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MOZAMBIQUE FORSSAS

HEALTH AND SOCIAL WELFARE SYSTEMS STRENGTHENING

QUARTERLY TECHNICAL PERFORMANCE REPORT: Fiscal Year 16, Quarter Two

January 1-March 31, 2016

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Acronyms

AOP	Annual Operational Plan
APE*	Community Health Worker (<i>Agente Polivalente Elementar</i>)
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>)
DPGCAS*	Provincial Directorates of Gender, Children, and Social Welfare (<i>Direcção Provincial da Género, Criança 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>)
MGCAS*	Ministry of Gender, Children, and Social Action (<i>Ministério do Género, Criança e Acção Social</i>)
MISAU*	Ministry of Health (<i>Ministério de Saúde</i>)
MPD	Ministry of Planning and Development (<i>Ministério da Planificação e Desenvolvimento</i>)
MTEF	Medium-Term Expenditure Framework
NHA	National Health Account
NFM	New Funding Mechanism
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>)
TFM	Transitional Funding Mechanism
UFGF	Global Fund Management Unit (<i>Unidade de Gestão do Fundo Global</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 Gender, Children, and Social Welfare (MGCAS) 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 January 1, 2016 through March 31, 2016. We have highlighted key quarterly achievements below and in the report narrative.

During the quarter, FORSSAS experienced important progress across all project work streams. In IR1, a major result for the quarter was the finalization of the *Conta de Gerência 2015* with support from the FORSSAS technical team. CMAM will present the report to the *Tribunal Administrativo* in the upcoming quarter. This is the first time in CMAM's history that the annual financial report was prepared and presented, contributing to the growing compliance with Government legislation.

In IR2, the Health Financing Advisor delivered presentations on the health financing strategy (HFS) document to key partners, during meetings held at the Medicus Mundi offices, the Spanish Corporation, and for the PIMA Technical Group at MISAU. FORSSAS continued to share the draft HFS at various MISAU forums to solicit more strategic insight and inputs. Further, FORSSAS finalized and submitted the NHA report to MISAU. The project coordinated printing needs, and we will disseminate the report next quarter.

In IR3, FORSSAS technical staff continued to support the improvement of data quality tools for provinces by developing guidelines for DPC/DIS. The team also assisted the M&E staff at DPS to improve data collection for calculating indicators and project reporting, and used the data to develop the annual 2015 report.

Under IR4, FORSSAS continued to support development of the social welfare workforce through ongoing medium-level social welfare courses at the central and provincial levels. Thirty-four students started the course at the beginning of the semester at Instituto de Ciencias de Saude de Maputo (ICSM). Enrolled students are from three of Mozambique's southern regions, including Inhambane, Maputo, and Gaza. Also during the quarter, COWI consultants began the evaluation for TAS courses implemented in Maputo, Beira, and Lichinga.

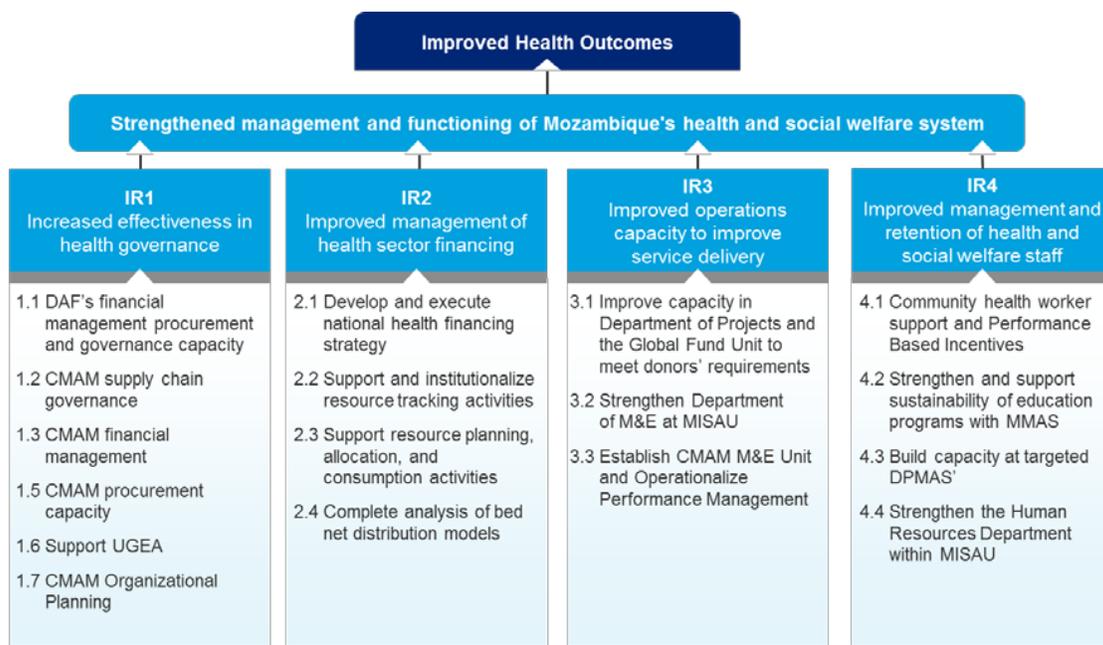
As the project enters into its last three months, FORSSAS is working to institutionalize the processes and strategies developed since the project's inception and proactively prepare for project closeout activities. Close collaboration with USAID and the Government of the Republic of Mozambique (GRM) will enable the continuation of project best practices to take root over the next few months and into the future.

