Saúde* (Department of Health Information, or DIS); after receiving feedback, select provinces are now taking action to collect missing data.



FORSSAS continues to support MISAU's Department of M&E to promote consistency and quality in data collection, analysis and reporting.

FORSSAS continued its support of M&E strategy and implementation at the central level. With FORSSAS support, the HMIS Department produced the five-year health statistics report (*Informação Estatística Sumária 2008-2012*). Summary data sheets were developed and included for each province (*Perfis Provinciais*). This data and information will be presented as a poster for exhibition at the August 2013 MISAU meeting (*Conselho Coordenador*).

FORSSAS contributed to the development of the National Strategy of the Health Sector (PESS 2013-2017). FORSSAS staff integrated the technical working group within DPC and helped to finalize and submit the plan for the Joint Assessment of National Strategies (JANS). FORSSAS support included the refinement of 50 indicators. FORSSAS also supported the M&E Department to finalize the 2013-2015 Action Plan for strengthening the national M&E system. These plans will serve as a roadmap to improve information flow, data quality and availability.

2.3.2 Challenges Encountered and Solutions

Improve capacity in Department of Projects through the institutionalization of financial management, procurement and M&E procedures to meet donor requirements (with focus on the Global Fund)

FORSSAS expects some challenges in staffing and financial management under the approved Round 8 health systems strengthening grant, including the re-engineering of three Procurement and Supply Management Specialist positions and knowledge transfer to new Finance Technicians. FORSSAS is in the process of developing several Year Two activities to support the appropriate knowledge transfer to the Department of Projects for all new positions.

The independence and sustainability of the GFU beyond December 2013 continues to depend on the receipt of Round 8 health systems strengthening grant funding. Round 8 proposes seven GFU positions

funded through the grant, including a Finance Specialist and a Finance Officer. After December 2013, the project will not be able to provide additional funding to support the GFU at the level it has to date.

Strengthen Department of M&E at MISAU

Though three MISAU staff currently work within the recently created the *Departamento de Monitoramento e Avaliação* (Department of Monitoring and Evaluation, or DMA) and four statisticians are working within DIS, retention within MISAU remains a concern. Accordingly, FORSSAS advisors and DMA and DIS Directors strengthened collaboration and communication between the two departments to distribute M&E activities across the two departments for greater sustainability in the event of turnover. DIS will be responsible for verification of data quality, feedback to lower levels, data analysis and dissemination. DMA will be responsible for the development of reports, monitoring of national plans, and evaluation of progress against planned targets of key performance indicators.

2.3.3 Plans for Upcoming Quarter (July 1 – September 30, 2013)

Improve capacity in Department of Projects through the institutionalization of financial management, procurement and M&E procedures to meet donor requirements (with focus on the Global Fund)

- Develop job aids and tools to be used by GFU and programs for data collection and reporting
- Explore options for data analysis tools that could assist in grant management
- Execute workshop to introduce new Global Fund funding cycle and train MISAU staff on roles, responsibilities and tools available for Global Fund reporting
- Support the GFU to inform MISAU groups of activities and expectations of approved Round 8 proposal
- Continued participation in technical committees, including the Technical Working Group for Pharmaceuticals (*Grupo de Trabalho de Medicamentos* or GTM), in order to enhance M&E at the central level
- Support preparation for signing of the Transitional Funding Mechanism for TB

Strengthen Department of M&E at MISAU

- Ensure the selection of SMART indicators and reasonable targets for PES 2014
- Supervise and support DIS staff at central level in the collection and analysis of statistical data for the first semester of 2013
- Propose a structure for the report on the performance of the health sector in the first semester of 2013, assuring compliance with the rules set by the Ministry of Planning and Development (*Ministério da Planificação e Desenvolvimento* or MPD)
- Incorporate recommendations from JANS into the final version of the PESS 2013-2017

2.4 Intermediate Result 4: Strengthened Institutional Capacity to Improve the Management, Budgeting, and Performance of Key Health and Social Welfare Staff

Accessible and qualified human resources are critical to sustain gains in strengthening the national and social welfare systems. IR4 activities support better health outcomes through increased availability of qualified health and social welfare workers at all levels of the system. Activities completed this quarter include the initiation of discussions for institutions to participate in the pilot student internship program, Community Health Worker (CHW) trainings, and the development of a gap analysis on institutional capacity at the provincial level. IR 4 activities are directly linked to national policies and strategies such as MISAU's National Plan for Health Human Resources Development (2008-2015) and the Human Resource Strategy for MMAS.

