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Support for Service Delivery Integration – Systems - Malawi

Quarter 4 (Jul–Sept), and Year I Annual Report

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Support for Service Delivery Integration – Malawi

Year I Quarter 4 and Annual Report

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Introduction

The role of the United States Agency for International Development (USAID) Malawi's Support for Service Delivery Integration–Systems (SSDI-Systems) Program is to provide technical assistance to Malawi's Ministry of Health (MOH) in support of **improved policies, management and leadership, and fiscal responsibility**, in a collaborative effort to strengthen Malawi's health care system. SSDI-Systems is the third sector of USAID Malawi's flagship Support for Service Delivery Integration (SSD-I) Program; all SSDI-Systems strategies and activities are designed to complement and support the service delivery and social and behavior change interventions of Sectors I and II of the program.¹

The SSDI-Systems program is implemented by Abt Associates Inc. with support in Year I from Malawian partners Salephera Consulting, Ltd. and Prime Health Consulting and Services. The program team focuses on targeted technical support to the MOH at national, zonal, and district levels to accomplish the following six results:

1. Increased and coordinated advocacy for and implementation of evidence-based policies that affect priority areas in all USAID Malawi projects as appropriate
2. Strengthened strategic leadership and management capacity of the MOH
3. Improved and strengthened zonal supervision structures of the MOH
4. Improved leadership and management of human resources for health (HRH)
5. Improved decentralized management of district health services
6. Strengthened health financing mechanisms, financial planning, and budget execution capability at national, zonal, and district levels for sustainability.

Overall Program Progress for the Financial Year 2012

During Quarter 4 and Year I, the SSDI-Systems program ramped up program implementation in several Result Areas and identified program changes to speed up implementation in Year 2. Importantly, the program has made significant progress in four out of six of the program's Result Areas and in promoting country ownership of activities. This progress is documented below.

Work Plan and Project Monitoring Plan Revision

The program's revised Year I work plan was fully approved, with USAID Malawi comments, on April 2, 2012. Table I shows activity progress against the work plan in Year I and planned activities for Year 2. Indicator-based progress for Year I is shown in Table 2. The draft Year 2 work plan was submitted on August 3, 2012, and, per USAID request, a first revision of the plan was submitted in Year 2, during the third week of October 2012.

A revised project monitoring plan was submitted on April 4, 2012, and the USAID Mission provided comments on it on May 23. To discuss the feedback and address the comments, SSDI-Systems staff and the program AOR held two technical meetings, on June 28 and July 5. The plan was resubmitted for approval on August 27, 2012.

Government of Malawi Ownership of Activities

During Year I, SSDI-Systems has worked with MOH entities whose buy-in and participation are necessary to effect true systems change. Four task forces were created within ministry technical working groups and/or permanent structures to support systems change:

- The Supportive Supervision Task Force, to serve as the steering committee for systemic, integrated supportive supervision changes and improved coordination;
- The Health Financing Task Force, to lead the health sector's performance-based incentives activities, the development of the country's Health Finance Strategy, and other health financing issues as they emerge;

¹ Sectors I and II of the SSD-I Program are the Support for Service Delivery Integration-Services (SSDI-Services) and the Support for Service Delivery Integration-Communication (SSDI-Communication) programs, respectively.

- The Health Management Information System (HMIS) Review Task Force within the Finance Management and Procurement Technical Working Group, to lead the review of the HMIS System including re-alignment of the indicator list to the needs of programs, the review of registers and reporting forms, and the review of the HMIS reference/training manual; and
- The Task Force for HRH Strategy development within the HRH Technical Working Group

Two other entities were created:

- The Policy Analysis and Development Unit (PADU), in the Department of Planning and Policy Development; and
- The National Health Accounts Desk Office, in the Directorate of Planning and Policy Development, a result of Health Systems 20/20 and SSDI-Systems advocacy.

Activity Implementation

In Year 1, SSDI-Systems made major accomplishments in four of the six Result Areas. The key accomplishments are discussed below.

Result Area 1: Advocacy for and implementation of evidence-based policies

- **Creation of the Policy Analysis and Development Unit**

SSDI-Systems successfully advocated for the formation of PADU, which is hosted in the Directorate Planning and Policy Development. The unit was created to help institutionalize systematic policy development and review processes in the MOH. Once capacity is built in the unit, it will lead the review and development of all MOH policies. The program will provide the unit organizational development and capacity building support in Year 2.

- **Development of the Policy Development and Analysis Framework**

The program assisted PADU to draft a Policy Development and Analysis Framework for further MOH inputs. This conceptual framework will guide the development of the tools needed to support a systematic policy review and development process within the MOH. The tool builds on policy development guidance documents produced by the Office of the President and Cabinet and expands on this process for the health sector.

- **Identification of policy priority areas**

SSDI-Systems helped PADU to develop a list of policy priorities for MOH adoption. The program will then support the MOH to move adopted policies through the new process of policy analysis and development, providing technical assistance as appropriate.

