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# MOZAMBIQUE FORSSAS

HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING

QUARTERLY TECHNICAL PERFORMANCE REPORT: Fiscal Year 15, Quarter One

October 1 – December 31, 2014

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

January 31, 2015

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

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Prepared for:  
USAID/Mozambique

Prepared by:

**Deloitte.**

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**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.**

## Acronyms

APE*	Community Health Worker ( <i>Agente Polivalente Elementar</i> )
CHW	Community Health Worker
CMAM*	Central Medical Store ( <i>Central de Medicamentos e Artigos Médicos</i> )
DAF*	Directorate of Administration and Finance ( <i>Direcção de Administração e Finanças</i> )
D&G	Democracy & Governance
DPC*	Directorate of Planning and Cooperation ( <i>Direcção de Planificação e Cooperação</i> )
DPMAS*	Provincial Directorates of Women and Social Welfare ( <i>Direcção Provincial da Mulher e Acção Social</i> )
DPS	National Directorate of Public Health ( <i>Direcção Provincial da Saúde</i> )
DRH	Directorate of Human Resources ( <i>Direcção Recursos Humanos</i> )
FORSSAS*	Health and Social Welfare Systems Strengthening ( <i>Fortalecimento dos Sistemas de Saúde e Acção Social</i> )
(HSDP)	Health Services Delivery Project
HSWSS	Health and Social Welfare Systems Strengthening
ICSM*	Health Sciences Institute of Maputo ( <i>Instituto de Ciências de Saúde de Maputo</i> )
IFAPA*	Public Administration and Governmental Training Institute ( <i>Instituto de Formação em Administração Pública e Autárquica</i> )
INS*	National Institute of Health ( <i>Instituto Nacional de Saúde</i> )
IR	Intermediate Result
M&E	Monitoring & Evaluation
MEF	Ministry of Economics and Finance ( <i>Ministério da Economia e Finanças</i> )
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
PELF*	Pharmaceutical Logistics Strategic Plan ( <i>Plano Estratégico da Logística Farmacêutica</i> )
PES	Annual Economic and Social Plan ( <i>Plano Económico e Social</i> )
PESS	Strategic Plan of the Health Sector ( <i>Plano Estratégico do Sector da Saúde</i> )
PIREP*	Integrated Program for the Reform of Professional Education ( <i>Programa Integrado da Reforma da Educação Profissional</i> )
PMP	Performance Monitoring Plan
PUDR	Progress Update and Disbursement Request
SCM	Supply Chain Management
SIP	Procurement Information System ( <i>Sistema de Informação de Procura</i> )
SIS	Health Information System ( <i>Sistema de Informação de Saúde</i> )
QAD	Performance Assessment Framework ( <i>Quadro de Avaliação do Desempenho</i> )
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

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## Executive Summary

The United States Agency for International Development (USAID)-funded Health and Social Welfare Systems Strengthening (HSWSS) or *Fortalecimento dos Sistemas de Saúde e Accção Social* (FORSSAS) project, led by Deloitte Consulting, collaborates across the Ministry of Health (MISAU) and the Ministry of Women and Social Welfare (MMAS) to strengthen governance and supply chain processes, improve health sector funds management, enhance management and operations capacity, and strengthen the health and social welfare workforce. The project's approach recognizes that system improvements make a larger impact when implemented across health systems building blocks.

This report covers progress against project objectives during the period of October 1 through December 31, 2014.

Key quarterly achievements are highlighted below and in the report narrative.

**Provincial-Level Financial Procedures Manual approved by MISAU and disseminated:** The Provincial Financial Procedures Manual, developed by FORSSAS in concert with the Directorate of Administration and Finance (DAF), the Provincial Directorate of Health (DPS), and local hospitals, was approved by the Ministry of Health on October 28, 2014. This is a significant step towards standardizing transparent procedures for more efficient and effective financial management of health funds. Following MISAU approval, DAF distributed copies of the Manual to the DPS. Trainings related to Manual content will be conducted in 2015, tentatively planned for the first quarter of the year.

**CMAM's financial accounting module improved:** During the quarter, FORSSAS staff installed and set up the financial accounting module of the Primavera software system used at CMAM. The project gathered business and technical requirements in order to customize the module to integrate with existing CMAM processes and meet reporting needs not addressed by e-SISTAFE. This process included working closely with CMAM staff to document the Chart of Accounts and other accounting categories. Primavera implementation is a critical step toward laying the foundation for a more accountable and transparent financial management system at CMAM.

**Democracy and Governance (D&G) approach proposed for Buzi District:** During the quarter, the FORSSAS team incorporated initial feedback from the USAID D&G team into the draft concept note for project D&G activities. The concept note included information on the project's approach to D&G strengthening, monitoring and evaluation (M&E) of D&G activities, and a six-month workplan focusing on activities in Buzi District. The project submitted the concept note to USAID and is awaiting additional feedback.

**National Health Account (NHA) preliminary findings presented:** During the quarter, the team collected and analyzed data from health facilities, government, development partners, non-governmental organizations and households using the Health Account Production Tool (HAPT). Preliminary results were presented and discussed at meetings with ministerial agencies, development partners and other stakeholders critical to the NHA process. All meetings were jointly chaired by MISAU and FORSSAS. MISAU, who provided comments on the findings, was pleased with the preliminary report and looks forward to understanding the policy implications of the findings when the next version of the report is shared.

