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MOZAMBIQUE FORSSAS (HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING)

QUARTERLY TECHNICAL PERFORMANCE REPORT: FISCAL YEAR 2014, QUARTER 1

October 1 – December 31, 2013

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

December 31, 2013

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Prepared for:

USAID/Mozambique, Integrated Health Office

Prepared by:

Deloitte.

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Acronyms

APE*	Community Health Worker (<i>Agente Polivalente Elementar</i>)
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>)
DPC*	Directorate of Planning and Cooperation (<i>Direcção de Planificação e Cooperação</i>)
DRH	Directorate of Human Resources (<i>Direcção Recursus Humanos</i>)
FORSSAS*	Health and Social Welfare Systems Strengthening (<i>Fortalecimento dos Sistemas de Saúde e Acção Social</i>)
GRM	Government of the Republic of Mozambique
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
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>)
MTEF	Medium Term Expenditure Framework
NHA	National Health Account
PARI*	Accelerated Plan for Institutional Reform (<i>Plano Acelerado de Reformas Institucionais</i>)
PELF*	Pharmaceutical Logistics Strategic Plan (<i>Plano Estrategico da Logistica Farmaceutica</i>)
PES	Annual Economic and Social Plan (<i>Plano Economico e Social</i>)
PESS	Health Sector Strategic Plan (<i>Plano Estrategico do Sector Saúde</i>)
PMP	Performance Monitoring Plan
RCPL	<i>Repartição de Conformidade Processual e Legal</i>
SOP	Standard Operating Procedure
UGEA	Acquisitions Executive Management Unit (<i>Unidade Gestora Executora de Acquisições</i>)
USAID	United States Agency for International Development

*Portuguese acronyms, formal definition provided in italics

Executive Summary

The Government of the Republic of Mozambique (GRM) prioritized strengthening its national health systems to improve health outcomes. Key strategies in support of this goal include the Accelerated Plan for Institutional Reform (PARI), the Health Sector Strategic Plan (PESS) and the annual Economic and Social Operational Plan (PES). The Health and Social Welfare Systems Strengthening (FORSSAS) project supports the Ministry of Health (MISAU) and the Ministry of Women and Social Welfare (MMAS) to design, implement, monitor and update these strategies to strengthen the national health and social welfare systems. This report covers the project's progress from October 1, 2013 to December 31, 2013.

Major accomplishments during this quarter include:

