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RESULTS REPORT 2013

PROJECT

‘SUPPORT TO TRAINING AND MANAGEMENT OF HUMAN RESOURCES IN THE PUBLIC HEALTH SECTOR’

MOZ 0902011

JANUARY 2014

Acronyms

BS	Back-Stopping
BTC	Belgian Development Agency
CCS	NGO for Cooperation in the health sector
CDC	Centre for Disease Control (USA)
CHASS-SMT	Health Systems Strengthening Project for HIV/AIDS (USA) in the Sofala, Manica, Tete provinces
CMO	
CTC	Joint Technical Committee of Directors in the Ministry of Health
DAF	Directorate for Administration & Finance
DAP	Department for Personnel Administration
DNAM	National Directorate for Medical Assistance
DNCPA	Department for Normative, Disciplinary and Administrative Procedures
DNSP	National Directorate for Public Health
DPC	Directorate for Planning & Coordination
DPG	Department for Planning & Management
DPS	Provincial Health Directorate
DRH	Human Resources Directorate
eCAF	electronic Cadastre and Archives
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
eSISTAF	electronic System for Financial Administration
FICA	Flemish International Cooperation Agency
GIZ	German International Cooperation Agency
GTAF	Partner Working Group on Financial Administration
GT-RHS	Partner Working Group for Human Resources in the health sector
HCM	Hospital Central Maputo
HF	Health Facility
HPG	Health Partner Group
HRH	Human Resources for Health
HRM	Human Resources Management
HSS	Health Systems Strengthening
ICAP	International Centre for AIDS care and treatment Programmes
IMEPS	Mid-level poli-technical training institute for health
INS	National Health Research Institute
ISCISA	Higher-level training institute for health
Jhpiego	Johns Hopkins affiliate NGO
JICA	Japanese International Cooperation Agency
JLCB	Joint Local Consultative Body
M&E	Monitoring and Evaluation
MAE	Ministry for Home Affairs/ Decentralisation
MISAU	Ministry of Health
MF	Ministry of Finance

MFP	Ministry for Civil Service/ Public Administration
MINEC	Ministry for Foreign Affairs & Development Cooperation
PDA	Programme for Local Governance/ Municipal Development
PES	Annual Plan (Plano Económico e Social)
PESS	Strategic Plan for the Health Sector (Plano Estratégico p/ Sector da Saúde)
PNDRHS	National Plan for Human Resources Development in the Health Sector
POEMA	Planning, budgeting, execution, monitoring, evaluation
PS	Permanent Secretary
SDC	Swiss Development Cooperation
SDSMAS	District Health Services
SESAB	Health Secretariat of the State of Bahia, Brazil
SIGEDAP	National System for Performance Appraisal in the Public Administration
SWAP	Sector-wide approach
TA	Technical Assistance
WG-HRH	Working Group on Human Resources for Health

1 Intervention at a glance

1.1 Project form

Project name	Support to training and management of human resources in the public health sector.
Project Code	MOZ 0902011
Location	Mozambique
Budget	EUR 6.000.000
Partner Institution	Ministry of Health (MISAU)
Date of implementation Agreement	23 May 2011 (CMO)
Duration (months)	48 months
Target groups	(HR) Managers & HR administrative staff at all levels and clinical supervisory staff in the health sector.
Impact[1] (General objective)	To contribute to a qualitative leap in Mozambican health services, associated with improvements in MISAU training system and management capacity.
Outcome (Specific objective)	Strengthen the Human Resource management system of MISAU at all levels, including central level and operational levels (provinces, districts and health facilities).
Outputs (Results)	R1- Criteria and tools for assessing the performance of HR managers reviewed and implemented.
	R2- Capacity of HR managers and administrators at all levels strengthened in routine HR management.
	R3- Capacity of HR managers and administrators at all levels strengthened in HR planning.
	R4- Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions.
	R5- Management tools developed and implemented.
	R6- Working conditions improved of HR staff at provincial and district level.
	R7- The production, exchange and use of evidence in HR policy implementation and monitoring strengthened.

[1] Impact is a synonym for global objective, Outcome is a synonym for specific objective, output is a synonym for result

1.2 Project performance

	Efficiency	Effectiveness	Sustainability
Outcome: Strengthen the Human Resource management system of MISAU at all levels, including central level and operational levels (provinces, districts and health facilities).	C	C	C
Output 1: Criteria and tools for assessing the performance of HR managers reviewed and implemented.	C	C	C
Output 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management.	C	B	D
Output 3: Capacity of HR managers and administrators at all levels strengthened in HR planning.	C	C	C
Output 4: Mechanisms developed for decentralisation of HR management to lower levels and autonomous institutions.	C	B	C
Output 5: Management tools developed and implemented.	C	C	C
Output 6: Working conditions improved of HR staff at provincial and district level.	C	B	B
Output 7: The production, exchange and use of evidence in HR policy implementation and monitoring strengthened.	B	B	C

1.3 Budget execution

	Budget	Expenditure		Balance	Disbursement rate at the end of year n
		Previous years	Year covered by report (n)		
Total	6.000.000€	*2012: 598.226,94* € *2011: 194.664,42* €	622.890,62 €	4.583.310,51 €	24%
Output 1	64.292,57€	0.00 €	0.00 €	64.292,57€	0%
Output 2	3.126.140,86€	151.416,51€	203.739,59€	2.770.984,76€	11%
Output 3	175.333,70€	0.00 €	29.191,95€	146.141,75€	17%
Output 4	334.562,86€	13.266,82€	38.016,14€	283.279,90€	15%
Output 5	96.382,29€	1.329,30€	4,64€	95.048,35€	1%
Output 6	212.571,43€	201.567,66€	1,29€	11.002,48€	95%
Output 7	382.485,72€	29.070,50€	85.702,20€	267.713,02€	30%

1.4 Summary

Six key points that a reader of this report should remember:

- Improving HRM systems in the health sector depends to a large extent on improving general management and administrative systems in the public service.