- **Ongoing work on review of policies**

During the year, the program provided technical support for development of the following two policies:

- **Health policy review/development**

A National Health Policy, work on which began prior to SSDI-Systems, was completed during Year 1 and shared with the MOH for further inputs. It is the first comprehensive health policy; previously, the nation's health policy was dispersed in separate national health plans and other health sector documents such as Vision 2020. The National Health Policy expands the Essential Health Package and identifies health promotion and disease prevention, community participation and expansion of the Service Level Agreements as priority areas of focus. In Year 2, the program will support the completion and dissemination of the National Health Policy.

- **Proposal for a new policy to guide task sharing with regard to Health Surveillance Assistants**

Following an MOH assessment of the role of health surveillance assistants (HSAs), a draft issues paper on task shifting/sharing of HSAs was completed and shared with the MOH for further inputs. In Year 2, the program will provide additional support to develop and disseminate a policy brief. The issues paper seeks to highlight four key issues that require policy guidance, namely: the perceived inadequacy of supportive supervision for HSAs; the nature of tasks that can be shifted to HSAs with quality considerations; the HSA job description; and registering the HSAs as a cadre.

- **Formulation of an HMIS Review Task Team and HMIS review**

SSDI-Systems successfully advocated for the formation of an HMIS Review Task Team to review and align HMIS indicators with the current information needs of programs and decision makers. With technical and financial assistance from the program, the task team initiated the review of the list of indicators and data collection and reporting tools (including the outpatient and postnatal registers and reporting forms such as malaria diagnosis, and the HMIS reference and training manual to ensure integration of guidelines on data utilization and protocols for data quality) as well as the development of a curriculum to support standardization of data clerk training approaches. The task team is composed of monitoring and evaluation (M&E) contact persons from all MOH programs and zones, select MOH HMIS officers, and other key stakeholders. The formulation of the HMIS Review Task Team and first meeting of the HMIS Review Task Team marked a major milestone that will enable the MOH to begin resolving long-standing HMIS data conflicts and deficiencies.

- **M&E support for the National Malaria Control Program**

In Year 1, the program provided the continuity needed to sustain earlier USAID malaria M&E efforts by providing salary support for the M&E Advisor, who had earlier been seconded to National Malaria Control Program by a different implementing partner. The advisor supported the following initiatives during the reporting period:

- Implementing the Malaria Indicator Survey, including survey design, training for enumerators, field work, data analysis, and report writing;
- Conducting and disseminating the results of an End User Verification Survey to assess appropriate malaria case management at the facility level;
- Conducting the second post-mass drug administration survey in Likoma District to assess coverage and usage of long-lasting insecticide treated bed-nets in the district;
- Developing and aligning the malaria reporting forms with the country's District Health Information System version 2 (DHIS2) software to strengthen the malaria control program's monitoring; and
- Ensuring availability of data for the Global Fund Progress Update and Disbursement Requests.

Challenges, solutions, and action taken on Result Area 1

The Directorate of Planning and Policy Development does not have adequate staffing to facilitate timely review of policies in line with the program plans. The program is advocating with the MOH Senior Management to request the Ministry of Economic Planning and Development to post additional staff to the Directorate of Planning and Policy Development.

Result Area 2: Management and leadership capacity strengthening

The program supported the MOH in developing a Capacity Building Plan for the MOH headquarters staff, in line with the requirements of the Global Fund grant agreement. The plan is a roadmap to guide the MOH, Health Development Partners, and other stakeholders in coordinating initiatives and strengthening current capacity development programming for the headquarters staff. The Capacity Development Plan includes a capacity development implementation and cost plan, an M&E framework, and an illustrative work plan. The plan emphasizes the MOH headquarters functional and operational areas that require strengthening to ensure efficient and effective support to deliver the Essential Health Package and provide cross-cutting services.

In line with the concept of sustained capacity building, the program staff engaged MOH headquarters leadership, management, and staff through key informant interviews and reviewed existing MOH strategic and planning documents to develop the draft plan.

Challenges, solutions, and action taken on Result Area 2

The local sub-contractors could not perform as expected in this area, leading to delays in program implementation. Implementation arrangements have since been restructured to speed up program performance.

Result Area 3: Strengthened zonal supervision structures of the MOH

Supportive supervision promotes service delivery quality at all levels of the health system by fostering mentorship, strengthening relationships within the system, identifying and resolving problems, and promoting high quality care standards, team work, and improved two-way communication. In the recent past, the MOH has experienced challenges arising from uncoordinated, vertically implemented supervision systems that are becoming unsustainable and do not provide adequate time for supporting the health workers in the service delivery centers.

During the reporting period, SSDI-Systems supported the MOH at looking into how existing supervision structures can be integrated into a single supportive supervision framework to optimize time and resources for clinical mentoring. The program conducted an assessment of the supportive supervision structures, processes, and capacity. The report was completed, validated, and adopted by the MOH. In line with the plan of action outlined in the report, terms of reference and an Integrated Supportive Supervision Tool were drafted and discussed during a workshop that was convened by the program. It is anticipated that the integrated supportive supervision will optimize use of appropriate technology to ensure efficient dissemination of information on service quality and therefore allow more time for mentorship initiatives by service delivery program managers including HIV/AIDS, tuberculosis, and Integrated Management of Childhood Illness (IMCI). It will also improve the cost efficiency of supportive supervision activities in the medium to long term.