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 GRM to address constraints to the health and social welfare system, in order to 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 (IR) 1: Increased Effectiveness in Health Governance

Through implementation of activities under IR1, the project supports MISAU and USAID strategic goals to strengthen capacity within procurement, internal audit, and financial management functions. IR1 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

FORSSAS continues Financial Procedures Manual post-training coaching: During the quarter, FORSSAS conducted two mini-courses to train financial advisors on updated procedural and documentation conformity for financial processes at the central level. Twenty-five (25) participants attended the training from several cost centers (CMAM, DAF, DRH, etc.). If needed, the project team will organize additional mini-courses in the next quarter to accommodate any participants that were not able to attend the trainings. This event is low cost for the project, as trainers are from DAF and the venue is at the MISAU facilities. Advisors posted job aids within the Cost Center accounting sectors to supplement training content and provide easily accessible guidance. Advisors also distributed job aids in desk format, at the request of DPS Manica. Lastly, we distributed job aid posters at DAF trainings throughout Maputo Province, which further reinforced the training guidance.

FORSSAS Plans for PFM Workshop in DPS Manica: The pilot supports and monitors implementation of the Provincial Finance Manual (PFM) and shares results and experiences with other DPS offices in order to standardize replication of PFM rollout. Since pilot launch, FORSSAS and DAF have detected three main weaknesses at the provincial level: (i) Alignment of PES, Budget and *Execução Orçamental* and use of *Planos de Tesouraria* for appropriate financial programming; (ii) e-SISTAFE reconciliation and financial reporting on a timely basis, and (iii) use of performance indicators in financial management. DAF would like to host a workshop in Maputo for the four future DPS PFM rollout sites before the end of FORSSAS. However, the required preparation activities demand more time than previously expected. There is a concern from the FORSSAS team that the workshop in Maputo will not occur in time with the project ending in early July. The DPS Manica team will meet with the central level at the end of April 2016 to discuss progress and next steps towards hosting the workshop.

Strengthening the performance management (PM) system at DAF: The project continued to build capacity to drive the collection, analysis, and use of financial management indicators. FORSSAS worked with DAF to execute the action plan created to resolve collection and quality issues and calculate indicators on a regular basis. With support from the team's database consultant, FORSSAS continued to prepare data in a timely manner to inform indicator calculations. FORSSAS field advisors reviewed the presentation model in February with the Home Office team, and the team is working to calculate the KPIs for 2015 and the first half of 2016. Unfortunately, RCPC had challenges with providing KPI indicator data on time for the quarterly report, due to issues with the accounting database at DAF. FORSSAS will only be able to provide RCPC results from CMAM for this quarter.

Strengthening DAF's ability to manage externally-funded projects (particularly Global Fund grants): The FORSSAS Financial Management Advisor to the Global Fund Unit (GFU) continued ongoing support to strengthen financial accounting and reporting within the Unit. The project presented DAF leadership with recommended strategies to improve monthly financial reporting, which are now being

implemented. Moving forward, DAF will send financial reports to DPC formally, and will share and review reported data collectively between both directorates. Progress is underway towards reconciling DAF data downloaded from e-SISTAFE and PMU data using FAMF (*Ferramenta Auxiliar de Monitoria Financeira*).

Providing tactical support to *Repartição de Contabilidade e Prestação de Contas*:

FORSSAS continued to support the complex issues related to e-SISTAFE reports. The project supported e-SISTAFE reporting, as well as budget execution reporting from January-March 2016. The project also supported RCPC staff in the use of more advanced functions in Microsoft Excel and assisted the DPSs of Manica and Sofala to adjust the *Base de Contabilização* report for funding sources and cost centers. Finally, FORSSAS assisted with tasks related to the flow of funds and disbursements of the PROSAUDE audit by *Tribunal Administrativo* in DAF and *Direcção Nacional do Tesouro*.

Ongoing operational support to DAF: FORSSAS advisors continued to provide ongoing, ad-hoc support to various areas of DAF at the request of DAF leadership. The main support provided during this reporting period were related to accounts payable and financial commitments from DAF, CMAM, UGEA and the DPC-Infrastructures Department. FORSSAS supported DAF with presentations to MISAU leadership (*Colectivo, Consultivo* and *Conselho Técnico*) on budget execution for the first quarter of 2016 and began implementing a solution to improve an existing DAF Excel accounting tool. The FORSSAS team is working with DAF to operate the solution independently, as it will go live before the end of the project in July.

Sub-IR 1.2: Support CMAM in supply chain governance

FORSSAS support to this work stream is now complete.