**Unprecedented step toward local commitment to the sustainability of MMAS courses:** The project worked with MMAS to encourage the incorporation of a targeted budget line item in the coming year as part of the Ministry's contribution to the courses. For the first time ever, MMAS budgeted a small amount for competency-based training activities and plans to increase the budget year over year. The MMAS-contributed portion of the 2015 budget for the activity is approximately 400,000 meticalis

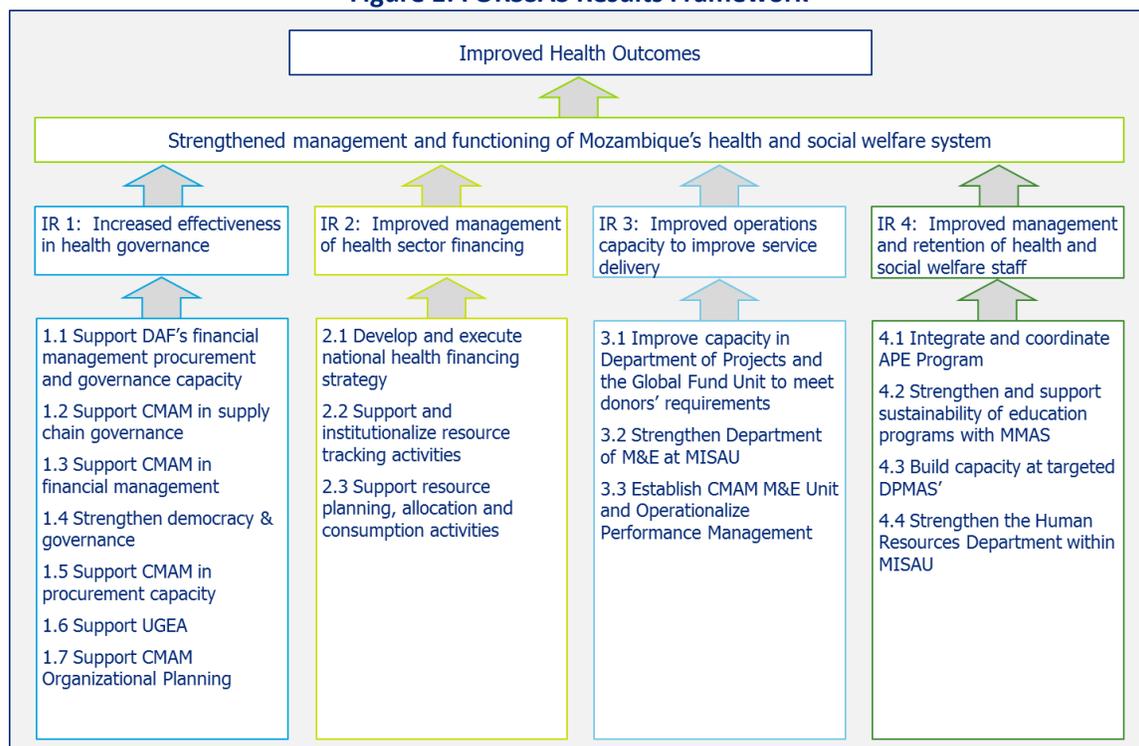
(12,500 USD). This is the first major contribution by MMAS to these courses and represents an unprecedented step toward local commitment to the sustainability of these cadre development programs.

## 1. Introduction

FORSSAS is a four-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 to address constraints to the health and social welfare system, in order to ultimately improve health outcomes.

The key result areas for FORSSAS are: 1) effective governance, 2) integrated finance, 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 across IRs and sub-IRs during the reporting period.

### 2.1 Intermediate Result 1: Increased Effectiveness in Health Governance

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

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

**Provincial-Level Financial Procedures Manual approved and disseminated:** The Provincial Financial Procedures Manual, developed by FORSSAS in concert with DAF, DPS, and local hospitals, was approved by the Ministry of Health on October 28, 2014.

Following MISAU approval, DAF distributed copies of the Manual to the DPS. Trainings related to Manual content will be conducted in 2015, tentatively planned for the first quarter of the year. Trainings will aim to improve financial management capacity of Provincial Directorates of Administration and Finance (DPAF) and provincial hospitals. FORSSAS is currently in the process of finalizing details related to training roll-out, including a partnership with DANIDA and MB Consulting to support training implementation across all Provinces. Once the training plan is developed, FORSSAS will seek DAF approval for the plan.

**Building capacity related to financial procedures at the central level:** Following the September 2014 training on the central-level Financial Procedures Manual, the team disseminated the training report to all participants (including representatives from DAF, the Directorate of Planning and Cooperation (DPC), CMAM, the National Institute of Health (INS) and the Directorate of Human Resources (DRH)) for future reference.

**Ongoing operational support:** FORSSAS Advisors continued to provide ongoing, ad-hoc support to various areas of DAF at the request of DAF leadership. Activities include: preparation of monthly financial statements and financial reports for the Minister and improvements to accounting database; supporting the ongoing audit of 2013 Prosaude and Government funds management by the *Tribunal Administrativo*; and support to prepare MISAU's audit responses for the Global Fund OIG's 2008-2010 audit of the *Procuradoria Geral da Republica, Gabinete de Combate à Corrupção*.

**DAF Financial Advisor starts work:** A new FORSSAS Financial Advisor responsible for providing technical assistance to DAF began supporting the Directorate on November 11, 2014. The team is still in the process of identifying a second local financial advisor. These posts support Global Fund financial management at DAF.

### Sub-IR 1.2: Support CMAM in supply chain governance

**Supporting CMAM's internal audit function:** As planned, the CMAM Internal Audit team, supported by FORSSAS, performed audit visits in six different locations during the reporting period: Beira Central Hospital; Nampula Central Hospital; Maputo Province; Inhambane Province; Manica Province; and Cabo Delgado Province. Due to the year-end inventory activities, the team was not able to complete audit visits in the central warehouses of Zimpeto and Adil. During each visit the team discussed challenges faced by the staff working with the two created databases; one for internal audit visits in provinces and the other for internal audit visits in central hospitals. Additional audit tools such as the risk register and the internal audit control report were evaluated together with users.