Challenges, solutions, and action taken in Result Area 3

The program faced some resistance from vertical programs on the implementation of an integrated support supervision system and lack of clarity between SSDI-Services and SSDI-Systems about roles and responsibilities with regard to supportive supervision and clinical mentoring, specifically the use of smart phones for supportive supervision by SSDI-Systems and tablets for mentoring by SSDI-Services. To address this, the program brought in a short-term technical assistance consultant to speed up implementation and piloting. This short-term assistance was particularly helpful in initiating discussions with the vertical programs and advocating for integrated systems. Meetings on how to approach supportive supervision and mentoring have been held between SSDI-Services and SSDI-Systems staff. However, there is need to organize a meeting in Quarter 1 of Year 2 with USAID, at which the two projects can clearly outline their approaches, roles, and responsibilities to each activity.

Result Area 4: Improved leadership and management of HRH

• Development of the HRH Strategic Plan

SSDI-Systems provided the MOH technical support in drafting the Human Resources for Health Strategic Plan. This support was ongoing throughout Year 1, and it will continue in Year 2. The plan provides guidance in the development of HRH, reform of recruitment practices, retention of adequate HRH, and development of a human resource information management system. Although the HRH Strategic Plan is still in development, the MOH has started work on some of its key activities including developing the human resource information system and implementing the performance appraisal system. SSDI-Systems will support both these activities in Year 2.

• Implementation of the performance appraisal system

As just noted, in Year 1, SSDI-Systems provided technical support to the MOH in implementing a performance appraisal system. Specifically, it helped develop a plan of action to pilot test the Government of Malawi's performance appraisal system at the district level and to train 30 district-based trainers in Karonga, Machinga, and Chikhwawa to support system roll-out and appraisal processes. The program will provide further coaching in Year 2 to ensure smooth implementation of the performance appraisal initiative.

Challenges, solutions, and action taken in Result Area 4

The Directorate of Human Resources does not have adequate staffing to facilitate timely implementation of activities in line with the program plans. SSDI-Systems continued to facilitate smooth implementation of program activities while advocating for recruitment of adequate staff in the directorate.

Result Area 5: Improved decentralized management of district health services

The program has initiated training materials development and has engaged the districts to discuss financial management coaching support and priorities under Result Area 5. However, implementation is behind schedule.

Challenges, solutions, and action taken on result 5

The program has revised implementation arrangements for this result area in order to speed up program performance in Year 2. In Year 1 the program's two local partners held lead roles in the implementation of all activities under this Result Area. In Year 2 Abt Associates will implement and manage all financial management coaching and will bring on board a new local partner for the district level management and leadership coaching activities.

Result Area 6: Strengthened health financing mechanisms, financial planning, and budget execution capability at national, zonal, and district levels for sustainability

• Health Financing Strategy development

The program worked collaboratively with the Clinton Health Access Initiative to complete a Health Financing Strategy Situational Analysis in Year 1. The report was finalized and presented at the Health Financing Task Force, Finance Management and Procurement Technical Working Group, and Health Financing Summit meetings. The situational analysis identified three broad challenges: (a) insufficient and unpredictable resources, (b) inequitable and inefficient resource allocation, and (c) lack of institutional health financing capacity. Three strategy options have been identified to resolve the challenges: (a) revenue generation, (b) improving efficiency, and (c) improving health financing capacity. The program will support evaluation of these options in Year 2.

• Institutionalization of National Health Accounts

The National Health Accounts (NHA) report was completed by Health Systems 20/20 and SSDI-Systems in the summer of 2012 and was partially disseminated by SSDI-Systems. The report, which covered findings from the general NHA and subaccounts for HIV and AIDS, Malaria, Reproductive Health, and Child Health, was printed along with summary brochures for each subaccount in preparation for the NHA dissemination event. Despite the report not being officially launched, the use of NHA data in advocating for changes in health financing reforms (in particular resource mobilization from domestic sources and informing development of the Health Financing Strategy) has been evident. Some of the proposed domestic revenue generation sources include user fees in district and central hospitals private wings, fuel and communication levies, and sin taxes on tobacco and alcohol.

To ensure sustainability of NHA implementation, in collaboration with Health Systems 20/20, the program successfully advocated for the establishment of an NHA Desk Office in the Directorate of Planning and Policy Development. Further efforts toward NHA institutionalization included the orientation of staff members of the Directorate Planning and Policy Development to the NHA methodology and NHA 2010 findings.

• Performance-Based Incentives Initiative

In collaboration with SSDI-Services and HS2020, the program carried out a feasibility study for the implementation of the PBI initiative in Malawi, and disseminated the study report. Three PBI design workshops were held; participants used findings of the feasibility study to draft a PBI design for Malawi.

The third of the design workshops was held following a study tour that officials from the MOH, USAID, Ministry of Local Government and Rural Development (District Councils), Ministry of Finance, and the National Assembly took to Rwanda, to study the operations of that country's PBI Initiative. The tour was financed by the USAID Health Systems 20/20 project. Lessons learned on the study tour allowed for refining of Malawi's PBI design and weighting of indicators.