Sub-IR 1.3: Support CMAM in financial management

Supporting CMAM's financial accounting module: FORSSAS has continued to support several activities pertaining to CMAM accounting, including:

- The bank reconciliation status summary, which will be presented monthly to the Director of CMAM;
- Coaching for Primavera accounting software; and
- Monthly revision procedures for monthly accounts.

During the quarter, the project finalized the validation of 15 customized Primavera reports. The Primavera consultant continued to finalize the improvements requested. The creation and use of these reports will be a step toward greater data and information use for financial decision-making at CMAM. The project continued the *Processo Administrativo* (PA) closing procedures—for both physical and e-SISTAFE vouchers—for 2014 and 2015 Government and PROSAUDE funds. Finally, the project continued drafting the adaptation of DAF's PFMSOP for CMAM's accounting needs. A major result for the quarter was the finalization of the *Conta de Gerência 2015*, with support from the FORSSAS technical team. CMAM will present the report to the *Tribunal Administrativo* in the upcoming quarter. It is the first time in CMAM's history that the annual financial report was prepared and presented, contributing to the growing compliance with Government legislation. CMAM will continue to pursue this path, which will create better overall accountability and financial transparency for the Directorate.

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

Democracy and Governance (D&G) component for Buzi and Caia Districts discontinued: In February 2015, FORSSAS received a termination of convenience notification from USAID related to all D&G activities. These activities are permanently discontinued under the cooperative agreement and will not be resumed.

Sub-IR 1.5: Support CMAM in procurement capacity

Second round of SIP training completed with CMAM Procurement Department: FORSSAS conducted follow up training and capacity building to maintain the knowledge and competence of the team on the procurement system (SIP). All members of the Procurement team participated, which enabled the CMAM team to optimize use of the new system and improve productivity.

SIP reports finalized: FORSSAS developed, deployed, and finalized reports requested by the users. The reports furnish users and management with pertinent information that is necessary for operations and strategic decision-making.

SIP integration with Central Tool (*Ferramenta Central*) deployed and finalized: The FORSSAS procurement advisor deployed and finalized services to link the SIP with the Central Tool. FORSSAS conducted factory and user acceptance testing with all stakeholders involved. Users also implemented and deployed the tool on the CMAM server. This intervention is essential to enable the Central Tool to access information pertaining to all procurement related processes, while furnishing SIP with current master data from the Central Tool.

Log File Management and Issues Resolution: The FORSSAS advisor created a template for reporting SIP-related support issues for users, which they completed and submitted throughout the period. The process included classification of issues within the submitted log files based on their complexity. The advisor reported estimated resolution dates to resolve all issues in a timely fashion. Creating the log file was essential to document user challenges in order to optimize the system and/or build user capacity.

Sub-IR 1.6: Support UGEA

FORSSAS support to this work stream is now complete.

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

FORSSAS support to this work stream is now complete.

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 optimize 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

Health Financing Strategy (HFS) presented: The project submitted the first version of the Health Financing Strategy (HFS) to MISAU – DPC in December 2015. During the first quarter of 2016, the FORSSAS Health Financing Advisor delivered presentations on the HFS to key partners, during meetings held at the Medicus Mundi offices, the Spanish Corporation, and the PIMA Technical Group at MISAU. FORSSAS continued to share the draft HFS at various MISAU forums to solicit more strategic insight and inputs. On March 24, the FORSSAS Health Financing Advisor attended a retreat on health insurance held in Matola city, where he presented a status update on the HFS. At the retreat, the project learned that GRM mandated the creation of an inter-ministerial technical group to analyze and propose a health insurance model for civil service. However, the purpose of the new health insurance analysis is to provide a more comprehensive review of universal health care access—as per WHO recommendations—and aligning it with the HFS.

Aligning health insurance recommendations with HFS: FORSSAS prepared for next steps of the HFS, primarily to align the recommendations for health insurance with those of the HFS. Next quarter,

FORSSAS will present updated drafts to MISAU (Minister and Permanent Secretary) for consideration and subsequent submission to GRM.

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

National Health Accounts (NHA) submitted: FORSSAS finalized and submitted the NHA report to MISAU. The project coordinated printing needs, and will disseminate the report next quarter. FORSSAS plans to circulate the report at the central level and to all partners that were involved in the drafting process, highlighting the study's importance and political influence for GRM and the health sector.

Progress made towards institutionalization of NHA: The FORSSAS project moved further toward institutionalization of the NHA. MISAU has assumed responsibility for conducting the NHA exercise regularly and included NHA activities in the PES 2016 budget. The next NHA will cover 2014-2015, and MISAU solicited Abt Associates to fund the study in coordination with WHO. FORSSAS advisors are currently assisting this effort, and remain integrated with MISAU staff to support this activity. There are ongoing conversations to determine activity timelines, and the official NHA release date has still not been set. FORSSAS also helped plan the training for personnel who will be involved in the next NHA exercise.