2.4.1 Current and Cumulative Progress

Strengthened HMA Twinning Program

The submission of concept papers to USAID's Health Management and Administration Education Twinning Program is complete. USAID is now in the process of selecting the twinning institution to support the *Instituto Superior de Ciências de Saúde* (ISCISA) in its Health Management and Administration course. After finalizing the twinning institution, FORSSAS will work with USAID, ISCISA and the selected institution to formalize the relationship.

Integrate and coordinate APE Program

By the end of June 2013, 767 CHWs completed their training. Provinces have not started training to reach 2013 targets (650 CHWs) due to lack of training materials whose procurement is still in process and financed by the World Bank.

Completeness of monthly data reports was 100% for April, 100% for May and 80% for June, for a total of 93% for the quarter, but 97% for the first half of the year, demonstrating improvement over the last reporting period. Though no cut-off date for data has been established yet, these are the figures as of the July 23, 2013. Improvement is attributed to the commitment to follow-up with Provincial Coordinators.

Supervision visits continued during the quarter, using standard checklists updated in 2013. Three out of four working groups (Coordination, Logistics, and M&E) are actively using a standard reporting tool.

Strengthen and support sustainability of educational programs with MMAS

The first semester of competency-based pilot courses under MMAS that started in February 2013 at the *Instituto de Ciências de Saúde de Maputo* (ICSM) is complete. The two pilot courses included 30 new students under the Social Welfare Technicians (Level 5) program. This is the second time the course is being held. The first class of students graduated in December 2012. Twenty-five students finished the first semester under the new Early Childhood Educators (Level 4) program. All the Level 4 Early Childhood Educator students are continuing their education from the previous year's Level 3 program.

The Early Childhood Educator Technical Working Group continued to develop the required curriculum package for the Level 4 program, in coordination with Integrated Program for the Reform of Professional Education (*Programa Integrado da Reforma da Educação Profissional*, or PIREP), and focused on guidelines for professors. The 55 students that initiated class in February 2013 are anticipated to graduate in December 2013.

FORSSAS began participating in the Social Welfare Partner's Group that consists of donors that support MMAS and the National Institute of Social Welfare. FORSSAS presented current work to the group and led discussion related to the challenges and opportunities to strengthen the social welfare workforce. Project participation in the group allows for synergies between partners and leverages lessons learned and investments in the social welfare



During the quarter, FORSSAS worked with MMAS and ICSM to initiate a second round of competency-based courses for early childhood and social welfare workers.

system.

In May 2013, FORSSAS presented at the South African National Conference on Orphans, Vulnerable Children and Youth in Durban. Presenters shared project results, exchanged lessons learned and discussed South-to-South collaboration with regional social welfare stakeholders.

Increase the Capacity of the Provincial Directorate of Woman and Social Welfare (DPMAS)

FORSSAS continued to conduct a gap analysis based on a maturity model for two provinces (Sofala and Niassa) to verify the capacity of the DPMAS' in key areas including planning, budgeting, human resources and data management. The team explored the potential to decentralize the social welfare and early childhood education courses to the provincial level. IR4 staff met with several local educational institutions to determine their interest and capacity. Team members collaborated with the Provincial Directors and their teams to assess their current status and gaps in institutional capacity. The project shared preliminary results of the gap analysis with USAID and scheduled a formal meeting to present and discuss results with MMAS.