Challenges, solutions, and actions taken in Result Area 6

The Directorate of Planning and Policy Development lack adequate staff to facilitate health planning, financing including performance based incentives activities in line with the program plans. The program has proposed to second

one staff member –the Health Financing Officer—to work in the MOH for two days a week to facilitate smooth implementation of program activities while advocating for recruitment of adequate staff in the directorate.

Management and Administration

With the SSDI-Systems technical team stepping up implementation of program activities during Year 1, the operations staff steadily increased its support of the technical team in budgeting, and activity planning and implementation. Year 1 highlights are as follows:

1. Staff recruitment

SSDI-Systems filled all key staff positions, namely the Chief of Party, Finance and Administration Director, Civil Society Organization (CSO) Capacity Building, M&E Advisor, and Policy Advisor. Policy and PBI assistants were also recruited. Recruitment for the HRH and M&E assistants is in progress, and will be completed by November 2012.

2. Project vehicle

The program finalized the procurement of a project vehicle and received the vehicle on May 16, 2012. Final Government of Malawi registration and licensure was completed on June 16, 2012. While the acquisition of the vehicle will help activity implementation, it is evident that one vehicle is not sufficient to support the program's work. We will request two additional vehicles and the recruitment of two drivers in the Year 2 work plan budget. The program has determined that purchasing the vehicles will be more cost-effective than renting them when needed.

3. Branding

The program's Branding Strategy and Marking Plan was submitted to USAID for review in Quarter 3 and approved in Quarter 4.

Table 1: Detailed Progress by Activity

Number	Activity	Activity Timeframe	Progress/Outputs in Year 1	Anticipated Progress/Outputs in Q1 Year 2
Objective 1: Increased and coordinated advocacy for and implementation of evidence-based policies that affect priority areas in all USAID/Malawi projects as appropriate				
I.1 Support and strengthen policy development and coordinated advocacy				
I.1.1	<u>Activity:</u> Collaborative review of existing and proposed policies that impede efficient and effective health service delivery <u>Party(s) responsible:</u> HRH and Policy Advisor	February 2012 – June 2012	In progress <ul style="list-style-type: none"> Established Task force to review policies. Submitted Concept Note on Policy Development & Analysis Framework to the MOH. Drafted Policy Development and Analysis Framework. Met with Office of the President and Cabinet to solicit inputs/comments on the draft Policy Development & Analysis Framework. 	<ul style="list-style-type: none"> Gain MOH's approval of Policy Development and Analysis Framework.
I.1.2	<u>Activity:</u> Support the MOH to validate and finalize the Malawi draft Health Policy with external stakeholders <u>Party(s) responsible:</u> HRH and Policy Advisor	May 2012 – June 2012	<ul style="list-style-type: none"> Completed and submitted the Draft National Health Policy to the MOH. 	<ul style="list-style-type: none"> Conduct a stakeholders' meeting to get comments/inputs on the final draft National Health Policy. Submit to MOH for approval after incorporating final comments/inputs from stakeholders. Support the MOH to print hard copies of the policy.
I.1.3	<u>Activity:</u> Support targeted, in-depth policy analysis and development of priority policies <u>Party(s) responsible:</u> HRH and Policy Advisor with assistance from SSDI-Systems and SSDI-Services technical experts	March 2012 – September 2012	<ul style="list-style-type: none"> Compiled and shared a list of priority areas for policy consideration with the MOH and SSDI partners. 	<ul style="list-style-type: none"> Conduct 1-2 case studies on identified priority policy areas. Follow up with MOH on list of priority areas for policy review and organize a meeting of all major stakeholders.
I.1.4	<u>Activity:</u> Produce policy briefs to generate input, debate and awareness (for example, use NHA data to inform policy) based on comprehensive policy review and priorities identified <u>Party(s) responsible:</u> HRH and Policy Advisor with assistance from SSDI-Systems and SSDI-Services technical experts	April 2012 – Sept 2012	<ul style="list-style-type: none"> Drafted and submitted the HSA Issues Paper to the MOH to initiate discussion/review of HSAs roles and responsibilities. 	<ul style="list-style-type: none"> Conduct a meeting of the HSA task force to review HSA Issues Paper and identify specific recommendations for MOH Senior management approval.