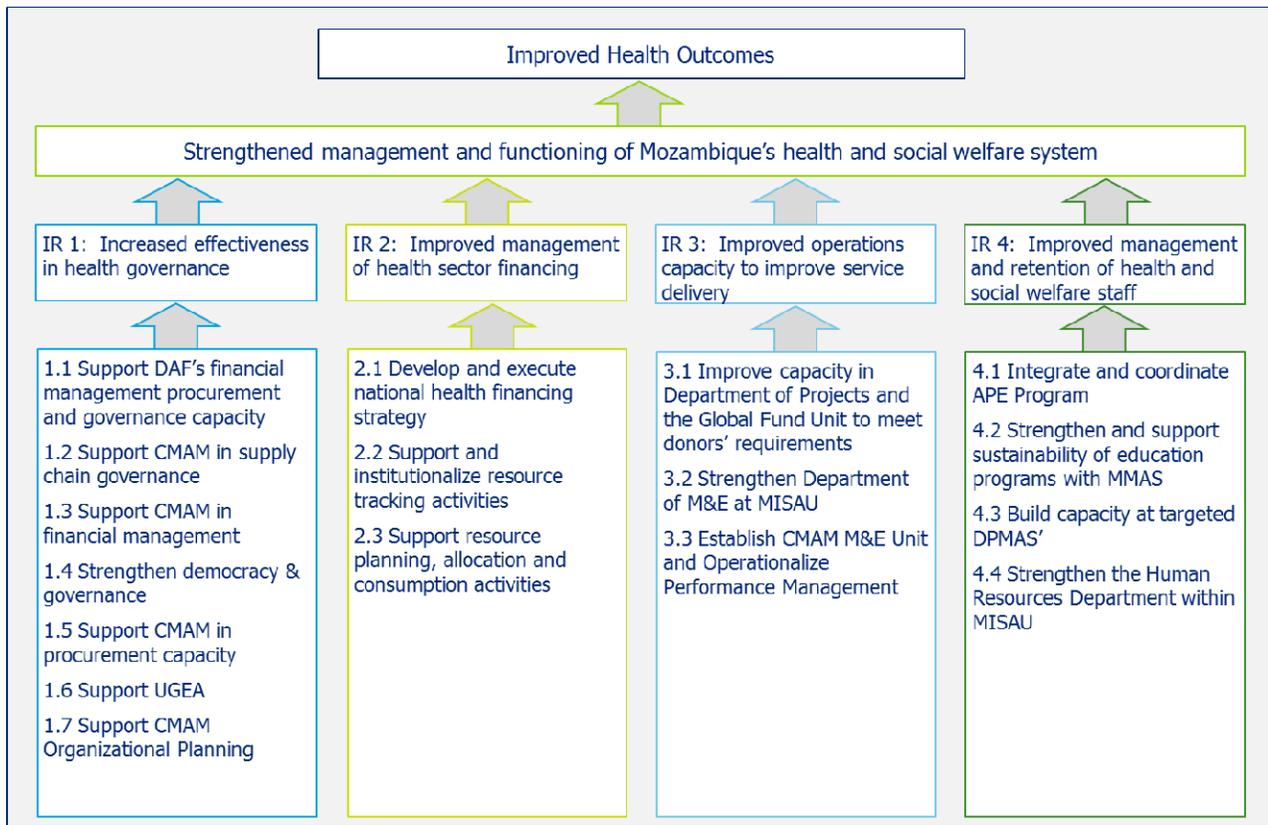
- **Developed tools for long-term integrated planning:** FORSSAS developed a tool to support MISAU create and submit the five-year staffing plan (i.e., *Quadro de Pessoal*), to address the upcoming needs and examine the current staffing of the health sector. The tool not only generates the reports meeting the requirements set by the Ministry of Civil Service (*Ministério da Função Pública*), but also provides detailed data to support the plan. FORSSAS also created a database to store all PES-related information. This new tools allows MISAU's Directorate of Human Resources to filter PES activities by department, division, and alignment to the National Human Resources Plan, among other features.
- **Strengthened systems for data quality and verification use:** FORSSAS led the standardization of the process of *Retroinformação*. 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. The *Retroinformação* tool and the associated process have been institutionalized by the Department of Health Information (*Departamento de Informação para Saúde*). Since receiving feedback on data quality, provinces are now taking action to collect missing data and correct inaccurate entries. FORSSAS adapted existing protocols for data quality verification for use during the recent provincial visits in the context of the Annual Joint Evaluation of the Health Sector (*ACAXIII*). Data verification covered key areas including maternal and child health, HIV and nutrition.
- **Launched the country's first health financing taskforce:** The objective of the taskforce is to assess the current health financing framework and to develop strategies that aim to increase domestic allocation of resources, introduce risk-pooling, and improve resource allocation.
- **Improved risk management:** FORSSAS collaborated with USAID and partners to hold a Fiduciary Risk Workshop for Sofala Province. The workshop addressed weaknesses and how to mitigate fiduciary risk. Participants discussed a framework for a risk management system to apply at the provincial level. The project also conducted a three-day training for the Central Medical Store's (CMAM's) Internal Audit (IA) team and the Inspector General's Office covering topics including internal audit international standards, risk management, risk-based auditing, risk assessments and the annual audit cycle. The training was also an opportunity to support CMAM's efforts to strengthen collaboration with the Inspector General's Office.
- **Greater transparency through IA visits:** The project supported provincial audit visits to measure compliance with drug management procedures. With FORSSAS support, IA conducted 34 visits in six provinces.
- **Strengthened health and social welfare human resources:** A class of 55 students graduated from the medium-level, competency-based courses for social workers and early childhood educators. MMAS collaborated with stakeholders to successfully obtain official certification for students that graduated in 2012. This is a major achievement and strengthens the professional opportunities for the graduates.

1 Introduction

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 the Republic of Mozambique (GRM) to address constraints to the health and social welfare system to ultimately improve health outcomes.

The key result areas for FORSSAS are: 1) effective governance, 2) integrated health sector financing, 3) sustainable operational capacity and 4) strengthened human resources management. Figure 1 below shows the intermediate results (IRs) and the sub-IRs that guide project implementation.

Figure 1: FORSSAS Results Framework



2. Progress Highlights by Intermediate Result

This section provides an overview of the project's progress in each of the four IRs.

2.1 Intermediate Result 1: Increased Effectiveness in Health Governance

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

Sub-IR 1.1: Support the Directorate of Administration and Finance's (DAF) financial management, procurement, and governance capacity

This quarter, the project collaborated with the GRM and USAID to conduct a Fiduciary Risk Workshop for Sofala Province. The objective of the workshop was to develop a plan of action that would permit the Provincial Health Directorate in Sofala to address weaknesses and mitigate fiduciary risk, strengthening its management systems and providing health partners with a framework for a risk management system. A complete workshop report is available for additional details.

A total of 33 participants joined the workshop, including the National Director for Administration and Finance; government representatives from Sofala, Buzi and Caia; donors (DANIDA and USAID); and implementing partners such as CHASS SMT, HAI, and MB Consulting. Participants were divided into subject areas (e.g., procurement, budgeting and execution, asset management) and asked to review high impact risks and develop an action plan, including resources required and responsibility.

In November 2013, FORSSAS conducted an assessment of the *Repartição de Conformidade Processual e Legal's* (RCPL's) operations, including an in depth analysis of the quantities and types of vouchers and payments handled by the division. The study resulted in a series of observations and recommendations for RCPL and DAF leadership to improve the RCPL systems.

FORSSAS continues to execute activities related to the development of the provincial level Financial Operations Manual. Additional mapping exercises were conducted at the Maputo Provincial Health Directorate and several chapters of the manual were drafted.

FORSSAS advisors provide ongoing, ad-hoc support to various areas of DAF at the request of DAF leadership. Activities include supporting audits; preparation of monthly financial statements and financial reports for the Minister; and managing processes with the Ministry of Finance.