Sub-IR 2.3: Support for resource planning

Expenditure reports and adjustments developed: FORSSAS continued to support DPC with PES 2016 expenditure breakdowns, in accordance with PES rubrics. Advisors helped to make budget adjustments for cost centers to align them with budgets for the central organs of the MISAU. FORSSAS provided support to the MTEF 2017-2019 proposal for central MISAU organs, along with related justifications for projected needs for the triennium. The project also elaborated the preliminary PES 2017 matrix, and submitted it to MEF along with the MTEF 2017-2019 proposal. FORSSAS provided support to the joint DPC-DAF team with adjustments for budget reallocation for State Budget funds (*Orçamento Central*) and Prosaude, for economic year 2016, and for MISAU cost centers and programs. Project advisors also reviewed and updated the Manual for Planning, Monitoring and Evaluation, and SIS, to train central, provincial, and district level staff.

2.4 Bed Net Business Case Analysis (BCA)

FORSSAS completes analysis: During the quarter, FORSSAS completed analysis on additional data received from the provincial level for use in the bed net business case analysis. FORSSAS is now in the process of finalizing the report.

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 donor requirements

FORSSAS is supporting MISAU (DPC) to assume leadership to incorporate Global Fund, PEPFAR, and other program indicators into its information systems (SIS) to produce routine information. A key responsibility is leading the response to Special Conditions established by the Global Fund. During the quarter, FORSSAS supported the following activities:

Monitoring the performance of Global Fund NFM and HSS grants: FORSSAS supported the Global Fund Unit (GFU) to prepare and submit the 1st semester PUDR NFM and HSS. FORSSAS technical staff also supported the GFU to monitor grants performance and facilitate progress toward issuing the New Funding Model (NFM) for HIV, Malaria, and TB, and of the Round 8 Health Systems Strengthening grants.

Monitoring the Global Fund (and other donor/audits) recommendations related to data quality: FORSSAS continued to assist and prepare the list of indicators of NFM and HSS, to be included in the SISMA. The project also supported DPC to manage and implement management actions related to M&E.

Managing and implementing Global Fund special grant conditions: FORSSAS technical staff continued to support the Global Fund Unit (GFU) and health programs to clear outstanding special conditions.

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

FORSSAS technical staff continues to support the improvement of data quality tools for provinces: During the quarter, the project drafted guidelines for DPC/DIS to provide quality feedback on monthly data to provinces. FORSSAS provided draft guidelines to the head of DPC/DIS. Once final approval is given, the activity will be complete. FORSSAS also continued to support DIS staff in providing monthly feedback to provinces. Support focuses on the data analysis component, and on the need to validate data through regular meetings for the respective programs.

FORSSAS technical staff continues to support implementation of the national health information system: MISAU did not initiate the evaluation of standard SISMA reports due to the postponement of SISMA implementation (replacing “Modulo Básico”). MISAU has not yet rescheduled the new implementation date. FORSSAS also evaluated monthly reports produced by SISMA to ensure completeness and adequacy of PES, PARI, QAD, and PQG data. The guidelines that FORSSAS already developed will serve as the design requirements for SISMA standard reporting, and will replicate the existing *Retroinformação*. A complete list of the indicators was included in *Retroinformação* /QAD and the Annual Report. The project provided technical notes and details, including a description of the purpose of indicators, how indicators are calculated (numerator/denominator), data sources, and responsible programs/sectors at the Ministry of Health.

FORSSAS staff provides technical assistance to DPS M&E Units: FORSSAS assisted M&E staff to improve data collection for implementing indicators (PES, PARI, PQG) and projects (UFG and UBM), as well as elaborate monthly PES and PARI balance reports. The project helped develop and disseminate the annual QAD 2015-2019 report. The team revised facilitator and participant guidelines for the training program on Planning, M&E and SIS for the health sector (central level), which are still underway. DPS hired a consultant, and FORSSAS shared documents and information to assist with their onboarding.

FORSSAS, along with the new Consultant, assisted and supported M&E staff in preparation of the ACA XVI final report. Additionally, the team supported the collection of all necessary documents for meetings scheduled with PIMA and Health Programs. These activities are ongoing and we expect to finalize them by the end of April 2016. The project also prepared the list of priority health indicators to be included in an upcoming statistics publication. Lastly, FORSSAS completed a brochure that reports on the Health sector’s performance during the 40 years since the country’s independence (1975-2015). MISAU approved the document and delivered it to the Minister Cabinet.

Sub-IR3.3: Support CMAM to establish an M&E unit and effectively manage performance

FORSSAS has resumed ongoing support to the CMAM M&E Department by working with the M&E Department Chief to accelerate indicator calculations and to improve data collection techniques in Excel. These activities strengthen CMAM information systems, which in turn, strengthen CMAM's capacity to make evidence-based decisions.

Testing the Monitoring Plan for CMAM: The major activity for this quarter was testing the Monitoring Plan for CMAM. Of the 36 indicators presented to the CMAM Directive, 26 were maintained. Compared to the indicators of the 2015 M&E plan, 8 were removed, 2 were grouped together, 10 were changed, 10 were added, and 6 remained the same. The old indicators served as a starting point to measure CMAM operations, but as operations have grown in complexity and more information has become available, CMAM developed the new approved indicators to better quantify the performance of CMAM operations. Of the 20 new or changed indicators, 13 have been fully tested and the other 7 are in progress.