**Improving internal audit data management:** The CMAM Internal Audit team supported activities related to improved data management and use, promoting feedback to build a dynamic internal audit database which will contribute to a continuous improvement of reporting processes. Databases and tools created by FORSSAS for internal audits and internal audit controls supported timely data collection, analysis, and use. The use of the archive file in internal audits, also supported by FORSSAS, is now routine.

With support from FORSSAS, the CMAM Internal Audit team provided remote mentoring in collecting quality data to feed these tools to different users working in the Provinces, central hospitals, and central warehouses.

**Active cross-departmental collaboration:** In collaboration with the CMAM Distribution Department and the Central Warehouses in Zimpeto and Adil, the Internal Audit team actively participated in planning and execution of warehouses inventories. The team previously developed a cooperative relationship with the central warehouses during audit visits that in turn influenced the quality and efficiency of the annual inventory.

FORSSAS staff supporting the internal audit function leveraged audit experience to help onboard and orient the project's new Financial Advisor by orienting him to the cost recovery system and its relationship with the receipt of medicines. This support demonstrates cross-project collaboration as part of an ongoing effort to encourage a culture of sector-wide collaboration.

### Sub-IR 1.3: Support CMAM in financial management

**CMAM's financial accounting module improved:** During the quarter, FORSSAS staff installed and set up the financial accounting module of the Primavera software system used at CMAM. The project gathered business and technical requirements in order to customize the module to integrate with existing CMAM processes and meet reporting needs not addressed by e-SISTAFE. This process included working closely with CMAM staff to document the Chart of Accounts and other accounting categories.

CMAM is now in the process of loading available balances for accounts related to pharmaceutical sales. Although most accounts have been reconciled for 2013 and 2014, this activity is not yet completed due to internal constraints.

Primavera implementation is a critical step toward laying the foundation for a more accountable and transparent financial management system at CMAM.

**Local Financial Management Advisor hired:** The project's new local Financial Management Advisor for CMAM was recruited and began work on October 23, 2014. The financial advisor in CMAM contributes to: improvement in the areas of organizational responsibility for accounting of medicines revenue; improvement in the use of e-SISTAFE; and related capacity building.

### Sub-IR 1.4: Strengthen democracy and governance (D&G)

**D&G approach proposed for Buzi District:** During the quarter, the FORSSAS team incorporated initial feedback from the USAID D&G team into the draft concept note for project D&G activities. The concept note included information on the project's approach to D&G strengthening, M&E of D&G activities, and a six-month workplan focusing on activities in Buzi District. The project submitted the concept note to USAID and is awaiting additional feedback.

The process of hiring D&G Officers to be based in Sofala is ongoing, and is expected to be finalized next quarter. In order to improve cost efficiency, the project is also in the process of negotiating an agreement to share office space with partners already working in Sofala.

### Sub-IR 1.5: Support CMAM in procurement capacity

**Facilitating adoption and long-term sustainability of the procurement database:** Despite technology adoption and change management obstacles related to the Procurement Information System (SIP), FORSSAS team members demonstrated coordination, diplomacy, and patience during the most recent quarter, proposing solutions to address tool usability, user availability, and reporting challenges.

Additionally, the Deputy National Director of CMAM solicited FORSSAS project's support to advise the CMAM working group in commodity mapping and related product codes.

In order to address the aforementioned challenges and facilitate system sustainability, the project will extend its support to the procurement department over the next six months. Project advisors will continue on-the-job training of CMAM staff including the IT Department in order to effectively transition SIP ownership at the end of July 2015.

#### **Sub-IR 1.6: Support UGEA**

**Ongoing operational support to UGEA:** The project continued to provide an advisor to support day-to-day operations within UGEA. Project advisors helped prepare an MOH Contracting Plan for 2015 that was in turn approved by Permanent Secretary. The approved plan was later distributed to national and Subordinated Institutions directions. Additionally, staff supported the completion of a SWOT analysis for UGEA and the development of a proposed organizational structure.

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

**Organizational planning documents submitted:** Documents, the development of which was previously supported by FORSSAS advisors, are now being used by CMAM staff to facilitate implementation of the Strategic Plan for Pharmaceutical Logistics (PELF). Support to this workstream is now complete, and future complementary CMAM organizational planning support will be incorporated into Sub-IR 3.3 moving forward.

## **2.2 Intermediate Result 2: Improved management of health sector financing**

FORSSAS is supporting MISAU to improve management of health sector financing. Project activities help improve rational allocation of resources, budgeting, planning and management of funds. Current work stream activities relate to resource tracking, resource planning and innovative financing.

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

**Continued progress on the Situation Analysis and Health Insurance Landscape studies:** FORSSAS advisors continued to make progress on the studies related to the Situation Analysis and the Health Insurance Landscape during the quarter. Workshops on these topics that were originally planned for the quarter were postponed due to a conflicting agenda on the behalf of DPC.

#### **Sub-IR 2.2: Support and institutionalize National Health Accounts and other resource tracking and utilization activities**

**NHA preliminary findings presented:** During the quarter, the team collected and analyzed data from health facilities, government, development partners, non-governmental organizations and households using the Health Account Production Tool. Preliminary results were presented at a meeting of ministerial agencies, development partners and other stakeholders critical to the NHA process, including the Confederation of Business Associations of Mozambique (*Confederação das Associações Económicas de Moçambique*), in October 2014. Advisors summarized and shared feedback on these findings from this meeting and several others (including the bi-weekly technical working group gatherings) in December 2014. All meetings were jointly chaired by MISAU and FORSSAS. MISAU was pleased with the preliminary report and acknowledged the challenges in obtaining data from public and private sector entities. MISAU provided comments and looks forward to understanding the policy implications of the findings when the next version of the report is shared.