Sub-IR 1.2: Support CMAM in supply chain governance

FORSSAS continued to collaborate with CMAM's IA team to complete annual audit plan activities. The project supported provincial audit visits to measure compliance with drug management procedures. With FORSSAS support, IA conducted 34 visits in six provinces.

The FORSSAS team continued to mentor CMAM auditors on the use of the IA database, data aggregation and reporting tools. FORSSAS staff supported the IA team to complete the IA Semi-Annual Report and prepare the 2014 IA Annual Plan, using a risk-based approach, global standards and human resource planning tool estimates.

FORSSAS conducted a three-day training for CMAM's IA team and the Inspector General's Office covering topics including internal audit international standards, risk management, risk-based auditing, risk assessments and the annual audit cycle. All five of CMAM's IA team attended and the Inspector

General's Office sent four people for the first two days of the training. The training was also an opportunity to support CMAM's efforts to strengthen collaboration with the Inspector General's Office in the Ministry of Health.

Sub-IR 1.3: Support CMAM in financial management

FORSSAS continued to support CMAM in the area of performance management for financial management. The project supported the collection and analysis of key indicators. A local candidate was selected to provide long-term support to CMAM in the area of financial management.

Sub-IR 1.4: Strengthen democracy and governance

The FORSSAS team continued discussions with USAID regarding the most appropriate timeframe and location for district-level activities supporting participatory governance. The potential districts include Buzi and Caia in Sofala province. The security situation will be monitored to determine the most appropriate timing and location for activity implementation.

Sub-IR 1.5: Support CMAM in procurement capacity

The procurement future-state standard operating procedures (SOPs), which include 11 procedures on core procurement activities and operations, were approved by CMAM's Director. The FORSSAS team trained the CMAM procurement team on how to use and implement the Procurement Information Management System (an Access database). There are six modules within the database including: 1) tenders, 2) contracts, 3) donations, 4) shipment tracking, 5) orders received, and 6) payments. The FORSSAS team supported day-to-day monitoring of procurement activities and provided mentoring and coaching support to the department. The team designed the CMAM Procurement Plan in collaboration with partners and trained the multi-sector team on evaluating tender documents. The FORSSAS team also provided support to help define the objectives for procurement reform in the Pharmaceutical Logistics Strategic Plan (*PELF*).

Sub-IR 1.6: Support UGEA

FORSSAS continued monitoring tenders and coordinated with UGEA staff to address outstanding issues and delays, including weekly updates on the status of current tenders to the Procurement Special Advisor and UGEA Head. The team also calculated tender process cycle times for September and October 2013 with data available and compared against MISAU dispatch targets. A full review was completed of the archiving process including prior assessments, existing guidelines for document archival, and UGEA's existing filing system. Current state observations from the review were compared against leading practices and other regulations. An Archiving Design Proposal was developed to improve the existing system. The FORSSAS team provided technical support to UGEA to complete the Annual Procurement Planning process.

Sub-IR 1.7: Support CMAM in organizational planning, coordination and business process improvement

The FORSSAS team continued to collaborate with CMAM and stakeholders to plan for an updated organizational structure to allow CMAM greater autonomy. Citing relevant regulations, the FORSSAS team prepared a proposal that streamlines the steps required to increase autonomy. This process impacts the options for organizational structure at CMAM.

FORSSAS advisors lead the Pharmaceutical Logistics Strategic Plan (*PELF*) Task Force in the areas of governance and regulations (i.e., *Estatuto*) and actively participate in the procurement sub-group.

The FORSSAS team has identified in collaboration with CMAM the need for improved planning tools to mitigate emergency actions. Draft planning instruments are under development to improve coordination between sectors and track execution of tasks.

2.2 Intermediate Result 2: Improved Management of Health Sector Financing

FORSSAS is supporting MISAU to develop Mozambique's first health financing strategy to help reach the GRM's goal of universal coverage. This strategy will propose mechanisms to collect, pool and finance efficient and equitable health services, and will provide an overarching framework for health financing activities. Current work stream activities relate to resource tracking, resource planning and allocation and innovative financing.

Sub IR 2.1: Develop the national health financing strategy

FORSSAS drafted and presented the Terms of Reference for the Health Financing Taskforce to the Directorate of Planning and Cooperation (DPC); developed the Health Financing Taskforce Workplan; and supported DPC in coordinating the Taskforce Kick-Off and follow up meetings. The project team, in collaboration with DPC, finalized topics for the health financing policy briefs. They include: national health accounts, risk-pooling, resource mobilization, costing, and a situational analysis. Data collection for the situational analysis, risk-pooling, and National Health Accounts (NHA) began in December 2013 and will continue in the next quarter.

Sub IR 2.2: Support and institutionalize NHA and other resource tracking and utilization activities

Preliminary NHA data from partners, facilities and government has been collected. The FORSSAS team is collaborating with partners to continue data collection and follow-up as necessary to address gaps. Surveys have been developed for insurance companies and private enterprise. The NHA Technical Committee convenes regularly to provide status updates and discuss challenges.