Revised Planning Department Indicators: Concerning the revised set of Planning Department indicators, the M&E officer and the M&E Department head collaborated with the Planning Department to confirm the calculation methodology and define the goal for each indicator. The M&E Officer and M&E Department head conducted the same process for Procurement indicators. The M&E department head also collaborated with the systems developer to ensure information was available to conduct required analysis. The M&E officer then tested the calculation of the new indicators with the M&E Department.

Revised Distribution Indicators: Regarding Distribution indicators, the testing process included collaborating with partners to extract data from various information systems, establishing the calculation methodology with the CMAM department and partners, and analyzing the results with the M&E Department. CMAM tested several key distribution indicators successfully to complete the chain that measured quantity requested to quantity delivered. While testing the Distribution systems, many data quality problems related to the current systems were uncovered, which the M&E Department chief is working to resolve through discussions with the department and partners.

Two new indicators that compare distribution and consumption of malaria drugs and rapid tests for malaria are of interest to various partners. The M&E officer received support from partners to define the calculation methodology and is now testing the calculation with the M&E Department.

Testing Finance Indicators: Concerning Finance indicators, the M&E officer and the M&E Department head collaborated with the department and FORSSAS colleagues to establish the calculation methodology to ensure the existence of pertinent information. The M&E officer then tested the calculation of the new indicators with the M&E Department.

As we continue this process, the FORSSAS M&E Advisor is updating the technical notes, for use during the capacitation workshop. The M&E Officer also provides day-to-day support for indicator calculations and developing graphs and presentations within Excel. Additionally, the M&E Officer trains other members of the M&E Department on the use of tools created in previous trimesters, so that the related activity is not dependent on just one member of the Department.

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 and Human Resources Development (2008-2015) and the Human Resource Strategy for MGCAS.

Sub-IR4.1: Integrate and coordinate Community Health Worker (APE) Program

FORSSAS support to this work stream is now complete.

Sub-IR4.2: Strengthen and support sustainability of educational programs with MGCAS

First semester of 2016 started in Maputo: Thirty-four (34) Level 5 Social worker (TAS) students started the first semester of the medium-level course at Instituto de Ciências de Saúde de Maputo (ICSM) during the quarter. The enrolled students are from all provinces in the southern region of Mozambique (Inhambane, Maputo, and Gaza). MGCAS was not able to create one class per region of 35 students, due to limited registration, so they grouped students from each province in one Southern regional class. The training institution (ICSM) has administrative, human resources and institutional capabilities to implement the EI and TAS courses for the upcoming periods in Mozambique.

Finalized Early Childhood Educator curriculum guidelines: The local EI Technical Working Group finalized guidelines for the Level 5 EI package. Approval of the guidelines package is still pending the PIREP.

Continue developing curriculum guidelines with the Social Welfare Technical Working Group: The group of TAS consultants developed the guidelines for Level 3 and 4 packages. We expect final guidelines for these packages during the next quarter. We intend these guidelines to serve as supplements to the required curriculum packages, which are complete. PIREP approvals for these curriculum packages are still pending, due to internal processes with the authorizing parties.

Supporting sustainability of MGCAS courses: The project worked with MGCAS to incorporate a targeted budget to support sustainable financing for the courses.

New MGCAS organizational structure and staff changes: FORSSAS proactively monitored MGCAS staffing changes to mitigate potential risks. Although changes occurred within MGCAS and DPGCAS, the FORSSAS points of contact at the Human Resources Department and training department have not changed. The provincial directors within Niassa, Zambézia, Tete and Manica recently changed; however, this change of personnel will not interfere with project activities.

Sub-IR4.3: Increased capacity of DPGCAS

First semesters of decentralized TAS Level 5 courses started in Sofala and Niassa: Two Level 5 social welfare courses started their first semesters in Sofala and Niassa provinces. The new curriculum developed by FORSSAS consultants is the foundation for these courses. Thirty-three (33) students from the Northern region of Mozambique are enrolled in Lichinga-Niassa at *Centro de Formação de Saúde de Lichinga* and thirty-five (35) students from the central region are enrolled in Beira-Sofala at *Instituto de Ciências de Saúde da Beira*.

Sub-national capacity building expands to three additional provinces: FORSSAS expanded its provincial capacity building activities in the area of social welfare management to three other DPGCAS in Tete, Manica, and Zambézia, resulting from a direct request from MGCAS, and due to the success of trainings for DPGCAS staff in Niassa and Sofala.

For each DPGCAS (Tete, Zambézia and Manica), FORSSAS presented a needs assessment report, including the proposed modules for short training courses for staff. The Maturity Model specific action plans validated by the representatives from the MGCAS and DPGCAS accompanied this report. The *Instituto de Formação em Administração Pública e Autárquica-Beira* (IFAPA-Beira)—the training institution for public servants with past experience in building DPGCAS capacity—was once again selected to implement all the logistics and short training courses to build capacity of these selected DPGCAS from the central region of Mozambique. To assure implementation of short courses to build staff capacity from these three DPGCAS, FORSSAS will support IFAPA-Beira and the DPGCAS to carry out all proposed activities under the short courses.