To attempt to increase engagement of private enterprise in the process, the NHA team met with the Confederation which subsequently issued a letter requesting that all registered businesses provide the required information. The National Directorate of Medical Assistance which oversees private health facilities issued a similar letter requesting the cooperation of private facilities (primarily those based in Maputo). The *Instituto de Supervisão de Seguros de Moçambique* also intervened to ensure the participation of insurance companies. Despite these persistent efforts the response has been lacking and quality of collected information remains unsatisfactory. Data from the private sector was largely omitted from preliminary findings due to challenges in data collection, and limitations of this data will be included in the next version of the NHA report. It can be assumed that private sector expenditures (including spending by households) have been significantly underestimated.

FORSSAS continues ongoing data collection efforts with employers, insurance companies and private health facilities.

### Sub-IR 2.3: Support for resource planning

**Developed content for DPC/DAF workshop on forecasting, planning, and revenue collection:** During the reporting period, FORSSAS supported DPC to prepare materials for the workshop on forecasting, planning, and collecting revenues generated by the health system, as well as the entry of revenues into the State Budget. All provincial heads of planning and MISAU focal points of planning and monitoring participated in the November workshop, which was co-promoted by DPC and DAF. The workshop reviewed concepts in revenues, legal tools, forecasting, and collection, and discussed provincial experience in these areas. MISAU anticipates that this exercise will contribute to efforts to standardize the procedures of health revenue forecasting and collection, as well to avoid losses and maximize financing sources.

**Supporting gender mainstreaming in health sector planning:** During the period, FORSSAS also supported gender mainstreaming by working with the MISAU Gender Advisor to prepare materials for a training related to the consideration of gender issues in health sector planning. During the training, the FORSSAS Advisor presented the health sector's 2015 priorities related to gender and the PESS. This presentation demonstrated to participants that gender issues are in fact considered in sector planning, and that these priorities are aligned to PESS 2014-2019 activities and goals.

**Preparing for MTEF training:** The project continued to support content development for MTEF training at the central and provincial levels. This training will be postponed until February 2015 due to the pending finalization of the Ministry of Planning and Development (MPD) methodology. The methodology's finalization is pending in part due to the recent merging with the Ministry of Finance. The unit is now named the Ministry of Economics and Finance (MEF).

**Programmatic framework review:** Staff supported DPC to review the new Government Quinquennial programmatic framework, helping to ensure the inclusion of health sector priority sub-areas in the framework. This framework will be used as a basis for annual planning efforts (PES). The new framework groups sectors by strategic areas, each chaired by a Permanent Committee (for example, health issues, even those falling within other sectors, will be coordinated by a Health Committee).

**Multi-purpose provincial visit to Cabo Delgado:** In December, the FORSSAS DPES Advisor visited Cabo Delgado to address planning, monitoring, health information system supervision, and PESS 2014-2019 dissemination to civil society. During the visit, technical assistance was provided to the Provincial Health Directorate in the areas of: planning (treasury plans, matrixes for monitoring of PES activities and budget); harmonization of 2015 PES priorities (between central and provincial levels); and dissemination of PESS 2014-2019 to civil society organizations.

In addition, a one-day retreat was held in Matola with the DPC team to identify required revisions to the manuals for the Planning, Monitoring and Evaluation, and Health Information Systems course.

## 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 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

**Implementing Global Fund grant conditions and audit recommendations:** During the quarter, FORSSAS continued to support MISAU's Global Fund Unit in its implementation and oversight of Global Fund grant special conditions for: Round 9 Phase II HIV and Malaria Grants; Round 7 TFM and NFM Tuberculosis Grants; and for the Round 8 Health Systems Strengthening Grant. In this effort, the team provided additional technical assistance to the Information and Communication Technology (ICT), HIS, and M&E Departments.

During the quarter, FORSSAS supported DPC to develop an action plan in order to implement the audit recommendations of the Global Fund related to improved M&E, information systems, and data quality. Some recommendations in this area were also included in the 2015 Annual Economic and Social Plan (PES). The action plan also included activities to address findings and recommendations in malaria, HIV, and TB programming, as well as supply chain strengthening within CMAM.

**Supported the World Bank Unit to prepare and submit progress report of the Health Services Delivery Project (HSDP):** The FORSSAS team supported the unit to monitor indicators and to prepare and submit the nine month HSD progress report for 2014.

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

**Contributed to QAD 2015-2019:** FORSSAS staff supported DPC in operationalizing a working group for the Performance Assessment framework (*Quadro de Avaliação do Desempenho*, QAD) for 2015-2019, focusing on the development of quality indicators for the plan. The QAD will be based upon the approved Strategic Plan for the Health Sector (PESS), 2014-2019.

During the quarter, staff assisted DPC to revise the QAD and disaggregate the plan by province. FORSSAS helped provinces establish provincial performance goals and aggregate information. FORSSAS technical advisors actively participated in Ministry discussions around proposals for new QAD indicators. Regular meetings held with the technical working group analyzed indicator options and developed related indicator guidance. A new indicator matrix was developed, though a workshop for its validation has been postponed until January 2015.

**Ongoing support to the *Balanco* reporting process:** The project continued its support to the MISAU M&E Department in its monitoring and development of the progress reports (*Balanco*) for PES, PARI, QAD, and PQG plans and respective indicators. The team also continues its ongoing technical guidance to the development of a Quarterly Performance Evaluation Framework and related feedback on the level of performance and quality of information produced. This feedback includes support to the Department of Health Information (DIS) staff to improve the related tool and process (*Retroinformacao*) used to strengthen data quality, data analysis and monthly reporting.

FORSSAS supported DIS staff to enrich the level of analysis of the monthly reports produced by the provincial health directorates. Analysis and feedback focuses on timeliness of reporting and completion of missing information.