Sub IR 2.3: Support for resource planning

The FORSSAS team presented to DPC leadership financial oversight options on how best to monitor delivery of the PES. The feasibility of each of the different options was discussed. The recommended option seeks to simplify reporting requirements for cost centers, programs, DPC and DAF and increase overall accountability. It also leverages existing national systems, resulting in significant cost savings and can easily identify any misalignment between financial execution and programmatic implementation. FORSSAS' recommendations focus on simplifying procedures and tools and ensuring DPC is utilizing the best source for official budget execution data (i.e. DAF).

2.3 Intermediate Result 3: Strengthened Management and Operations Capacity

FORSSAS is strengthening MISAU's management and operations capacity by supporting its Global Fund Unit, Department of Projects and Department of monitoring and evaluation (M&E) to improve planning and performance management processes.

Sub IR 3.1: Improve capacity in Department of Projects and the Global Fund Unit to meet donors' requirements

The FORSSAS team supported MISAU to develop, revise and finalize the terms of reference for seven positions under the Round 8 Global Fund health systems strengthening grant. MISAU advertised for the positions and is in the process of interviewing and contracting the selected candidates.

Transitional plans were prepared in collaboration with MISAU, to support the transfer of positions and associated responsibilities supported by FORSSAS to direct support by MISAU under Round 8 funds. The transition plans focused on key areas including M&E and procurement supply management.

The FORSSAS team helped address questions raised by the Global Fund related to the malaria and HIV Round 9 phase 2 grants and training plans for the Round 8 health systems strengthening grant. The project team supported the Global Fund Unit Deputy Coordinator in revising the performance frameworks for the HIV and malaria grants (Round 9 Phase 2).

Sub IR 3.2: Strengthen Department of M&E at MISAU

The FORSSAS team participated in integrated supervision visits to assist provinces in harmonizing PES 2014 development, writing quarterly PES reports and completing the Medium Term Expenditure Framework. The data quality verification protocol was adapted to the Ministry's joint annual evaluation terms of reference and the proposal to investigate the thematic area (i.e., malaria diagnosis and treatment) was developed. Joint visits to three provinces were completed and the preliminary report was discussed and presented to the Ministry and health partners.

The project team supported the development of the nine-month progress report of the health sector and monthly feedback (*Retroinformação*) from the health management information system (i.e., *Modulo Basico*) to inform provinces on results from the health management information system. Completeness and timeliness of data submission improved compared to baseline. Nearly half (47%) of all districts submitted timely, complete and accurate *Modulo Basico* reports. This has improved from a baseline of 31% in 2012.

The FORSSAS team participated in technical meetings for the integration of program data into the new health management information system (i.e., SISMA-DHIS2) and provided information to create automatic feedback reports.

Sub IR 3.3: Support CMAM to establish a monitoring and evaluation (M&E) unit and effectively manage performance

The project team supported the development of the M&E Unit's Terms of Reference (TOR), which included the mission, vision and objectives to guide the work of the new unit. Individual TORs were also developed for each specific job function within the M&E Unit. Members of the FORSSAS team facilitated a series of review sessions to reach consensus on the TORs with the M&E Unit, resulting in their final approval by the Director of the M&E Unit and presentation to the CMAM management team.

The project team also facilitated a strategic review of the current performance metrics with CMAM staff and leadership to support the development of the 2014 Plan of Action indicators. The participants prioritized key performance expectations for CMAM customers across multiple product-specific supply chains. The discussion resulted in a proposal to add 3 to 5 additional measures that align to critical customer expectations and processes in CMAM's supply chain.

2.4 Intermediate Result 4: Increased Effectiveness in Health Governance

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. These work streams 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.

Sub IR 4.1: Integrate and coordinate APE Program

During this period, 294 community health workers (APEs) were trained (in Nampula and Tete) for a total of 1,057 this calendar year out of 1,581 planned (67%). Reasons for this include lack of training materials which are being produced with World Bank funds and the fact that Tete trained more APEs than planned using local funds.

Changes in MISAU personnel include a new Director and Adjunct Director of the Public Health Directorate and an interim Health Promotion Department (i.e., *DeProS*) Director. Current leadership is very interested in expanding the APE Program, including exploring more sustainable financing mechanisms. The Department is in the process of restructuring which may result in a more efficient and independent APE Program.

As a cross-cutting activity there continue to be many requests for collaboration with the APE Program from various Institutions and Departments within MISAU. For example, presentations were made at UEM, Masters in Public Health Program, including one with the Liverpool School of Tropical Medicine. The Health Inspector General gave a presentation created by the APE Program in the Human Resources for Health meeting in Recife, Brazil, in a session entitled “Fragmentation and Synergies: APEs’ contribution to achieving Universal Coverage”. During the session the key role of community health workers was recognized in national strategies to achieve universal coverage.

Conclusions from the *Conselho Coordenador* include great interest in expanding the role of the APE to include additional tasks such as distribution of family planning items, an expanded role in nutrition (to include such activities as growth monitoring and vitamin A distribution) and to consider immunizations. Preliminary recommendations were made after a series of consultative meetings including relevant MISAU technical areas, partners and donors. Plans include more careful consideration of Mozambican priorities, viability, cost-benefit within the Mozambican context and the implications these changes have on all systems such as management, training, supervision, monitoring, planning/logistics of medicines and materials. Any changes will also require refresher courses for all levels.