External evaluation process for 2012-2014 TAS courses implemented in Maputo, Beira and Lichinga by COWI: During the quarter, COWI consultants began the evaluation process. The evaluation began after FORSSAS approved the activities plan, completed the literature review, and refined the analysis of data collection tools and methodologies.

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

Budget planning tool implementation and training continues: FORSSAS supported DRH to implement the budget planning tool for the PES 2016 and conduct on-the-job training for counterparts in the Planning and Cooperation Section (RPC), the Monitoring and Evaluation Section (RMA) and the Accounting and Administration Section (RAA). Using pivot tables, we were able to create the annual treasury and cash flow projections by activity and budget code, uncover small errors in budget estimates, and deliver a high-quality result to DPC and DAF. Along with RAA and RPC counterparts, FORSSAS updated the cost tables for the 2017-19 MTEF and continued to build their capacity in the areas of planning, projecting and budgeting through regular, hybrid working-training sessions.

Completion of expenditure, payroll, and budget reporting in support of DRH leadership decision-making: FORSSAS advisors worked with REI to complete a payroll analysis of new subsidies paid to medical doctors and dentists in 2015 to present the cost of implementation of the *Estatuto do Médico na Administração Pública*. We also provided this analysis to MEF to justify the large increase in salaries and remunerations between 2015 and 2016, when the cost of the new law was included in the salary line item.

The team also worked with RAA to finalize the annual report on expenditures and budget execution for presentation to DRH leadership and inclusion in the DRH annual report. This report also served as inputs to improve the cost projections of the MTEF 2017-2019.

Supported the Directorate with the creation of the new Strategic Plan for Human Resource (PNDRH) by supplying, organizing and analyzing data for the workforce projections, as well as costing the projections. Additionally, contributed to the logical framework for building out the strategic objectives and activities of the plan.

- Please note that as of January 2016, the HR Advisor assumed the role of Project Director and supported DRH at a reduced level.

3. Plans for Upcoming Quarter (April 1- June 30, 2016)

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

- Support DAF to interpret performance indicator results and suggest actions for continuous process improvement.
- Support the improvement of DAF's Excel database. This is a major activity for the period, as the project aims to support DAF with an improved accounting tool.
- Prepare and provide post-training coaching for SOP implementation through hands-on mentorship and in-service instruction for priority areas:
 - Schedule two field visits to support the DPS of Manica.
 - Apply the tool for appraisal and evaluation of Financial SOP implementation in different health institutions within DPS Manica.
 - Provide in-service trainings at the central level.
- Support finalization of the Global Fund external audit and prepare monthly payment reports for the period using the formal and informal approach approved by DAF leadership.
- Provide ongoing operational support to DAF, including financial statements preparation, fiduciary risk monitoring appraisals, and support to implementation of in-house financial software.
- Support RCPC and REOC sectors of DAF.

Sub-IR 1.2: Support CMAM in supply chain governance

- FORSSAS support to this sub-IR is now complete.

Sub-IR 1.3: Support CMAM in financial management

- Support 2016 accounting.
- Continue support to implement CMAM's financial accounting module Primavera and bank reconciliation monthly reports. Conduct an in-service training for the close out of the accounts, which is one of the most complex procedures of the Primavera system.
- Finalize Primavera customized financial reports and conclude Primavera contract.
- Initiate and support CMAM implementation of the new Primavera modules (*Office extensions and Gestão de Contas-Correntes*) due to begin in April.
- Continue to adapt CMAM PFM SOPs.
- Support the use of e-SISTAFE to prepare monthly financial statements. The new Accounting Officer will complete the training at DAF and will have responsibility to ensure the completion of monthly financial statements.
- Continue efforts to institutionalize performance indicators in the CMAM finance sector.

Sub-IR 1.4: Strengthen democracy and governance

- In February 2015, FORSSAS received a termination of convenience notification from USAID related to all D&G activities; these activities are permanently discontinued under the cooperative agreement and will not be resumed.

Sub-IR 1.5: Support CMAM in procurement capacity

- Continue to support Log File Management and resolve issues with the program.
- Continue to review complete SIP support issues submitted, and resolve issues.
- Continue to check and maintain SIP interface with SSI and the Central Tool to ensure that

integration with pertinent systems continue to function as anticipated.

Sub-IR 1.6: Support UGEA

- FORSSAS support to this sub-IR is now complete.

Intermediate Result 2: Improved Management of Health Sector Financing

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

- Continue to provide coordination support to develop the health financing strategy.
- Develop recommendations for EFSS appropriation and follow-up trainings for MISAU staff.

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

- Support MISAU with printing and distribution of the NHA 2012 Report to all relevant health sector entities involved in the development process. In doing so, the project will highlight the importance of the report on overall government and health sector policy.