**Implemented planning, M&E and SIS training for health sector, with DPC and WHO:** FORSSAS supported the organization of and actively participated in a two-day workshop to finalize the revision of manuals for a training course on planning, M&E and the health information system (SIS).

**Ongoing support to DIS to implement the Information System for Health Monitoring and Evaluation (SISMA):** FORSSAS provided support to various aspects of the implementation, including installation and the training of staff to use the new system in Maputo City.

### **Sub-IR 3.3: Support CMAM to establish an M&E unit and effectively manage performance**

**Jointly solidified role of the CMAM M&E Advisor:** The project's M&E Advisor for CMAM has been hired and will begin supporting the project next quarter. Accordingly, project staff reviewed the advisor's terms of reference with CMAM and SCMS, in order to support the M&E Department in a streamlined and locally-owned manner.

During the meeting, teams clarified the role of each to avoid duplication of effort in the future and support complementary implementation of activities. Attendees confirmed that the following activities (among others) fall within the FORSSAS scope: technical assistance for indicator definition; methodology development for indicator calculation; target definition; and supply chain performance monitoring; action plan and monitoring plan revisions.

At the request of the CMAM Director, the project agreed to provide technical assistance to the newly-created division of cooperation, studies and projects. This request will not inhibit the completion of other, previously planned activities with CMAM.

## **2.4 Intermediate Result 4: Improved management and retention of 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. These work streams are directly linked to national policies and strategies including 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 Community Health Worker (APE) Program**

The National Community Health Worker (APE) Program facilitated the updating of all program systems to incorporate new tasks<sup>1</sup> (e.g., training, M&E, subsidies provision, supervision systems, work kit and medicine kits revision) with the University of Eduardo Mondlane consultant group and MISAU technical areas. This process will be finalized next quarter, in collaboration with USAID and UNICEF.

Coordination meetings were held with Reproductive Health technical staff and UNFPA to define the roll-out of APE's work with contraceptives. A chronogram of activities was created, together with the Human Resource/Training Department, for effective implementation of a material testing/pilot phase, followed by a more complete national roll-out based on testing results.

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<sup>1</sup> Vitamin A for children 6-59 months of age, Family Planning, Misoprostol to prevent post-partum hemorrhage, Strengthened adherence support for ART and tuberculosis treatment

The APE Program and the Deputy Director for Public Health held several meetings with APE Program donors to address financial gaps during calendar year 2015. Donors included USAID, DFID, Swiss Cooperation, CIDA, UNFPA, UNICEF, Global Fund, PPSS/World Bank. The APE Program started planning for a more inclusive donor workshop to take place in early 2015.

Three-hundred sixty-five (365) work kits (265 financed by UNICEF and 100 by Save the Children) were acquired. Work kits planned for the three Northern provinces, financed by the HDSP Project/World Bank, were not successfully acquired. The acquisition of these kits will be decentralized to the provinces for more efficient and timely procurement in 2015.

Revised monitoring registers and referral forms were distributed by MISAU to each province, in collaboration with UNICEF, through the supply center (*Centro de Abastecimento*).

During this quarter, no APEs graduated, although ongoing courses are in progress. In total, 2,747 APEs graduated during this calendar year, which is 75% of the target set by MISAU.

As the APE Program is cross-cutting, program staff also participated in various meetings and conferences and gave many different presentations. Examples include:

- Permanent Secretary's Technical Advisory Group;
- National Malaria Meeting;
- National Nutrition Meeting;
- National EPI Meeting;
- National Humanization and Health Quality Meeting; and
- Emergency Planning in the context of Ebola.

The FORSSAS APE Advisor, Sandy Mcgunegill, completed her contract with the project in December 2014. Next quarter, FORSSAS will continue recruitment discussions with MISAU regarding a local APE Advisor to replace her.

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

**Successful graduation of social welfare technicians in Maputo:** The second semester of the 2014 academic year concluded with an additional thirty-two (32) Level 5 Social Welfare graduates from the southern provinces as well as the successful completion of student internships with local social institutions, including the National Institute of Social Welfare (INAS) and Provincial Directorate of Women and Social Welfare (DPMAS-Maputo).

**Course packages submitted for approval:** Also during the quarter, the Level 5 early childhood educators (EI) package (competence units, modules, and evaluation instruments) was submitted to the Integrated Program for the Reform of Professional Education (PIREP) and MMAS for approval. Concurrently the local Early Childhood Educator Technical Working Group is finalizing the guidelines for the level 5 EI package, which do not need to be submitted to PIREP. The Social Welfare Technical Working Group developed and submitted the Evaluation Instruments for Level 3 and 4 courses to PIREP.

**Supporting sustainability of MMAS courses:** The project worked with MMAS to encourage the incorporation of a targeted budget line item in the coming year as part of the Ministry's contribution to the courses. For the first time ever, MMAS budgeted a small amount for competency-based training activities and plans to increase the budget year over year, making contributions through the human resource line item. The 2015 budget for the activity contributed by MMAS is approximately 400,000 meticals. This is the first major contribution by MMAS to these courses and represents an unprecedented step toward local commitment to the sustainability of these cadre development programs.

### Sub-IR 4.3: Increased capacity of DPMAS

**Successful graduation of social welfare technicians from regional competency-based courses in Sofala and Niassa:** Similar to the class schedule in Maputo, the students participating in the regional courses in Sofala and Niassa successfully completed the second semester of coursework. The semester also included internships for regional students at local social institutions, including the National Institute of Social Welfare and Provincial Directorates of Women and Social Welfare (DPMAS-Sofala and Niassa).

The regional course in Sofala graduated 28 additional students from the competency-based Level 5 Social Welfare Technicians program. The regional course in Niassa graduated 30 students from the Level 5 Social Welfare Technician program.