Number	Activity	Activity Timeframe	Progress/Outputs in Year 1	Anticipated Progress/Outputs in Q1 Year 2
I.1.5	<p><u>Activity:</u> Support dissemination/advocacy activities around revised policies, policy briefs, and strategies identified and supported through the comprehensive review process</p> <p><u>Party(s) responsible:</u> HRH and Policy Advisor</p>	July 2012-Yr 2	<ul style="list-style-type: none"> Not done. 	<ul style="list-style-type: none"> Conduct stakeholder meetings to disseminate policy briefs.
I.2 Strengthened use of HMIS data for decision-making				
I.2.1	<p><u>Activity:</u> Develop data analysis and use training materials for policy makers and program managers</p> <p><u>Party(s) responsible:</u> M&E Advisor</p>	April 2012 – August 2012	<p>In progress.</p> <ul style="list-style-type: none"> Hosted meetings with CMED to agree on the scope of the training materials. Drafted data use materials for program managers for integration in the HMIS manual. 	<ul style="list-style-type: none"> Submit program managers' data use materials to MOH for further input. Awaiting agreement on the Policy Development & Analysis Framework before developing training materials for policy makers.
I.2.2	<p><u>Activity:</u> Data analysis and use trainings for policy makers and program managers</p> <p><u>Party(s) responsible:</u> M&E Advisor</p>	July 2012 – October 2012	<ul style="list-style-type: none"> Not done. 	<ul style="list-style-type: none"> Train program managers
I.2.3	<p><u>Activity:</u> Support the MOH to orient and train newly recruited facility level statistical clerks in target districts</p> <p><u>Party(s) responsible:</u> M&E Advisor</p>	May 2012 – August 2012	<ul style="list-style-type: none"> Not done. 	<ul style="list-style-type: none"> Develop curriculum for data clerks (dependent on completion of draft HMIS manual). Train statistical clerks.
I.2.4	<p><u>Activity:</u> Roll-out data collection, analysis, validation, and use trainings</p> <p><u>Party(s) responsible:</u> M&E Advisor</p>	August 2012 – October 2012	<ul style="list-style-type: none"> Not done. (This activity is pending the finalization of I.2.3.) 	<ul style="list-style-type: none"> Next milestone in Q2 of Year 2.
I.2.5	<p><u>Activity:</u> Health Informatics training programs with UNIMA</p> <p><u>Party(s) responsible:</u> M&E Advisor</p>	April 2012-September 2012	<p>In progress.</p> <ul style="list-style-type: none"> Discussed potential for informatics training program update with CMED. 	<ul style="list-style-type: none"> This activity has been shifted to Year 3, after revised HMIS tools have been field tested.
I.3 Support to the National Malaria Control Program				
I.3.1	<p><u>Activity:</u> Support remuneration and activities of NMCP M&E Advisor</p> <p><u>Party(s) responsible:</u> M&E Advisor to the NMCP</p>	December 2011-Yr 2	<ul style="list-style-type: none"> Seconded M&E Advisor to NMCP to continue providing technical assistance to the program. 	<ul style="list-style-type: none"> The program is to clarify the scope of SSDI-Systems' support to NMCP with the U.S. President's Malaria Initiative.
Objective 2: Strengthened strategic leadership and management capacity of MOH				
2.1 Strengthen capacity for management and leadership in pre-service and in-service education				

Number	Activity	Activity Timeframe	Progress/Outputs in Year 1	Anticipated Progress/Outputs in Q1 Year 2
2.1.1	<u>Activity:</u> Rapid identification of management and leadership capacity building priorities through desk review and stakeholder engagement; Assess institutional and individual capacity within the MOH and at the zonal level (and MoLGRD, and MOF as they relate to health) <u>Party(s) responsible:</u> Senior M&L Advisor	February 2012 – April 2012	• Not done.	<ul style="list-style-type: none"> • Prioritize list of management and leadership capacity building needs. • Develop program strategy for addressing capacity building needs.
2.1.2	<u>Activity:</u> Ensure gender integration in all management and leadership interventions <u>Party(s) responsible:</u> Senior M&L Advisor	March 2012 – ongoing	• Not done.	<ul style="list-style-type: none"> • Ensure management and leadership training materials are gender-sensitive.
2.1.3	<u>Activity:</u> Develop the capacity of MOH senior management in their leadership role. <u>Party(s) responsible:</u> Senior M&L Advisor	March 2012 – Yr 2	• Not done.	<ul style="list-style-type: none"> • Organize M&L trainings for senior leaders.
2.1.4	<u>Activity:</u> Develop program management and leadership coaching and training materials <u>Party(s) responsible:</u> Senior M&L Advisor	March 2012 – October 2012	• Not done.	<ul style="list-style-type: none"> • Develop M&L course materials.
2.1.5	<u>Activity:</u> Engage local colleges to discuss the possibility of including select program M&L strengthening materials into existing pre and in-service training curricula <u>Party(s) responsible:</u> Senior M&L Advisor	August 2012-September 2012	• Not done.	<ul style="list-style-type: none"> • This activity will be shifted to Year 3.
Objective 3: Improved and strengthened zonal supervision structures of the MOH				
3.1 Assess supervisory systems and support recommended improvements				
3.1.1	<u>Activity:</u> In collaboration with SSDI-Services conduct an assessment of supervision functions, structures, processes, and capacity at the National, Zonal and District levels to assess performance of current supervision system and proposed targeted improvements (feeds into R5) <u>Party(s) responsible:</u> Health Policy and HRH Advisor/ Senior M&L Advisor	April 2012-September 2012	In Progress: <ul style="list-style-type: none"> • Constituted Supportive Supervision Task Force. • Produced draft desk review report • Proposed targeted improvements. 	<ul style="list-style-type: none"> • Validate assessment report and incorporate recommendations into final report.
3.1.2	<u>Activity:</u> In collaboration with SSDI-Services, clarify the role of the Zonal Health Support Offices in Monitoring and strengthening technical performance and its links to District and Central zones <u>Party(s) responsible:</u> Health Policy and HRH Advisor/ Senior M&L Advisor	March 2012 – July 2012	<ul style="list-style-type: none"> • Clarified and drafted supportive supervision roles for staff at national, zonal, district and community level who are supporting supportive supervision. 	<ul style="list-style-type: none"> • Support implementation of new supportive supervision roles.
3.1.3	<u>Activity:</u> In collaboration with SSDI-Services, assist the GOM to adapt and update supervision performance indicators and supervision tools based on international best practice <u>Party(s) responsible:</u> Health Policy and HRH Advisor (with assistance from SSDI-Services technical experts)	September 2012 – Yr 2	<ul style="list-style-type: none"> • Collected all current checklists in use. • Drafted Integrated Support Supervision checklist. 	<ul style="list-style-type: none"> • Isolate supervision performance indicators. • Develop an electronic integrated checklist. • Develop a new supportive supervision framework.
Objective 4: Improved leadership and management of HRH				
4.1 Support the GOM to develop and support the workforce based on HRH Road Map and the HSSP				