Sub-IR 2.3: Support for resource planning

- Continue trainings for MISAU technical staff in the use of the PES monitoring and budgeting tool, and its alignment with OneHealth tool methodologies. Trainings will focus on the budget planning process and the various types of available analysis using costing data.
- Support DPC in agenda and material preparation for the RNP 2017, as part of the 2017 budget planning exercise. We will also help prepare materials for the Health Council Coordinator.
- Support DPC in the elaboration of the PES 2017 and related budgeting activities.
- Continue to strengthen the coordination between DPC, DAF, and other programs in order to enable better planning of resources, transparency and accountability.
- Monitor the specific MEO application process for additional health sector programs and fiscal frameworks under the new Government program structure.

2.4 Bed Net Business Case Analysis (BCA)

- Finalize business case analysis report on the mosquito bed net distribution model, including recommendation(s).
- Present final business case analysis reports on mosquito bed net distribution model to key stakeholders.

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 DPC to monitor the Global Fund and other donor/audits recommendations related to data quality.
- Support DPC to manage and implement Global Fund agreed and management actions.

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

Continued improvement of data quality tools for provinces:

- Support and assist DIS staff with the monthly provision of feedback to provinces, mainly concerning the data analysis component.
- Provide mentorship and technical assistance during the validation and feedback processes for monthly data, in conjunction with program counterparts.

Continued support for health information system implementation:

- Support the roll-out and maintenance of the SISMA.
- Evaluate the quality of monthly reports produced by SISMA to ensure completeness and adequacy of PES, PARI, QAD, PQG, and projects (UFG and UBM).
- Follow up on the development of standard reporting for replication of the existing Retroinformação into SISMA.
- Participate in the International DHIS 2 Academy.

Continued technical assistance to MISAU M&E Department:

- Support the development of monthly reports for PES, PARI, and QAD I quarterly report for QAD 2015-2019.
- Continue to participate in the development of the final ACA XV report due by the end of April 2016.
- Develop guidelines for the elaboration of annual national and provincial statistical reports, based on observations made over the life of the product.

Sub-IR3.3: Support CMAM to establish an M&E Unit and effectively manage performance

- Finalize testing of the new indicators.
- Train personnel on new indicators, including Excel techniques.
- Develop SOP for M&E Department.
- Finalize the dashboard for each department to measure progress on the PELF.
- Continue to update the dashboard on identified critical indicators for proactive action and incorporation in Regular Meetings (*Colectivos*).
- Build a mechanism to incorporate SOH data in the *Notificação Obrigatória*.

3.4 Intermediate Result 4: Improved Management and Retention of Health and Social Welfare Staff

Sub-IR4.1: Integrate and coordinate APE Program

- FORSSAS support to this sub-IR is now complete.

Sub-IR4.2: Strengthen and support sustainability of educational programs with MGCAS

- Support MGCAS lobby and advocate funding for its competency-based curriculum and related certification processes, especially with PIREP/COREP.
- Support MGCAS coordination with MISAU and DPGCAS to monitor the TAS level 5 courses in Lichinga, Beira, and Maputo for the 2016 academic year.
- Finalize Level 3 and 4 curriculum package guidelines for Social Welfare courses.
- Finalize the COWI external evaluation of 2012-2014 TAS level 5 courses implemented in Maputo, Beira and Lichinga.

Sub-IR4.3: Increased capacity of DPGCAS

- Provide operational, technical and administrative support for the regional TAS level 5 courses implemented in Lichinga and Beira during the first semester of 2016.
- Support DPGCAS in Niassa and Sofala to implement and incorporate activities within their capacity

building development action plans (designed under the Maturity Model needs assessment) to address the identified gaps at each DPGCAS in 2013.

- Develop the staff capacity-building program, in partnership with MGCAS, and IFAPA-Beira, through short courses to address identified gaps with the staff at the selected DPGCAS (Tete, Zambézia and Manica).
- Support development and monitoring of the short training courses, which we will implement in partnership with IFAPA-Beira.
- Support MGCAS to strengthen its institutional liaison/partnerships with MISAU, especially MGCAS-DRH and DF (Training Department) in response to the formal request from MISAU to incorporate future MGCAS training activities for the next five years.
- Support MGCAS and DPGCAS to increase institutional liaison/partnerships with local DPS and targeted training institutions (health training institutions and IFAPA and or existing universities) from Maputo, Beira and Lichinga and other provinces, such as Manica, Tete and Zambézia.
- Perform follow-up site visits to Niassa and Sofala DPGCAS to strengthen their institutional capacity for partnerships with TAS training institutions and other stakeholders within the TAS level 5 implementation. Provincial DPGCAS need to promote activities that involve exchange of their experiences and lessons learned within the implementation of TAS courses.
- Support MGCAS and DPGCAS to increase institutional liaison/partnerships with local partners/entities such as Direcção Provincial de Saúde (DPS) and targeted training institutions (health training institutions and IFAPA and or existing Universities) from Maputo, Beira and Lichinga.