Strengthen and Support MISAU Human Resources Integrated Planning Process

Working within the Department of Planning and Management (DPG), this sub-IR seeks to strengthen the Ministry's planning processes by integrating various components of annual planning, linking the financial costs between them, and using data to make evidence-based decisions. One of DPG's activities was to update the Ministry's organizational chart at the Directorate level in order to analyze the current workforce structure, and determine vacancies and future needs. During the quarter, FORSSAS worked with each National Directorate of MISAU to gather data on staffing, career level, occupation, class, and grade. The team built an Excel-tool to visualize and view quick analyses of the data.

Another priority planning activity was to create an evidence-based placement plan for new graduates. FORSSAS worked with each health program to collect specific criteria for the placement of graduates across the provinces. These criteria were translated into ratios that were used along with a population-based ratio to determine which provinces have the greatest needs. The project also began building a cost-benefit analysis database so the Ministry can analyze where resources are best being utilized and where the major weaknesses lie. These activities help create stronger, more thoughtful inputs to better inform the costing process of the various strategic plans, including the PESS.

2.4.2 Challenges Encountered and Solutions

Integrate and coordinate APE Program

Lack of coordination in the distribution of medicine kits was addressed in a Logistics Working Group meeting with partners and CMAM. Planned solutions include communication by CMAM to Provincial Medicine Depot staff, and by the CHW Program to Coordinators. Discussions have taken place with the Directorate of Human Resources /Training Department, who has committed to carry out their defined role in the APE Program more rigorously, including conducting supervision visits and convening the Training Working Group. In order to alleviate the workload of the National Coordinator, Terms of Reference for four positions are being finalized (one Senior Technical Advisor through FORSSAS and three positions through another project).

The National CHW Meeting and the Official Launch of the CHW Program by the Prime Minister were delayed due to the national medical strike. Because of this, CHW targets for the coming years were set internally in relation to the PES planning process. FORSSAS contributed to the sensitization of Directors, through various internal presentations, to the need for a period of program systems consolidation before expansion in terms of either new APEs or additional tasks.

Lengthy approval and procurement processes with World Bank funding continue to cause delays for the CHW program, as the project must follow both MISAU and World Bank procedures. If there are further

delays with medicines procurement emergency intervention with CMAM may be necessary. The CHW program has proposed sending training materials through DHL to reach districts by the end of August, if trainings planned for 2013 are to be completed this year. Some provinces have trained CHWs with local partner financing outside the national plan, without informing the central level, resulting in APEs without planned subsidies, supervision or medicine kits. Official communication was sent to the Provinces to avoid this issue from recurring.

Strengthen and support sustainability of educational programs with MMAS

Due to challenges in scheduling, the timing of the practicums that were originally scheduled for 2012 for the students in the Early Childhood Educator course was adjusted. The practicum was held during the first quarter of 2013. This delayed that start of the Early Childhood Educator (Level 4) course to April 2012. The PIREP evaluation for course approval and certification was delayed because course professors did not complete the mandatory internal evaluations. The internal evaluation was completed. PIREP is developing the external evaluation. FORSSAS will continue to provide support as required.

Increased Capacity of DPMAS

FORSSAS is in the process of finalizing targeted provinces in collaboration with MMAS. MMAS may have priorities that do not line up directly with Niassa. FORSSAS will incorporate feedback from MMAS to finalize targeted activities at the provincial level.

Strengthen and Support MISAU Human Resources Integrated Planning Process

Data availability and quality is a major challenge, as the primary objective of this sub-IR is to integrate the use of data into the planning process to create a culture of evidence-based decision-making. Much data has been gathered at the Ministry but is stored in disparate systems and gathered at varying levels of detail. Additionally, much of these data sources are not updated on a timely basis. Consequently, the various databases often have conflicting information. While the project will work with the Ministry to better collect and use data, to a large degree, this challenge is outside the direct control of FORSSAS.