The World Bank’s Health Workforce and Services Project in collaboration with DAF, began preparations during this quarter to pay APE subsidies through E-SISTAFE, in collaboration with the Ministry of Finance’s, Public Accountant Unit. This will help ensure that APEs are paid more efficiently and securely. Challenges to implementation include ensuring that all APEs have NUIITS and bank accounts. In provinces where there is still not full district access to E-SISTAFE, an option will remain open for APEs to continue to be paid in cash.

The FORSSAS team helped MISAU complete the revision of monitoring indicators and send to Provincial Coordinators for testing and feedback, with the support of partners when possible with the intention of simplifying and reducing the size of materials.

The National APE and Community Involvement Meeting took place on 16-18 December with national and provincial participation (e.g., APE Coordinators, Public Health Directors and Community Health Education representatives). Valuable information was collected related to the APE Program Revision.

Sub IR 4.2: Strengthen and support sustainability of educational programs with MMAS

The second semester of competency-based pilot courses under MMAS at the *Instituto de Ciências de Saúde de Maputo* (ICSM) was completed with the graduation of 55 students. The courses include 30 new students under the Social Welfare Technicians (Level 5) program and 25 students 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. MMAS collaborated with stakeholders to successfully obtain official certification for students that graduated in 2012. This is a major achievement and strengthens the professional opportunities for the graduates.

The Early Childhood Educator Technical Working Group completed teaching guidelines for the Level 4 competency-based curriculum package.

Sub-IR 4.3: Increased Capacity of DPMAS

Provincial-level site visits were conducted in collaboration with MMAS to prepare for the anticipated decentralized social welfare courses. Meetings were held with local educational institutions to discuss planning and budgets. Trainings are proposed with support from the Training Institutes in Public and Municipal Administration (i.e., *IFAPA*) and the training institutes of Beira and Lichinga. Meetings were held with the Permanent Secretary and MMAS to reach consensus on the project's Year Two activities. MMAS agreed to contract local Officers to help to strengthen the Ministry in two targeted provinces.

Sub-IR 4.4: Strengthen and Support MISAU Human Resources Integrated Planning Processes

MISAU as well as the Provincial Directorates were required to create and submit a five-year staffing plan, *Quadro de Pessoal*, to address the upcoming needs and examine the current staffing of the health sector. FORSSAS developed a tool, building on previous efforts in data collection and quality, that not only generates the reports meeting the requirements set forth by the Ministry of Civil Service (i.e., *Ministério da Função Pública*), but also provides detailed data to support the plan. This tool was disseminated to provincial and Ministry directorates during a week-long training in October 2013. FORSSAS continued to support this effort throughout the quarter and was integral to building MISAU's final plan. This tool included a functionality that automatically generates the budgetary impact of the plan. FORSSAS adapted this functionality for the Department of Personnel Administration and built a tool to generate the budgetary impact of administrative acts (nominations, etc.).

Furthering previous work on the PES 2014, FORSSAS also created a database to house all of the PES-related information addressing such issues as version control, monitoring and evaluation difficulties, and alignment of work plans to the PES.

3. Plans for the Upcoming Quarter

This section provides an overview of the project's plans for next quarter (January to March 2014) in each of the four IRs.

3.1 Intermediate Result 1: Increased Effectiveness in Health Governance

Sub-IR 1.1: FM Support to DAF

- Complete remaining chapters of the provincial-level Financial Operations Manual
- Develop training materials
- Continue Performance Management
- Provide ongoing support to DAF in areas such as financial statements preparation and ad-hoc capacity building of staff
- Hire and onboard the Global Fund Finance Advisor for DAF

Sub-IR 1.2: Support CMAM in supply chain governance

- Continue to support improvements needed on the IA database and reporting process and to mentor CMAM auditors on the use of the IA Database and Reporting tools
- Develop IA SOPs for IA visits to conform with global standards
- Continue to provide technical support for IA visits
- Provide training to CMAM's IA team on analytics, and continue knowledge transfer on database logic of scoring and aggregation
- Provide training to CMAM's IA team on internal controls for supply chains

Sub-IR 1.5: Support CMAM in procurement capacity

- Complete enhancements and required changes to Procurement Information Management System (i.e., *SIP*); continue to provide daily help desk support for database
- Deliver training on SIP and SOPs
- Formally roll-out future-state organization structure
- Create a transition plan
- Continue to provide day-to-day functional support, mentoring and coaching on newly implemented future state processes

Sub-IR 1.6: Support UGEA

- Continue to monitor status of tenders in process, ensure compliance with MISAU dispatch, and report results
- Integrate tender monitoring and evaluation tracking tool with *Repartição de Contratos* to calculate and establish baseline for the full procurement cycle time to identify opportunities for improvement
- Monitor adherence to the procurement guidelines/checklist distributed to all Directorates and develop follow-up communications as necessary
- Continue to build UGEA capacity through providing on-the-job training and working with UGEA designated staff to develop training materials for the evaluation of economic-financial qualifications of bidders
- Develop and implement implementation plan for recently approved Archive Design Proposal