**Building capacity of Ministry staff at the provincial level:** Following effective short-term training courses completed in partnership with IFAPA-Beira and Lichinga during the previous quarter, a six-month plan to monitor and evaluate the 50 civil servants from DPMAS-Sofala and DPMAS-Niassa, was developed in partnership with IFAPA-Beira and Lichinga. Based on the positive response to these capacity development activities, project advisors also discussed additional capacity building in other DPMAS' such as Cabo Delgado, Tete, and Zambezia with representatives of MMAS.

### Sub IR 4.4: Strengthen and support MISAU Human Resources Integrated Planning Process

**Support to various strategic planning activities for DRH:** During the quarter, the team: helped draft the terms of reference for the final evaluation of the 2008-2015 National Plan for Health Human Resources Development (PNDRH) as well as for the development of the next PNDRH; submitted a concept note on how to best approach the development of the *Quadro Tipo* (staffing plan); and budgeted and built a business case for three priority research studies to be financed and executed in 2015. Throughout these three strategic proposals, FORSSAS wove the theme of integrated planning into each, calling for intra-ministerial collaboration and working groups to ensure that the future human resources plans truly address the needs of all sectors.

FORSSAS continued to work with the Statistics and Information Division, the Accounting Division and the Department of Personnel Administration (DAP), to build their internal capacity to project costs and monitor budget execution. FORSSAS also supported the Planning and Cooperation Division in aligning the internal PES to the approved *Padrões de Desempenho* (performance standards), ensuring all routine activities monitored by these standards: 1) were included in the 2015 PES; and 2) will meet the quality requirements by building out sub-activities to guarantee all needed steps are taken in execution of these activities.

## 3. Plans for Upcoming Quarter (January 1 – March 31, 2015)

This section provides an overview of the project's plans for next quarter in various IRs and sub-IRs.

### 3.1 Intermediate Result 1: Increased Effectiveness in Health Governance

#### Sub-IR 1.1: Support DAF in financial management, procurement and governance capacity

- Develop/adapt materials for provincial-level Financial Procedures Manual trainings
- Present updated performance management indicators to DAF leadership
- Organize and develop leadership and management training for senior MISAU leadership, focusing on priority financial areas
- Provide ongoing operational support to DAF, including financial statements preparation
- Support ongoing fiduciary risk monitoring appraisals and activities

#### **Sub-IR 1.2: Support CMAM in supply chain governance**

- Continue to support the use of the internal audit database and reporting improvements
- Continue to provide on-the-job training and tool/process development in support of compliance measurement and improvement and risk management
- Provide support to conduct audits in central warehouses in Zimpeto, Beira, and Adil, focusing on compliance with drug management procedures

#### **Sub-IR 1.3: Support CMAM in financial management**

- Support implementation of CMAM's financial accounting module and input of remaining FY2014 and FY2015 information; close the accountings of FY2013 and FY2014
- Support the use of e-SISTAFE to prepare monthly financial statements

#### **Sub-IR 1.4: Strengthen democracy and governance**

- Hire and onboard Sofala D&G Officers
- Plan and conduct health committee trainings in Buzi village, Guara-Guara and Bandua
- Support identification and training of activists to foster increased participation in health governance
- Support trainings for service providers on community participation legislation and the right to access to information

#### **Sub-IR 1.5: Support CMAM in procurement capacity**

- Continue to identify and implement solutions for change management, technology adoption, and user issues related to the SIP
- Implement SIP user and technical manuals
- Provide on-the-job SIP training to planning, procurement, finance, distribution, and IT staff
- Work with CMAM partners to ensure interoperability between SIP and existing systems and monitoring processes
- Develop training plan and material related to Procurement Department future-state scope and organizational structure (outputs of procurement department workload analysis)

#### **Sub-IR 1.6: Support UGEA**

- Continue to support UGEA with an embedded, local advisor to: monitor status of tenders in process; help ensure compliance with MISAU dispatch; report results; and provide operations support

### **3.2 Intermediate Result 2: Improved Management of Health Sector Financing**

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

- Submit the following policy briefs to the Taskforce: Situation Analysis; and Insurance Landscape
- Continue to provide technical assistance to health financing taskforce
- In collaboration with MISAU, draft capacity building plan for the elaboration of the health financing strategy
- Implement Situation Analysis and Resource Mobilization workshops

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

- Share final NHA report with MISAU
- Disseminate NHA findings in formal meetings/forum; present to local media as appropriate

#### **Sub-IR 2.3: Support for resource planning**

- Finalize manuals for Planning, Monitoring and Evaluation, and Health Information Systems course
- Provide MTEF training to MISAU and provincial staff
- Support the elaboration of 2016-2018 MTEF according to the new MPD methodology
- Help prepare the agenda and presentation materials for the Tenth National Planning Meeting
- Tailor planning guides for 2016 PES according to new MPD methodology
- Train MISAU staff on use of the One Health tool; provide guidance on the different types of analysis that can be performed using costing data

### **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**

- Support the Global Fund Unit to prepare and submit the Progress Update and Disbursement Requests for the Round 9 Phase II HIV and Malaria Grants, the Round 7 TFM and NFM Tuberculosis Grants, and the Round 8 Health Systems Strengthening Grant
- Support DPC to finalize the action plan of the Global Fund (and other donor/audits) recommendations related to data quality
- Continue support to DPC to manage and implement GFATM special conditions
- Continue support to World Bank Unit to prepare and submit the progress report of the Health Services Delivery Project (HSDP)

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

- Assist DPC to aggregate the information received from provinces into the QAD 2015-2019 matrix
- Support M&E staff to improve the feedback tool for information on a monthly and quarterly basis, and to monitor the implementation and elaboration of the respective balance reports of several strategic plans and indicators
- Support DIS staff to improve the *Retroinformacao* feedback tool to strengthen data quality, data analysis and monthly reporting
- Participate in in field visits related to the ACAXIV
- Assist DIS staff in the development of 2010-2014 Annual Statistical Report
- Continue to support DIS in SISMA training and implementation
- Continue support to DPC and DTIC to implement the document management software