Number	Activity	Activity Timeframe	Progress/Outputs in Year I	Anticipated Progress/Outputs in Q1 Year 2
4.1.1	<u>Activity:</u> Engage the HR TWG, the USAID Health Team and other relevant partners to build consensus on priority activities for Year One <u>Party(s) responsible:</u> Health Policy and HRH Advisor, Senior M&L Advisor	February 2012 – March 2012	<ul style="list-style-type: none"> Completed in Quarter 2. 	<ul style="list-style-type: none"> N/A.
4.1.2	<u>Activity:</u> Strengthen Performance Appraisal System <u>Party(s) responsible:</u> Health Policy and HRH Advisor, Senior M&L Advisor	March 2012- Yr 2	<ul style="list-style-type: none"> Training of Trainers conducted in Karonga, Machinga, and Chikhwawa pilot districts. 	<ul style="list-style-type: none"> N/A.
4.1.3	<u>Activity:</u> Initiate pilot of Performance Appraisal System in one district <u>Party(s) responsible:</u> Health Policy and HRH Advisor	September 2012 – Yr 2	<ul style="list-style-type: none"> Assisted pilot districts to initiate the development of individual performance plans. 	<ul style="list-style-type: none"> Provide coaching on the development of individual performance plans to those officers who have not developed work plans.
4.1.4	<u>Activity:</u> Support HRH Strategic Plan Development <u>Party(s) responsible:</u> Health Policy and HRH Advisor	February 2012 – August 2012	<ul style="list-style-type: none"> Supported multiple revisions of the Draft HRH Strategic Plan Presented HRH Strategic Plan to HRH technical working group for comments. Incorporated comments. 	<ul style="list-style-type: none"> Finalize draft HRH strategic plan. Submit to MOH for approval. Support the MOH to print copies.
4.2 Support the Global Fund Secretariat to develop and cost the HSSP Capacity Building Plan				
4.2.1	<u>Activity:</u> Develop and cost the HSSP Capacity Building Plan for the Global Fund <u>Party(s) responsible:</u> Capacity Building Advisor (STTA) and Health Finance Advisor	March 2012 – May 2012	<ul style="list-style-type: none"> Completed and approved by MOH. 	<ul style="list-style-type: none"> Support printing and dissemination.
4.3 (Not in Work plan-Added per USAID request) Support the Global Fund Secretariat to Draft the HRH Health Systems Strengthening Component of the Global Fund Proposal				
4.3.1	<u>Activity:</u> Support health systems strengthening application proposal write-up <u>Party Responsible:</u> COP	February 2012 – March 2012	<ul style="list-style-type: none"> Completed in March, 2012. 	<ul style="list-style-type: none"> N/A.
Objective 5: Improved decentralized management of district health services				
5.1 Assess and strengthen decentralized management capacity at district level				
5.1.1	<u>Activity:</u> Build on lessons from prior management strengthening efforts (KfW, CDC-funded, and others) and identify quick wins for decentralized management strengthening <u>Party(s) responsible:</u> District Level Team Supervisor, Salephera Consulting; Senior M&L Advisor	April 2012-May 2012	<ul style="list-style-type: none"> Not Done. 	<ul style="list-style-type: none"> Lessons from previous capacity building efforts documented. List of priority, preliminary interventions for management and leadership and financial management coaching developed.
5.1.2	<u>Activity:</u> Develop plans in coordination with stakeholders in two pilot districts for preliminary decentralized management strengthening efforts and engage stakeholders to build consensus on this plan <u>Party(s) responsible:</u> District Level Team Supervisor, Salephera Consulting and Senior M&L Advisor	May 2012 – June 2012	<ul style="list-style-type: none"> Not Done. 	<ul style="list-style-type: none"> Individual district reports indicating the training & coaching needs for management & leadership and financial management coaching validated.