Sub-IR 1.7: CMAM Organizational Planning

- Finalize the CMAM departments' TOR

- Submit a *Regulamento Interno* proposal to MISAU
- Continue progress towards completion of the implementation plan for the PELF
- Finalize and adopt the operational planning instruments

3.2 Intermediate Result 2: Improved Management of Health Sector Financing

Sub-IR 2.1: Develop and execute national health financing strategy

- Conduct data collection and analysis
- Submit draft of the Situation Analysis to the Taskforce
- Coordinate one-day Health financing Workshop
- Coordinate bi-weekly meetings

Sub-IR 2.2: Support and institutionalize NHA and other resource tracking and utilization activities

- Continue data collection and analysis
- Present national household survey instrument and proposal to MISAU for approval and advocacy for sources of funding
- Continue monthly Technical Committee meetings
- Organize Steering Committee meeting

Sub-IR 2.3: Support for resource planning

- Support DPC on the alignment of PES central with program budget, expenditure plans and treasury plans by Cost Centers
- Support DPC in the MTEF 2015-2017 process for the health sector
- Support DPC to prepare data and presentations for the *Conselho Nacional Coordenador de Saude* planned for March 2014
- Tailor PES guides for PES 2015 and produce presentations for National Planning Meeting

3.3 Intermediate Result 3: Strengthened Management and Operations Capacity

Sub-IR 3.1: Improve capacity in Department of Projects and the Global Fund Unit to meet donors' requirements

- Continue to monitor the transition of Global Fund Unit staff under MISAU
- Provide support as needed through existing local advisors

Sub-IR 3.2: Strengthen Department of M&E at MISAU

- Finalize the proposal for the information flow within the M&E system of the health sector at central level
- Support the Annual Evaluation of the Health Sector (ACAXIII)
- Prepare and realize the M&E training for health sector, central level in collaboration with WHO
- Support and participate in the elaboration of the National (1) and Provincial (11) Statistics Reports (2009-2013)
- Validate document management pilot plans and software requirements with DPC Department Head and M&E Department Head
- Facilitate communication between DPC staff (specifically DIS and M&E Department Heads) and CMAM staff regarding data collection through the Logistics Management Information System (LMIS)

Sub-IR 3.3: Support CMAM to establish a monitoring and evaluation (M&E) unit and effectively manage performance

- Continue to support transition of M&E data collection, analysis and reporting responsibilities to new sector staff, including development of associated tools and training
- Map data collection processes for current measures, including data collection tools and responsibilities
- Identify a sector with which to pilot sector-specific performance improvement activities
- Support the M&E Sector in responding to any questions or request for information during the review and approval of the 2014 CMAM Plan of Action.

3.4 Intermediate Result 4: Increased Effectiveness in Health Governance

Sub-IR 4.1: Integrate and coordinate APE Program

- Participate in revision of the APE program core components. The TOR will be finalized in conjunction with MISAU.
- Continue to resolve bottlenecks related to medicine kits procured with World Bank funding.
- Continue to consolidate a system for payment of APE Subsidies through E-SISTAFE in the three Northern Provinces in collaboration with DPC/DAF and the Ministry of Finance
- Consolidate systems related to supervision and monitoring, medicine kit distribution and payment of APE subsidies.

Sub-IR 4.2: Strengthen and support sustainability of educational programs with MMAS

- Oversee the student's pre-test for the 2014 courses
- Support MMAS to seek certification for the second round of students that graduated in December 2013
- Continue to provide operational and technical support for the Social Welfare Technician courses
- Start to develop the Level 4 competency-based curriculum package for Social Welfare Technicians
- Start to develop the Level 5 competency-based curriculum package for Early Childhood Educators

Sub-IR 4.3: Increased Capacity of DPMAS

- Advertise for local positions to drive capacity building activities at the provincial level
- Continue collaboration with the targeted DPMAS' and develop their work plans
- In partnership with PIREP, plan and implement three-week training of trainers for the professors of the targeted provinces
- In partnership with IFAPA, start to develop the training plan for capacity building courses for targeted DPMAS staff
- Support costing and budgeting of activities within targeted provinces

Sub-IR 4.4: Strengthen and Support MISAU Human Resources Integrated Planning Processes

- Enhance the new PES database to allow for monitoring of budget execution by aligning all activities to budget line items (using the codes indicated in the Ministry of Finance's Economic Classifier/Codified Budget)
- Build a complimentary expenditure management tool for the financial management/accounting division to link all expenses to the PES and budget (using the PES codes and Ministry of Finance budget codes)
- Build a strategy with the Department of Personnel Administration on how to monitor the number of executed administrative acts (e.g., nominations, promotions, progressions and career changes) –

and their budgetary impact – versus the number of planned acts. Enhance the Budgetary Impact tool to include a monitoring component.

- Work with provinces on the implementing the Placement Plan in the districts. Share the new version of the tool, which will include a three-year projection of placements.