#### **Sub-IR 3.3: Support CMAM to establish an M&E Unit and effectively manage performance**

- Onboard FORSSAS' CMAM M&E Advisor
  - Initiate support to the sector that manages CMAM projects (*Reparticao de Gestao de Projectos*)
- Carry out internal analysis (SWOT) of the Department of M&E and the division of the coordination, studies and projects
- Identify gaps in unit and organizational performance management and make recommendations for addressing gaps

### **3.4 Intermediate Result 4: Improved management and retention of health and social welfare staff**

#### **Sub-IR 4.1: Integrate and coordinate APE Program**

- Continue recruitment discussions with MISAU regarding a local APE Advisor to replace now-transitioned expat Advisor
- Finalize specific scope of work for the local advisor based on the prioritized gaps identified by MISAU and FORSSAS
- After reaching agreement with MISAU on the potential need for an additional advisor, onboard local advisor and resume support to the APE Program

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

- Continue to provide operational and technical support for the regional Social Welfare course in Maputo
- Continue to develop outstanding curriculum packages and guidance for Social Welfare and Early Childhood Educator courses
- Support MMAS to organize the provincial planning processes for the 2015 regional courses to be implemented in Maputo, Beira and Lichinga

#### **Sub-IR 4.3: Increased capacity of DPMAS**

- Continue to provide operational and technical support for the regional social welfare courses in Niassa and Sofala
- Support the DPMAS' in Niassa and Sofala to implement Action Plans to address institutional capacity
- Follow up and support the targeted DPMAS and the training institutions on the planning processes related to logistics and management of the 2015 courses
- In partnership with MMAS and IFAPA, develop the potential training plan of the short-term courses for staff capacity building for the targeted DPMAS in other identified DPMAS (Tete, Zambezia, Cabo Delgado)
- In partnership with IFAPA, develop the monitoring and follow up training plan for beneficiaries of the capacity building courses for targeted DPMAS staff
- Support costing and budgeting of activities within DPMAS provinces
- Support MMAS to strengthen its institutional liaison/partnerships with MISAU; special attention will be paid to MMAS-DRH and DF (Training Department) and MISAU- DRH and DF (Training Department)
- Support MMAS and local DPMAS' to increase institutional partnerships with targeted training institutions of Maputo, Beira and Lichinga
- Support MMAS to advocate for increased government and partner buy-in to sustainably support the competency-based training programs by building a business case documenting the potential impact from additional investments

#### **Sub IR 4.4: Strengthen and support MISAU Human Resources Integrated Planning Process**

- Support the Department of Planning and Administration in producing the MTEF, using the FORSSAS developed tools to assist in projecting cost of personnel and goods and services
- Support the production of the 2016 Allocation Plan (*Plano de Colocação*), as well as create a supplemental tool to monitor the implementation of the 2015 plan
- Guide a team from Human Resources and the National Institute of Health (INS) on how to implement the Workload Indicator of Staffing Needs (WISN) methodology, including use of the software
- Train representative from all Training Centers on the use and implementation of the pre-service training costs tool (originally scheduled for November 2014, but postponed to early 2015 – date to be confirmed)

## 4. Project Performance Monitoring (PMP)

The project's M&E component is linked with the capacity building of local counterparts to collect, report, analyze and use indicator data to measure progress against national objectives and targets. FORSSAS leverages existing technical advisors within the Ministries to capitalize on opportunities to assist counterparts with data management and use.

In alignment with national systems, the project uses the national system for its M&E data, where possible. While there are advantages to this approach in terms of long-term sustainability and country ownership, there are also disadvantages. Data is not always available in time for reporting to USAID and the quality of data is impacted by system weaknesses.

Over the past quarter, the following project indicators experienced notable improvement or achievement. Note that a revised PMP will be submitted in the coming quarter.

### **Percent of provinces that submit timely monthly reports to the APEs program at central level: 53%**

The program's counterparts in the APE Program are doing well in terms of completeness of Provincial data which stands at 87%. Timeliness stands at a monthly average of 53% for the period (60% in October 2014, 50% in November 2014, and 50% in December 2014), up from 45% in the previous quarter. Timeliness continues to be challenging and provinces cite physical access and motivation as the primary barriers and continue to request re-activation of Performance Based Incentives.

### **Simultaneous NHA production and institutionalization: 4, NHA Steering Committee has been organized to support the NHA exercise and drive the demand for data**

Despite it being an indicator with an annual reporting frequency, the value (ranked on a qualitative scale) is reported for the current quarter as it demonstrates significant progress over the past year due to the fact that the NHA analysis is largely complete and the report finalization is in progress. During the quarter, the team collected and analyzed data from health facilities, government, development partners, non-governmental organizations and households using the Health Account Production Tool. Preliminary results were presented and discussed at meetings of ministerial agencies, development partners and other stakeholders critical to the NHA process in October and again in December. All meetings were jointly chaired by MISAU and FORSSAS. MISAU, who provided comments, was pleased with the preliminary report and looks forward to understanding the policy implications of the findings when the next version of the report is shared.

### **Number of social workers and early childhood educators graduated from pre-service training program, disaggregated by sex and cadre: 90**

Following the completion of the semester in December 2014, the project successfully graduated an additional 90 students from MMAS competency-based social worker courses. These graduates represent professional development across a variety of regions, with: 28 graduates from the Central Zone (Tete, Sofala, Manica, Zambesia); 30 from the Northern Zone (Niassa, Nampula, Capo Delgado); and 32 graduates from the Southern Zone (Inhambane, Gaza, Maputo City, Maputo Province).