2.4.3 Plans for Upcoming Quarter (July 1 – September 30, 2013)

Strengthened Health Management and Administration Twinning Program

- Support coordination and start-up of Twinning Program
- Activities will be determined and defined after the selection of twinning program partner by USAID
- Design and facilitate articulation of performance targets between partners
- Definition of tools to collect and report data against targets
- Initiate support to ISCISA Hospital Administration Management internship program with DPC/DPES

Integrate and coordinate APE Program

- Obtain approval from Minister for sustainable financing proposal for CHW's subsidies, developed in conjunction with the Human Resources Department, already approved by the National Directorate of Public Health and the Directorate of Human Resources
- Hold National CHW Meeting
- Official Launch of the CHW Program by the Prime Minister
- Finalize M&E indicator and forms revision and coordinate with DIS
- Collaborate with the group that is selected to implement performance based incentives for Central, Provincial and District level Coordinators in finalizing the monitoring framework
- Integrate new staff into the CHW Program

Strengthen and support sustainability of educational programs with MMAS

- Oversee MMAS and *PIREP*'s certification for students graduated in December 2012
- Oversee the ICSM courses for Early Childhood Education and Social Welfare Technicians
- Present to the *Conselho Técnico* results from the provincial level gap analysis
- Finalize teaching guidelines for the Level 4 Early Childhood Education course and submit to MMAS for review and approval
- Start to develop one additional medium-level competency-based curriculum package for the Social Welfare Technician course

Increased Capacity of DPMAS

- Present gap analysis findings for Sofala and Niassa to MMAS's *Conselho Técnico*
- Advertise for local positions to drive capacity building activities at the provincial level
- Continue collaboration with the targeted DPMAS' and develop work plans for the next year of support in partnership with the Training Institutes in Public and Municipal Administration (*Institutos de Formação em Administração Pública e Autárquica* or IFAPA), initiate training plan for development for targeted DPMAS staff

Strengthen and Support MISAU Human Resources Integrated Planning Process

- Build and use a cost-benefit analysis database to compare productivity levels to available resources
- Continue to support MISAU to elaborate and cost PES 2014, beyond the five submitted priorities
- Create a Placement Plan for provincial and district levels, and train Provincial Directorate's of Health on the tool and methodology
- Coordinate the Human Resource Working Group Subgroup on Financing and Absorption of Contracted Personnel and develop the Absorption Plan

3. Performance Monitoring Progress, Challenges, and Upcoming Activities

3.1 Current and Cumulative Progress

Over the course of project Year One, with contributions from the most recent quarter, the following project indicators experienced notable improvement or achievement:

- **Number and percentage of districts submitting timely, complete and accurate *Modulo Basico* reports:** This indicator improved from a 31% baseline in 2012 to 36% as of February 2013 and 45% as of June 2013, representing an impressive 45% improvement in timeliness, completeness and accuracy of reports for the year. The achievement is attributed to the *Retroinformação* process, the systematic standardization and institution of which can be attributed in large part to the project. *Retroinformação* is an Excel-based tool and the associated communication methods used to provide monthly feedback on data quality to provinces. Feedback responds to data collected and analyzed through the health information system, *Modulo Basico*. Though this type of feedback loop existed previously, it did not exist in an easily replicable way.
- **Number of social workers and early childhood educators graduated from pre-service training program, disaggregated by sex and cadre:** Together with MMAS, the project, as part of its efforts to strengthen human resources management and increase retention of health and social welfare staff, graduated 55 students from competency-based pilot courses in December 2012. Nineteen of these graduates were completely new to the healthcare system in Mozambique. The two courses for social workers and early childhood educators were the first training in standard service delivery and

international leading practices to be delivered in over a decade. They were the first competency-based courses to be led by the Ministry.

Upon deeper analysis, the measure also reveals gender equality in the trainings overall, with an almost even split of males to females trained (27 males, 28 females, 51% female overall). The project observed 57% female graduates within the social worker training and 39% female graduates within the early childhood educator program. Only the social worker and early childhood educator cadres were represented within these trainings. All of the graduates were trained through ICSM. The project is also on-track to meet its Year Two target of 85 graduates over two years.