Number	Activity	Activity Timeframe	Progress/Outputs in Year 1	Anticipated Progress/Outputs in Q1 Year 2
5.1.3	<u>Activity:</u> Capacity building materials and tools development for pilot district-level decentralized management strengthening <u>Party(s) responsible:</u> District Level Team Supervisor, Salephera Consulting and Senior M&L Advisor	June 2012 – August 2012	• Not Done.	• Initiate development of management and leadership and financial management coaching tools and training materials.
5.1.4	<u>Activity:</u> Deliver district-level capacity building program for decentralized management strengthening in two target districts <u>Party(s) responsible:</u> District Level Team Supervisor, Salephera Consulting and Senior M&L Advisor	August 2012 – October 2012	• Not Done.	• Dependent on 5.1.3.
Objective 6: Strengthened health financing mechanisms, financial planning, and budget execution capability at national, zonal, and district levels for sustainability				
6.1 Strengthen district-level financial management through targeted trainings and on-the-job coaching				
6.1.1	<u>Activity:</u> Identify areas for SSDI-Systems action through document review and stakeholder engagement <u>Party(s) responsible:</u> Director, Salephera Consulting	March 2011 – April 2012	In progress: • Held consultation meetings with the central level.	• Rapid assessment of financial management capacity building needs at the district level. • 12 district coaching plans developed.
6.1.2	<u>Activity:</u> Coordinate with other partners contributing to district-level financial management strengthening <u>Party(s) responsible:</u> Director, Salephera Consulting	March 2012 – April 2012	• Not done.	• Planned for Q2 of Year 2.
6.1.3	<u>Activity:</u> Prepare capacity building materials for district level financial management strengthening <u>Party(s) responsible:</u> Director, Salephera Consulting	April 2012 – May 2012	• Not done.	• Initiate development of financial management coaching materials.
6.1.4	<u>Activity:</u> Assign financial management coaches to districts <u>Party(s) responsible:</u> Director, Salephera Consulting	March 2012 -May 2012	• Not done.	• Assign financial management coaches and develop coaching schedules.
6.1.5	<u>Activity:</u> Provide targeted district-level capacity building for financial and non-financial managers <u>Party(s) responsible:</u> District Level Financial Specialist	May 2012 – September 2012 (continues into Year 2 and 3)	• Not done.	• Planned for Q2 of Year 2.
6.1.6	<u>Activity:</u> Provide targeted national-level capacity building for non-financial managers <u>Party(s) responsible:</u> Director, Salephera Consulting	August 2012 – September 2012	• Not done.	• Planned for Q2 of Year 2.
6.2 Support Development of a National Health Financing Strategy Addressing Resource Mobilization, Allocation and Management				
6.2.1	<u>Activity:</u> Conduct health finance strategy situational analysis <u>Party(s) responsible:</u> Health Financing Officer/COP	December 2011 – May 2012	• Finalized Health Financing Situation Analysis Report. • Presented report at Health Financing Task Force and Finance Management and Procurement technical working group meetings. • Submitted to MOH for Senior management approval.	• Done.

Number	Activity	Activity Timeframe	Progress/Outputs in Year 1	Anticipated Progress/Outputs in Q1 Year 2
6.2.2	<u>Activity:</u> Stakeholder consultation on health finance mechanisms <u>Party(s) responsible:</u> Health Financing Officer/COP	June 2012 – July 2012	In progress: <ul style="list-style-type: none"> • Commenced consultations at national level. 	<ul style="list-style-type: none"> • Continue central level consultations • Commence consultations at regional and community levels on the proposed options contained in the Health Financing Situational Analysis Report. • Undertake technical evaluation of health financing options proposed in the Health Financing Situational Analysis Report.
6.2.3	<u>Activity:</u> Draft health finance strategy <u>Party(s) responsible:</u> Health Financing Officer/COP	August 2012 – September 2012	<ul style="list-style-type: none"> • Not Done. 	<ul style="list-style-type: none"> • Planned for Q2 of Year 2.
6.3 Coordinate with Health Systems 20/20 on ongoing NHA institutionalization activities				

Number	Activity	Activity Timeframe	Progress/Outputs in Year I	Anticipated Progress/Outputs in Q1 Year 2
6.3.1	<p><u>Activity:</u> NHA Coordination with Health Systems 20/20 <u>Party(s) responsible:</u> Health Finance Officer/COP</p> <p>Health Systems 20/20 activity: <u>Activity:</u> Provide technical support for Malawi NHA 2010 dissemination and NHA institutionalization</p>	January 2012 – September 2012	<ul style="list-style-type: none"> • NHA report finalized and printed. • General NHA and subaccounts for HIV and AIDS, Malaria, RH and Child Health brochures printed. • NHA results presentations made for MOH officials and successfully presented to MOH Senior Management by the Chair of the NHA Steering Committee. • NHA dissemination preparations undertaken but postponed twice during the quarter due to busy schedules of the Guest of Honor. • General NHA and RH and Child health subaccounts preliminary results presented to ECSA Meeting on Maternal and Child Health, on behalf of SSDI-Coordinator and also presented at WHO National Stakeholders Women's and Children's Social Accountability workshop at the request of WHO and the USAID Mission. • Benefit incidence analysis draft report produced in collaboration with Health Systems 20/20 - to be shared with the USAID Mission and MOH. 	<ul style="list-style-type: none"> • Disseminate NHA dissemination at the Health Financing Summit.
6.4 Incentivize system performance through PBF schemes				
6.4.1	<p><u>Activity:</u> Coordinate with Health Systems 20/20 and SSDI-Services on PBI feasibility study <u>Party(s) responsible:</u> Health Financing Officer/COP</p>	February 2012-May 2012	<ul style="list-style-type: none"> • Produced draft PBI feasibility assessment report. • Shared draft report with stakeholders. 	Done
6.4.2	<p><u>Activity:</u> Design pilot PBF scheme to reward good performance <u>Party(s) responsible:</u> Health Financing Officer/COP</p>	April 2012 – October 2012	<p>In progress:</p> <ul style="list-style-type: none"> • Undertook three PBI design workshops • Produced reports on PBI workshops and shared these reports with the USAID Mission. • Supported Health Systems 20/20's preparations for the PBI Study Tour to Rwanda. 	<ul style="list-style-type: none"> • Select on funds flow arrangements. • Consult with MOH on the autonomy of health centers in the pilot districts. • Discuss and agree upon on the governance structures for PBI at national and district levels. • Develop, discuss and agree upon Impact Evaluation TORs, baseline assessment tools and data collection approaches.