4. Project Performance Monitoring (PMP)

The project team updated the PMP at the end of project year one to help ensure that all components remain valid and current given project progress. In October 2013, the team submitted a revised PMP to USAID with several updated indicators. The October through December 2013 quarter was the first quarter that included measurements for the revised indicators. A detailed list of amendments can be found within the PMP document.

Over the course of the October to December 2013 quarter, the following project indicators experienced notable improvement or achievement.

Number of social workers and early childhood educators graduated from pre-service training program, disaggregated by sex and cadre: In December 2013, the project graduated its second wave of students from pre-service training programs. During the quarter, 25 students completed a level four early childhood education course and 30 students completed a level five social work course. With this achievement, FORSSAS increases the number of social worker and early childhood educator graduates from pre-service training programs to 110 over the life of the project, 25 of which have completed a progression of both level three and four early childhood education courses. This important indicator helps the project to measure its contribution to strengthening the Mozambique health and social welfare workforce. The current value also surpasses the current project year two target.

Number and percent of districts submitting timely, complete and accurate *Modulo Basico* reports: Though a slight decline from the previous quarter, this measure is maintaining improvement over its 31% 2012 baseline. The current quarter value, 43%, represents a 39% improvement over that baseline. Moreover, the annual measure for the indicator for the January through December 2013 period was 47%, demonstrating consistent achievement over an extended period of time. The success of this indicator is largely attributed to the standardization of the *Retroinformação* process. By helping the Ministry to maintain strong and regular feedback loops, FORSSAS is increasing the quality of data and strengthening a culture of performance management.

Percent of provinces that submit timely monthly reports to the APEs program at central level: During the quarter, 50% of provinces submitted timely monthly reports to the APE program at the central level. This measurement represents a 6% improvement from the last quarter. Since June 2013, the project has measured the submission of reports and the timeliness of submission in order to more holistically represent performance. During the quarter, 77% of provinces submitted monthly reports at all, which represents a 28% improvement over the 60% baseline measured with the original methodology that did not take into account timeliness.

5. Success Stories

5.1 Improving data quality and feedback through strengthened tools

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. FORSSAS staff led the standardization of the process of *Retroinformação* in response to recurring challenges experienced by MISAU with completeness, timeliness and consistency of provincial data.

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 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 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 47% as of December 2013, representing a 52% improvement in timeliness, completeness and accuracy of reports.

The *Retroinformação* tool and the associated process have been institutionalized by the Department of Health Information. Since receiving the feedback, provinces are now taking action to collect missing data and correct inaccurate entries. The tool currently includes reports on HIV. The project plans to expand to malaria, tuberculosis 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 the *Retroinformação* tool play an instrumental role in improving the outputs of the system and 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.

5.2 Launching of the Health Financing Taskforce

In November 2013, DPC, in collaboration with FORSSAS and development partners, launched the country's first health financing taskforce. The objective of the taskforce is to assess the current health financing framework and to develop strategies that aim to increase domestic allocation of resources, introduce risk-pooling, and improve resource allocation. This is a critical step for the Ministry as the government begins to address the financing gap, reduce reliance on donor-financing, and improve overall sustainability of the health care system.

¹ January through September period

Appendix A: Indicator Measurement Matrix

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
1	External audit recommendation resolution rate in the areas of intervention for FORSSAS (i.e. Financial management)	= (Total number of relevant external audit findings not repeated Year over Year/Total number of relevant external audit findings during previous year)*100	External Audit Reports	Annual	58% (2010)	N/A (Annual indicator)	70%	Preliminary 2011 audit reports are available; results will be reported once approval is received
2	Payment processing lead time (days) (Disaggregated by DAF vs. CMAM Finance and by type of invoice: routine goods and services, construction and equipment)	= Invoice payment date - Date of invoice receipt	Accounting Division(s) Files and Payment Vouchers	Quarterly	11.4 days (Operational expenditures) 38.3 days (Investments and capital purchases) (Sep-Nov 2012)	Data not yet received	Not yet identified	
3	Percent of payments that arrive to RCPC with complete documentation, (RCPC measures DAF performance; CMAM performance will be measured by percentage of complete processes)	=(Total number of paid vouchers received by the RCPC with incomplete supporting documentation/ Total number of paid vouchers received by the RCPC)	RCPC Accounting System/CMAM Process Documentation	Quarterly	Data not yet received	Data not yet received	Not yet identified	

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
4	Completion percentage of planned audit activities (CMAM IA)	= (Total number of activities completed/Total number of activities planned)*100	IA Annual Plan	Semi-annually	91% (20/22) (2013)	91% (10/11)	100%	
5	Cycle time from tender to contract award (Days) <i>(Disaggregated by public tenders versus direct tenders)</i>	Public Tender = (Date of award confirmation notification) – (Date of request approval to launch public) Direct Tender = (Date of award confirmation notification) - (Date of request approval for contracting using exceptional regime)	Procurement Information Management System (PIMS) (beginning November 1, 2013)	Annually	Public Tender: 225 days (Oct '12- Jan '13) Direct Award: 47 days for (Oct '12- Jan '13)	N/A (Annual indicator)	See comments	Figures are under validation; once validated, target will be set