## 5. Success Stories

### 5.1 Unprecedented step toward local commitment to the sustainability of MMAS courses

In Mozambique, an estimated 1.6 million orphans are served by less than 250 social welfare staff from the public sector. Social workers play a critical role in strengthening the health and well-being of communities and especially of vulnerable populations. However, assessing and addressing the needs of the social welfare workforce requires prioritized investment, an investment which had not previously been made by Ministry stakeholders.

In response, FORSSAS staff worked closely and consistently with MMAS to encourage the incorporation of a line item targeted toward social welfare workforce development into the Ministry's annual budget. This year, for the first time ever, the MMAS Director of Human Resources advocated for this line item. As a result, MMAS budgeted a small amount for competency-based training activities but plans to increase the budget year over year. The MMAS-contributed portion of the 2015 budget for the activity is approximately 400,000 meticaís (12,500 USD).

This is the first major contribution by MMAS to these courses and represents an unprecedented demonstration of local commitment to this workforce and an acknowledgement of the value added by the courses. Since the donor funding will decrease following the end of the project, this commitment is also an important step toward country ownership and sustainability of the development of human resources for health.

## Annex 1: Indicator Measurement Matrix

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY15 Q1)	Comments
1	Payment processing lead time (days) ( <i>Disaggregated by DAF vs. CMAM Finance and by type of invoice: routine goods and services, construction and equipment</i> )	= Invoice payment date - Date of invoice receipt	Accounting Division(s) Files and Payment Vouchers	Quarterly	12.7 days (Operational expenditures) 19.7 days (Investments and capital purchases)	To be reported FY15Q2	
2	Percent of payments that arrive to RCPC with complete documentation, ( <i>RCPC measures DAF performance; CMAM performance will be measured by percentage of complete processes</i> )	=(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	To be reported FY15Q2	
3	Completion percentage of planned audit activities (CMAM Internal Audit)	= (Total number of activities completed/Total number of activities planned)*100	IA Annual Plan	Semi-annually	91% (20/22) (2013)	N/A	Figure reported semi-annually though current quarter's value is 87%
4	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	Procurement Information Management System (PIMS) (beginning	Annually	Public Tender: 225 days (Oct '12- Jan '13) Direct Award:	Public Tender: 130 days (Oct '13 – Oct '14) Direct Award:	

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY15 Q1)	Comments
		to launch public) Direct Tender = (Date of award confirmation notification) - (Date of request approval for contracting using exceptional regime)	November 1, 2013)		47 days for (Oct '12- Jan '13)	39 days (Sep '13 – Sept '14)	
5	Revised <i>Reglamento Internal</i> delivered and approved (Ranked on a scale)	Scale <sup>2</sup>	FORSSAS SCM Advisor	Quarterly	1 (Oct '13)	3	Reglamento Internal is approved by CMAM and implementation is initiated (Estatuto approved and new Director hired)
6	% 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	In April 2015, values of budget expenditure will be available for calendar year 2014
7	Health Financing Strategy Implementation Plan Documented/Implemented	Scale <sup>3</sup>	Project Quarterly Reports	Quarterly	0 (Dec '12)	1	Health financing specialist recruitment in process. Situation

<sup>2</sup> 0 = *Reglamento Internal* does not exist and is not under development; 1 = *Reglamento Internal* is under development but not yet approved; 2 = *Reglamento Internal* is approved by CMAM and Minister of Health; 3 = *Reglamento Internal* is approved by CMAM and implementation is initiated; 4 = Implementation of approved *Reglamento Internal* is complete

<sup>3</sup> 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

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY15 Q1)	Comments
	(Ranked on a scale)						analysis and landscape analysis studies in progress.
8	Simultaneous NHA production and institutionalization (Ranked on a scale)	Scale <sup>4</sup>	NHA reports; NHA institutionalization plan	Annual	2 (Dec '12)	4	Phase of concluding NHA analysis and report in progress
9a	# 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 Agreement(s)	Global Fund Condition Tracker, Global Fund Management Letters	Semi-annual	50% (2/4) (Jan-Sep '12)	To be reported FY15Q2	
9b	# and % of GF special conditions met (and approved by LFA) in the area of M&E				54% (7/13) (Jan-Sep '12)	To be reported FY15Q2	
9c	# and % of GF special conditions met (and approved by LFA) in the area of Procurement				50% (6/12) (Jan-Sep '12)	To be reported FY15Q2	
10	# 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	Date of submission for each PUDR	Quarterly	3 (33%) (Sep 11- Sep 12)	N/A	No PUDRs submitted during the reporting period

<sup>4</sup> 1 = NHA team not been established and no institutional home for NHA; 2 = NHA team and institutional home for NHA have been identified; data collection has not commenced; 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; 4 = NHA Steering Committee has been organized to support the NHA exercise and drive the demand for data; 5= NHA institutionalization plan has been drafted

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY15 Q1)	Comments
		reporting period					
11	# 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)	73%	This indicator's performance very slightly declined from the July - September period (73% versus 74%).
12	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	Local training institute reports	Quarterly	0 (Dec 2012)	90	Social worker course graduates this quarter came from the central, northern, and southern zones
13	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)	53% (Oct 60%; Nov 50%; Dec 50%)	The Program is doing well in terms of completeness of Provincial data which stands at 87%. Timeliness stands at 53% (Oct 60%, Nov 50%, Dec 50%), up from 45% in the previous quarter. Timeliness continues to be challenging and provinces cite physical

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY15 Q1)	Comments
							access as the primary barrier as well as motivation and continue to request re-activation of Performance Based Incentives.
14	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 <sup>5</sup>	Project reports and PES	Annual	0 (Dec 2012)	2	Agreement exists between MMAS and MISAU for the use of training institutes; a budget of 400,000 MTN earmarked but not yet distributed to the program

<sup>5</sup> 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