Table 2: Progress Update by Key Indicator

Prime Partner Name	Abt Associates Inc.					
Implementing Mechanism Name and Grant	Health Policy and Systems Strengthening Program AID-612-A-11-00002					
USG Agency	USAID/Malawi					
Date Completed	September 30, 2012					
Name of the person completing the form	Jacob Kawonga					
Indicators/Targets	Baseline	2012 Targets	2012 Results	Results Explanation	2013 Targets	2014 Targets
Number of improvements to laws, policies, regulations, or guidelines that impede effective and/or efficient delivery of services drafted with project support, adopted by government	0	0	4	Although no targets were set for this year, work on 4 ² guiding documents and 2 ³ policies is on course while one guiding document (MOH Capacity Building Plan) was completed.	3	3
Number of project districts that received written feedback on their quarterly reports from their national level	0	1	0	None of the 8 districts monitored reported receiving written feedback during the reporting period after submission of their District Quarterly HMIS Report. Some districts reported receiving feedback in the form of national-level HMIS bulletins, but these do not show district-level performance or data quality issues, and they were not produced during the reporting period. The need for a standardized feedback template was also observed. The program will work on a template to help provision of effective feedback.	8	15
Number of people trained by the project using strategic information to inform program management	0	30	0	No training was conducted. Training for data use has been scheduled for 2 nd week of October.	60	60
Existence of one agreed-upon M&E plan for overall national M&E framework	0	0	0	To be reported next year.	1	1
Percentage of individuals showing increased knowledge post-training of key topics (strategic planning, budgeting, performance management, supportive supervision, management and leadership)	0	80%	0	No training was conducted (to be reported in Quarter 1, Year 2).	80%	80%
Number of districts with staff performance appraisal systems in place	0	0	3	Performance appraisal trainings of trainers were rolled out in Karonga, Machinga and Chikhwawa.	7	10
Percentage of districts using data to track performance against the health district implementation plan (DIP)	62.5 ⁴	0	65.5%	Status remains as at baseline since interventions' decentralization is scheduled for implementation in 2013.	75%	90%

² HRH Strategic Plan, MOH Policy Development Framework, National Health Finance Strategy, and the PBI Strategy are on course

³ Health Policy and the HSA Policy

Indicators/Targets	Baseline	2012 Targets	2012 Results	Results Explanation	2013 Targets	2014 Targets
Number of project districts engaging community members and CSOs in the development of the district health implementation plans	7 ⁵	0	7	Activity implementation set for next year. Status remains as at baseline.	5	15
Number of project districts using agreed on (mandated) set of management practices and tools (e.g. team planning tools)	0	0	0	Activity implementation set for next year. Status remains as at baseline until tools are developed.	3	15
Number of zones using agreed on (mandated) set of supervision tools	0	0	0	Activity implementation set for Year 2. Status remains as at baseline.	5	5
Percentage of districts submitting timely financial reports in line the government finance management act requirements	40% ⁶	45%	40%	40%. Status remains as at baseline because no significant program interventions were carried out.	50%	55%
Approved National Health Financing Strategy in place	0	1	0	Strategy yet to be completed. Situational analysis report drafted, and inputs received from the Health Management Task Force.	1	1

⁴ 62.5% of targeted districts reported using HMIS data to assess the status of DIP implementation when developing new DIP. The extent of the usage varies significantly by district. The project strategy focuses on standardizing data use practices focusing on Essential Health Package areas in 5 districts and then rolling out to 8 districts in 2014.

⁵ Seven of 8 districts reported engaging CSOs in DIP development, but not community members. The understanding of what CSOs are and the mode of ensuring their involvement varied significantly by district. The project strategy will focus on clarifying the concept of CSOs, highlighting the role of CSOs and potential benefits of their involvement, and helping the districts to put in place strategies for nurturing and involving CSOs.

⁶ Local government estimated percentage of districts that submit financial reports, not necessarily on time. The targeting takes into account the level of available skills and the effort that will be required to bring them to the expected level of competency, in the context of decentralization.