Sub IR 4.4: Strengthen and support MISAU human resources integrated planning process

- Please note that as of January 2016, the HR Advisor assumed the role of Project Director and supported DRH at a reduced level. As the project enters its last quarter of implementation, support to DRH will continue to decrease in April and cease completely by the end of May to allow time for project closeout activities.
- Support Directorate to finalize the new Strategic Plan for Human Resources (PNDRH), meeting with Directorate leadership ministry-wide to share preliminary HRH projections, and receive feedback to finalize the projections.
- Support RPC to organize, clean, and analyze the data collected for the 2017 Allocation Plan, and to submit the final plan for approval. Time-permitting, FORSSAS will also collaborate with the HRIS implementing partner at DRH to systematize the data collection process needed for the allocation plan, in order to build long-term sustainability.

4. Project Performance Monitoring (PMP)

The Project PMP was developed based on the principles of harmonization and alignment with the national M&E system. Notable indicator results for the reporting period are listed below.

- **Payment processing lead time/Percent of payments that arrive to RCPC with complete documentation:** CMAM saw improvements for both RCPC indicators reflecting an overall improvement in financial management processes. Payment processing time was reduced by 7.2 days since the last quarter, from 36.9 to 29.7, and the percentage of payments arriving to RCPC with complete documentation increased from 38% to 55% since the last quarter.
- **Number and percentage of districts submitting timely, complete and accurate Módulo Básico reports:** This indicator maintained a steady increase over its baseline, reporting as 75% during the most recent period. This figure exceeds our established baseline for the year. Institutionalization of tools and technical assistance in the area of data quality improvement contribute to this sustained improvement.
- **Number and percent of Global Fund PUDRs:** This indicator demonstrates continued negative performance. The PUDRs were submitted past deadline (March 15, 2016), due to delays in preparation of financial information for activities conducted during the second semester of 2015. Both technical and financial reports need to be submitted on time to receive full approval. The continued delays in financial reporting indicate the need for stronger support to this Division.

5. Success Stories

Please refer to the separate document for this quarter's Success Story on SIP Implementation.

Annex 1: Indicator Measurement Matrix

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY16 Q2)	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)	DAF Operations: N/A Capital Expenditures: N/A CMAM Operations: 29.7 Capital Expenditures: N/A	DAF data was not available on time for QR calculations, due to delays with the RCPC Accounting database. Now this indicator measures DAF payment processing lead time (days) (Disaggregated by type of invoice: routine goods and services, construction and equipment)
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	DAF Operations: N/A Capital Expenditures: N/A CMAM Operations: 55% Capital Expenditures: N/A	DAF data was not available on time for QR calculations, due to delays with the RCPC Accounting database. Now this indicator measures the total number of paid vouchers reported by the RCPC in the prestação de contas (reporting) process that have complete supporting documentation / Total Number of paid vouchers reported by the RCPC in the Prestação de contas process.

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY16 Q2)	Comments
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	FORSSAS support to related activities is now complete.
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 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 – we will provide results in the Final Project Report.
5	Revised <i>Reglamento Internal</i> delivered and approved (Ranked on a scale)	Scale ¹	FORSSAS SCM Advisor	Quarterly	1 (Oct '13)	3	FORSSAS support to related activities is now complete.
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	87% (Jan – Dec 2012)	96% (Jan - Sep 15)	Annual indicator, but recorded quarterly for reference.
7	Health Financing Strategy Implementation Plan Documented/Implemented (Ranked on a scale)	Scale ²	Project Quarterly Reports	Quarterly	0 (Dec '12)	1	

¹ 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

² 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

	Indicator	Operational Definition	Data Source	Reporting Frequency	Baseline (Date)	Current Value (FY16 Q2)	Comments
8	Simultaneous NHA production and institutionalization (Ranked on a scale)	Scale ³	NHA reports; NHA institutionalization plan	Annual	2 (Dec '12)	N/A	Annual indicator – we will provide results in the Final Project Report.
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)	0/9 (0%) Finance: 0/4 (0%) M&E: 0/2 (0%) Procurement: 0/3 (0%)	
9b	# and % of GF special conditions met (and approved by LFA) in the area of M&E				54% (7/13) (Jan-Sep '12)		
9c	# and % of GF special conditions met (and approved by LFA) in the area of Procurement				50% (6/12) (Jan-Sep '12)		
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 reporting period	Date of submission for each PUDR	Quarterly	3 (33%) (Sep 11-Sep 12)	0/4 (0%)	

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

³ 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 (FY16 Q2)	Comments
11	# and Percentage of districts submitting timely, complete and accurate <i>Módulo Básico</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)	75%	
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)	N/A	New courses started in February 2016. We will have metrics available after graduation in December 2016.
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)	N/A	FORSSAS support to related activities is now complete.
14	Government (MISAU, MGCAS, etc.) has incorporated professional medium-level courses of social workers and child educators into their annual plan and budget (Ranked on a scale)	Scale ⁴	Project reports and PES	Annual	0 (Dec 2012)	N/A	Annual indicator – we will provide results in the Final Project Report.

⁴ 0 = No courses budgeted in the annual plan; 1 = Policy dialogue started; 2 = Agreement exists between MGCAS and other ministries, but no budget is available; 3 = Plan approved and Budget available (state budget and external sources); 4 = The plan is implemented