- **Number and percentage of Condition Precedents (CPs) for GF disbursement and Management Actions (MAs) met for each period and disaggregated by area (Finance, M&E and PSM):** This indicator improved from a 53% baseline in 2012 to 81% as of the most recently measured quarter (March 2013, the indicator is measured semi-annually), representing a 53% improvement. This is significant given the performance-based funding model of the Global Fund and Mozambique's dependence upon continued receipt of its disbursements; in 2012 alone, over \$35 million USD in disbursements for national malaria and HIV programs were disbursed (in addition to the procurement of essential medicines) as a result of condition achievement. Note that this indicator's measurement does not take into account conditions waived during or extended beyond the respective reporting periods by the Global Fund.

Given that the project's technical support to the GFU is winding down, and in order to place a broader emphasis on DPC's compliance with donor requirements as a whole, FORSSAS expects that this indicator will be broken down into separate components based on each condition's area of intervention (e.g. M&E, Finance, Procurement) in the updated PMP. This anticipated revision will also raise the visibility of each area and enhance the project's ability to target systemic improvements.

3.2 Challenges Encountered and Solutions

Over the course of project Year One, including during the most recent quarter, the project experienced challenges with the collection, reporting or use of the following project indicators:

- **Number and percentage of PFM strengthening actions met in the areas of intervention for FORSSAS (i.e. Financial management) disaggregated by area and level of priority;** Data for this indicator was dependent upon continued PFM working group activity. Given the discontinuation of the PFM working group and the lack of a reliable proxy measurement, the project was not able to collect data during Year One for this indicator. An alternate indicator will be proposed in the revised version of the project PMP, to be submitted in August 2013.
- **Number of provinces/districts that submit monthly reports to the APEs program at central level:** Though the project initially wanted to include timeliness and quality components within this indicator, the original tracking mechanism in place within the APE program did not account for these characteristics. The current state resulted in an indicator that was less meaningful since most provinces do submit reports eventually. Additionally, quarterly measurements fluctuated from 60% to 50% and then to 93% due to inconsistent incentive payments to APE coordinators and follow-up from the central level. Beginning in July 2013, the project will institute a mechanism to track both timeliness and completeness aspects of these reports and will utilize this mechanism for data reporting and analysis moving forward. The project is also exploring the provision of feedback to provinces in order to increase reporting timeliness and completeness, given the success of the *Retroinformacao* process within DPC.

- **Number and percentage of Global Fund PUDRs submitted on time:** This indicator demonstrated significant decline over Year One, with an initial baseline of 33% but a measurement during the most recently measured quarter of 0% (the indicator is measured semi-annually). The GFU repeatedly struggles with timely PUDR submission, in part because of existing weaknesses within the current M&E system and a lack of standardized tools for Global Fund grant monitoring and data collection. Accordingly, the project is now working to develop simple, standardized tools that will increase the ability of the GFU to operate independently and submit PUDRs in a timely and transparent manner, despite some of the challenges with the existing system. Through December 2013, the project will continue to provide targeted technical support to the GFU, monitoring the implementation of these new tools to see if they can assist MISAU to submit PUDRs in a timely manner.

3.3 Plans for Upcoming Quarter (July 1 – September 30, 2013)

- Calculate and submit annual figures for Year One
- Submit updated Performance Monitoring Plan (PMP), based on challenges experienced and lessons learned during Year One and finalized version of the Year Two work plan

4. Other Activities

4.1 Project Staffing

This quarter, the project’s Supply Chain Management Advisor began supporting CMAM. He will provide strategic guidance to ongoing project activities within CMAM, drawing from many years of experience with Mozambique’s medical supply chain. He will provide specific, targeted support and technical assistance to the areas of M&E, organizational redesign and business process coordination within the agency.

5. Success Stories

5.1 Finance Manual to guide DAF completed

Although Mozambican public sector institutions utilize a robust accounting software system, e-SISTAFE, the enabling processes and responsibilities for financial planning and budgeting, accounting, internal controls, and financial reporting were not standardized and documented. Recognizing the importance of SOPs, DAF prioritized development a Financial Procedures Manual in the Ministry’s Accelerated PARI and committed to the Health Partners Group to complete and implement the manual in mid-2013. Together with DAF and other key Ministry units, FORSSAS designed and documented SOPs for financial management and internal controls within national systems. The manual

helps standardize procedures and improve effectiveness and efficiency in financial management for MISAU.