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
6	Revised <i>Regulamento Internal</i> delivered and approved (Ranked on a scale)	Scale: 0 = <i>Regulamento Internal</i> does not exist and is not under development 1 = <i>Regulamento Internal</i> is under development but not yet approved 2 = <i>Regulamento Internal</i> is approved by CMAM and Minister of Health 3 = <i>Regulamento Internal</i> is approved by CMAM and implementation is initiated 4 = Implementation of approved <i>Regulamento Internal</i> is complete	FORSSAS SCM Advisor	Quarterly	1 (Oct '13)	1	3	Draft approved by CMAM
7	% of Health expenditure execution compared to original approved health budget	N=total health expenditure D=total health budget	Annual Health Budget and DAF execution report	Annual	N/A	N/A	95%	

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
8	Health Financing Strategy Implementation Plan Documented/Implemented (Ranked on a scale)	<p>Scale:</p> <p>0 = HFSIP does not exist and is not under development</p> <p>1 = HFSIP is under development but not yet approved</p> <p>2 = HFSIP is approved, but implementation has not begun</p> <p>3 = HFSIP is approved, implementation has begun, but is not completely effective</p> <p>4 = HFSIP is approved, implementation has been completed and repeatable, data outputs are used for decision making</p>	Project Quarterly Reports	Quarterly	0 (Dec '12)	1	2	

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
9	Simultaneous NHA production and institutionalization (Ranked on a scale)	<p>Scale:</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 been 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>	NHA reports; NHA institutionalization plan	Annual	2 (Dec '12)	N/A (Annual indicator)	5	

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
10	PBF measurement tool, approach, and performance targets defined (Ranked on a scale)	Scale: 1 = PBF approach, methodology, and performance targets are not defined 2 = PBF pilots and data are presented to MISAU 3 = PBF measurement framework developed 4 = Based on inputs from key stakeholder and existing PBF data, PBF data tracking tool finalized and integrated with the existing health information system 5 = PBF performance targets and data regularly tracked and analyzed by MISAU	Project Quarterly Reports	Quarterly	2	Activity no longer being pursued	5	Activity no longer being pursued, indicator is now irrelevant and will be removed during the next revision of the PMP
11a	# and % of GF special conditions met (and approved by LFA) in the area of Finance	N=# of conditions met (in relative area) D= # of conditions (in relative area) for the reporting period established in the Global Fund Grant	Global Fund Condition Tracker, Global Fund Management Letters	Semi-annual	50% (2/4) (Jan-Sep '12)	7/16 (44%)	60%	Reflects January through June 2013 period as reported in PUDRs submitted in August 2013

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
11b	# and % of GF special conditions met (and approved by LFA) in the area of M&E	Agreement(s)			54% (7/13) (Jan-Sep '12)	8/12 (67%)	60%	Reflects January through June 2013 period as reported in PUDRs submitted in August 2013
11c	# and % of GF special conditions met (and approved by LFA) in the area of Procurement				50% (6/12) (Jan-Sep '12)	100% (13/13)	60%	Reflects January through June 2013 period as reported in PUDRs submitted in August 2013
12	# and % Global Fund PUDRs submitted on time	N=Number of PUDRs submitted to the Global Fund 45 days after the end of the reporting period D= total PUDRs submitted to the Global Fund in the reporting period	Date of submission for each PUDR	Quarterly	3 (33%) (Sep 11-Sep 12)	0% (0/0)	41%	Reflects PUDRs submitted in August 2013. The delay was of 5 days due to some missing data.
13	# and Percentage of districts submitting timely, complete and accurate <i>Modulo Basico</i> reports	N= Number of district reporting at least 80% of the required monthly summary sheets on time D= Total number of districts	HMIS	Quarterly	31% (Jan-Sep2012)	43%	50%	The annual measure for this indicator for the Jan-Dec 2013 period was 47%.

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
14	Number of social workers and early childhood educators graduated from pre-service training program, disaggregated by sex and cadre	Number of social workers graduated (one year course) and number of early childhood educators successfully completed each level of the course	ICSM/DRH reports	Quarterly	0 (Dec 2012)	55	85	55 students graduated in December 2013 (25 EI level 4 course and 30 TAS level 5 course)
15	Percent of provinces that submit timely monthly reports to the APEs program at central level	Percent of provinces that submit monthly summary sheet for M&E data up to the central level according to the deadline established	APEs monthly data form provincial/district summary	Quarterly	60% (Oct-Dec 2012)	50%	90%	77% of provinces submitted, though only 50% were timely; Delays/absence of data related to preparations for the National APE Meeting and temporary absence of one coordinator and transfer of another

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (Oct-Dec 2013)	PY2 Target	Comments
16	Government (MISAU, MMAS, etc.) has incorporated professional medium-level courses of social workers and child educators into their annual plan and budget (Ranked on a scale)	Scale: 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	Project reports and PES	Annual	0 (Dec 2012)	N/A (Annual indicator)	1	
17	Number of Ministry <i>professionais</i> named, disaggregated by those who participate in the FORSSAS internship or twinning programs	Number of professionals nominated to the National Health System	Human Resources Directorate	Annual	2,779 (2010-2012 average)	2,731	2,000	