FORSSAS team members present a job aid developed to institutionalize Finance Manual procedures to DAF Director, Dr. Mulhovo.

Following the delivery of the Financial Procedures Manual for the central level, FORSSAS and its counterparts have begun the development of a similar manual for the provincial level. The team began the development of a training plan and related training materials for customized capacity building events targeting all staff with a role to play in financial management at MISAU.

5.2 FORSSAS reduces the turnaround time and quality of CMAM IA visit reports

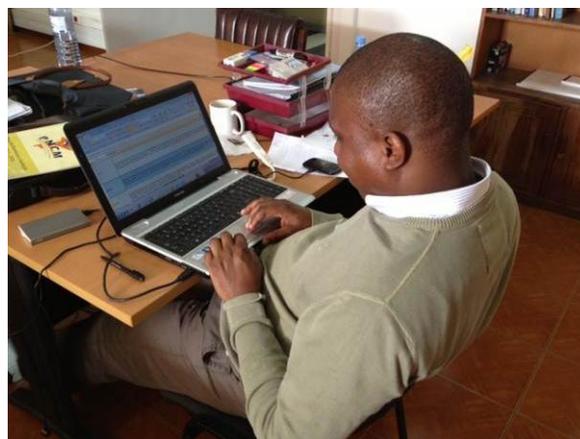
Prior to receiving FORSSAS support, the CMAM IA sector faced difficulties in producing IA Visit Reports and returning them to the provinces in a timely manner. Previously, the IA Visit Reports for Zambezia, Cabo Delgado, and Nampula each took approximately 100 days to be produced and returned to the provinces. During the first quarter of 2013, FORSSAS initiated support of the IA CMAM Sector and designed an IA Access Database and IA Report Template to address this gap.

As a result of these efforts, the time required for IA Visit Report production and dissemination was gradually reduced from an average of 101 days in the last quarter of 2012 to an average of 68 days during the design and training period (January to mid-May), and recently to an average of 18 days from the end of May to mid-June, 2013. During the implementation period, the new report template provided better organization and structure to the IA Reports, and the IA Database created a new data analysis environment that supports findings and recommendations and enriches the presentation and contents of IA Reports. These new tools have significantly increased the quality and completeness of IA Reports.

6. Lessons Learned

6.1 Standardizing feedback loops of existing national reporting systems strengthens data quality

Quality of data at the central level of Mozambique's health system is, in part, dependent upon the quality of data input at the provincial level that is reported upward and consolidated. In response to recurring challenges experienced by MISAU with completeness, timeliness and consistency of provincial data, the FORSSAS team initiated the standardization of the process of *Retroinformação* (literally translated, "retro information"). The *Retroinformação* process is composed of an Excel-based tool and the associated communication methods used to provide monthly feedback on data quality to the provinces. Feedback responds to the data collected and analyzed through the



FORSSAS team member Antonio Langa works with the Retroinformação tool.

health information system, *Modulo Basico*. Though this type of feedback loop existed previously, it did not exist in a systematic or easily replicable way. As a result of implementation of this process, FORSSAS has observed impressive improvements in its indicator on "Number and percentage of districts submitting timely, complete and accurate Modulo Basico reports." The indicator improved from a 31% baseline in 2012¹ to 36% as of February 2013 and

¹ January through September 2012 period

45% as of June 2013, representing a 45% improvement in timeliness, completeness and accuracy of reports.

The *Retroinformação* tool and the associated process have been institutionalized by the Department of Health Information (*Departamento de Informação para Saúde*). Since receiving the feedback, some provinces are now taking action to collect missing data and correct inaccurate entries. The tool currently includes reports on HIV, but the project plans to expand to malaria, TB and other programs' reports in the near future. Since the quality of a health information system is only as good as its data inputs, vehicles like *Retroinformação* play an instrumental role in improving not only the outputs of the system but also the Ministry's ability to use those outputs for informed decision-making. Data quality impacts MISAU's ability to respond to donor reporting requests, for example the Global Fund, and also substantiate requests for continued funding.

7. Annexes

The Quarterly Financial Report for January to March 2013 is included as an annex.

Appendix A: Indicator Measurement Matrix

IR	Ind. No.	Indicator Name	Baseline (Date)	Current Value (Apr - Jun 2013)	PY 1 Target Jul 12-Jun 13	Comments*
IR1	1	Prosaude audit recommendation resolution rate in the areas of intervention for FORSSAS (i.e. Financial management)	58% (2010)	See comments	70%	ProSaúde's audit for 2011 has not started and therefore data beyond 2010 is not yet available.
IR1	2	Payment processing lead time (Disaggregated by type of invoice: routine goods and services, also known as operational expenditures, or construction and equipment)	11.4 days (Operational expenditures) 38.3 days (Investments and capital purchases) (Sep-Nov 2012)	DAF-12.6 days (Operational expenditures) DAF-19.5 days (Investments and capital purchases) (Apr-May 2013)	N/A	The Investments and Capital Purchases figure for April to May is based upon four data points from DAF.
IR1	3	# and Percentage of PFM strengthening actions met in the areas of intervention for FORSSAS (i.e. Financial management) disaggregated by area and level of priority	See comments			The data source we expected to use for this indicator is no longer valid. An alternate indicator will be proposed in the revised version of the project PMP, to be submitted in August 2013.
IR1	4	Number of site audits conducted by CMAM DAI (Cumulative)	30 (Dec 2012)	74	110	The figure cited is a cumulative figure; 29 site audits were completed during the reporting period

IR	Ind. No.	Indicator Name	Baseline (Date)	Current Value (Apr - Jun 2013)	PY 1 Target Jul 12-Jun 13	Comments*
IR1	5	Number of procurement SOPs developed	0 (Dec 2012)	0	10	Though the SOP drafts had not been finalized at the end of June, the project is on track to meet its year 1 target of 10 SOPs developed by the end of year 1. The timeline is consistent with discussions with CMAM (ongoing since January 2013) and associated acknowledgements.
IR1	6	Placeholder: Indicator to measure support for UGEA	TBD	See comments	N/A	An indicator will be proposed in the revised version of the project PMP, to be submitted in August 2013.
IR2	7	% of Health expenditure execution compared to original approved health budget	87% (2012)	22% (Jan-Mar 2013)	85% (2012)	Information is provided retroactively from the January – March 2013 Quarterly Report on Budget Execution. Data on April to June will be available next quarter.
IR2	8	Health Financing Strategy Implementation Plan Documented/Implemented (Ranked on a scale) <i>Scale:</i> 0 = HFSIP does not exist and is not under development 1 = HFSIP is under development but not yet approved 2 = HFSIP is approved, but implementation has not begun 3 = HFSIP is approved, implementation has begun, but is not completely effective 4 = HFSIP is approved, implementation has been completed and repeatable, data outputs are used for decision making	0 (Dec 2012)	1	1	A roadmap has been drafted and will shortly be reviewed by the MISAU

IR	Ind. No.	Indicator Name	Baseline (Date)	Current Value (Apr - Jun 2013)	PY 1 Target Jul 12-Jun 13	Comments*
IR2	9	<p>Simultaneous NHA production and institutionalization (Ranked on a scale)</p> <p><i>Scale:</i></p> <p>1 = NHA team not been established and no institutional home for NHA</p> <p>2 = NHA team and institutional home for NHA have been identified; data collection has not commenced</p> <p>3= Data sources and key stakeholders for the NHA process have been identified; discussions have commenced with the statistics bureau about collection of private sector data</p> <p>4 = NHA Steering Committee has been organized to support the NHA exercise and drive the demand for data</p> <p>5= NHA institutionalization plan has been drafted</p>	2 (Dec 2012)	2	3	An NHA team has been identified and the exercise will be housed in the DPC of the MISAU. Data collection is in nascent stages; household data has still not been made available to the project.
IR2	10	<p>PBF approach, methodology and performance targets defined (Ranked on a scale)</p> <p><i>Scale:</i></p> <p>1 = PBF approach, methodology, and performance targets are not defined</p> <p>2 = 'Pilot' institution(s) are selected, and performance metrics for the institution are agreed upon with key stakeholders.</p> <p>3 = Based on inputs from key stakeholder, PBF approach and methodology are drafted.</p> <p>4 = PBF approach, methodology, and performance targets are presented and accepted by key stakeholders.</p> <p>5 = Detailed PBF action plan is developed.</p>	2 (Dec 2012)	See comments	3	An alternate indicator will be proposed in the revised version of the project PMP, to be submitted in August 2013, given the revised direction of project PBF activities.

IR	Ind. No.	Indicator Name	Baseline (Date)	Current Value (Apr - Jun 2013)	PY 1 Target Jul 12-Jun 13	Comments*
IR3	11	# and % of Condition Precedents (CPs) for GF disbursement and Management Actions (MAs) met for each period and disaggregated by area (Finance, M&E and PSM)	15/29 (53%) (Jan-Sep2012) <i>Disaggregation:</i> Finance: 2/4 (50%); M&E: 7/13 (54%); PSM: 6/12 (50%)	N/A; Reported semi-annually	55%	Indicator is reported semi-annually, in line with Global Fund reporting cycles. A figure will be provided for the January to June 2013 period in the next quarterly report based on the August 15 PUDRs.
IR3	12	# and % Global Fund PUDRs (Progress Updates/Disbursement Requests) submitted on time	3 (33%) (Sep 11-Sep 12)	N/A	36%	No PUDRs were required for submission during the April to June 2013 period.
IR3	13	Health Sector M&E Plan Implemented (Ranked on a scale) <i>Scale:</i> 1 = Health Sector M&E Plan is under development but not yet finalized and approved 2 = Health Sector M&E Plan finalized and approved, but not integrated within HMIS Strategic Plan 3 = Health Sector M&E Plan finalized and approved, integrated within HMIS Strategic Plan, but cannot at all levels be maintained without external support 4 = Health Sector M&E Plan finalized and approved, integrated within HMIS Strategic Plan, able to regularly maintain at all levels and produce usable outputs without external support	1 (Sep 2012)	1	1	

IR	Ind. No.	Indicator Name	Baseline (Date)	Current Value (Apr - Jun 2013)	PY 1 Target Jul 12-Jun 13	Comments*
IR3	14	# and Percentage of districts submitting timely, complete and accurate Modulo Basico reports	31% (Jan-Sep2012)	45%	35%	The most recent result is attributed to the institutionalization of the process and tool developed by FORSSAS for monthly feedback of HMIS data analysis to the provinces (<i>Retroinformação</i>).
IR4	15	Number of social workers and early childhood educators graduated from pre-service training program, disaggregated by sex and cadre	0 (Dec 2012)	55	55	This is a cumulative figure. Cadre disaggregation: Level 3 EI graduates: 25 Level 5 TAS graduates: 30
IR4	16	# of provinces/districts that submit monthly reports to the APEs program at central level	60% (Oct-Dec 2012)	93% (Apr: 100%, May: 100%, Jun: 80%)	90%	Increase over last period due in large part to follow-up efforts. The project is in the process of implementing tracking mechanisms for timeliness and completeness of the reports, to be initiated in July 2013.
IR4	17	MMAS and government (MISAU, MPD, MF) has incorporated professional medium-level courses of social workers and child educators into their annual plan and budget (Ranked on a scale) <i>Scale:</i> 0 = No courses budgeted in the annual plan 1 = Policy dialogue started 2 = Agreement exists between MMAS and other ministries, but no budget is available 3 = Plan approved and Budget available (state budget and external sources) 4 = The plan is implemented	0 (Dec 2012)	1	1	

*Reporting frequencies will follow the lifetime of the project. For example, those indicators reported annually will be submitted at the end of each project year.