- Organising and implementing capacity building activities of HRM staff is dependent on/ determined by the limited quantity, quality and availability of mid-level and senior HR staff for developing/ reforming the existing system and procedures. Note: there appears to be a vicious circle to be broken.

- Day-to-day HR management of medical teams is taking place in the hospitals.

- Strengthening decentralisation mechanisms involves central level leadership.

- To solve HR constraints in the health sector adequate funding remains key !

- Implementation of the project in the year 2013 was jeopardised by:

a. A general health sector strike for higher wages in January and in April, May
b. February, March flooding in the South of the country and overall inaccessibility
c. Municipal elections and political unrest, shooting and inaccessibility of the Centre
d. In Oct/ Nov. a wave of kidnappings and assaults in several parts of the country.

National execution official	BTC execution official
Dr. Moisés Ernesto Mazivila, MISAU- Ministry of Health, National Director for Human Resources …….. Date: ……	Eric Korsten, BTC- International Technical Adviser for Human Resources Management/ Chief of Project …… Date: ……

2 Analysis of the intervention

2.1 Context

2.1.1 General context

Capacity building (CB) is an important element in development cooperation and in the Paris Declaration. It is necessary to look at capacity building in a broad sense, starting from the need to strengthen systems, including health systems, and to gradually descend to more detailed levels of analysis. Capacity building needs can be defined at different levels, including:

- system's capacity building (quality of policies, strategies and norms of an organisation)
- institutional capacity building (level of performance, i.e. the level of services an institution can provide in accordance with its mandate),
- organisational capacity building (development of systems and tools for management),
- individual capacity building (skills and competence levels of its staff)..

The different levels are interlinked and interdependent and should not be regarded separately or in isolation. It seems not to be worthwhile to invest solely in individual capacity building (providing skills at an individual level) if other levels are not addressed simultaneously.

The Government faces/alleges financial constraints to attract and retain medical staff (low salaries, poor working conditions). Financial constraints and a limited capacity to train sufficient medical staff. Government funding does not allow MISAU to cater for all legal benefits of its health workers. In December 2012 the medical doctors started a strike for higher salaries and improved secondary benefits, which temporarily ended in January and then continued from April till June, when other medical staff joined their demand for higher wages. The matter is not yet solved and pending Parliamentary decision-making.

Since mid 2012 the management of 26 out of 29 health centres in Maputo City is in the process of being transferred from the Ministry to the Municipality. There is little experience with such actual transfers of responsibilities and there are many (including legal) hurdles to be taken, e.g. public servants to be transferred to become municipal staff.

2.1.2 Institutional context

The anchorage of the project in the Diretorate for Human Resources (DRH) is Appropriate. However, as many interventions require a substantial degree of collaboration and coordination between various Directorates (DPC-Planning; DAF-Finance; DNAM-Medical Assistance; DNSP-Public Health; INS-National Health Institute) anchorage in DRH-Human Resources is good but probably not sufficient and the project would benefit from a higher level anchorage, at the level of the Permanent Secretary and the CTC- Joint Technical Committee of all Directorates.

2.1.3 Management context: execution modalities

The project is drawing, as much as possible, on existing capacities, initiatives and structures, as well as on learning from regional and international best practice. The project is implemented through highly integrated or collaborative arrangements with all the institutions targeted.

The project is executed under REGIE at the particular request of the Ministry, not to burden the Ministry's financial-administrative system and at the same time to benefit from a presumed greater implementation flexibility than would be the case were the project executed under GoM regulations and procedures.Therefore, the modality can be deemed as Very Appropriate.

2.1.4 Harmo-context

The project is aligned to the long-term vision for the Mozambican health sector as described in the Mozambican National Development Plan, Poverty Eradication Plan (PARPA II) and National Health Policy.

The project supports the implementation of the national Health Sector Strategic Plan (PESS 2007-2012 and now the recently approved PESS 2014-2019) and the National Plan for the Development of Human Resources for Health (PNDRHS 2008-2015).

The project is implemented according to the health sector SWAP principles of joint planning, coordination, monitoring and evaluation of health sector performance between MISAU and its partners.

The project is aligned to and integrated into the national (technical) planning processes of the institutions that are supported (i.e. MISAU, provinces etc.). The project is working with targeted institutions to ensure that they integrate into their annual activity plans those activities eligible for project financing. The project's annual activity plans will be extracted from the annual plans of the institutions supported.

Many donors are supporting Human Resources for Health (HRH), mainly in clinical field. Harmonisation remains a challenge. The project is harmonising as much as possible with partners, i.e. actively builds synergies with other initiatives in the field of capacity building in the management of HR in the health sector, such as CDC (Jhpiego, ICAP, EGPAF, I-Tech), USAID (CHASS-SMT), FICA/ WHO, EU, JICA, and the Italian Cooperation**.**

Frequently bilateral meetings with partners/ donors take place to exchange information on on-going project implementation and to coordinate or collaborate with new project initiatives. The following are some of the coordination meetings which were held during the period under review that either affected or influenced the results of the objectives of this project:

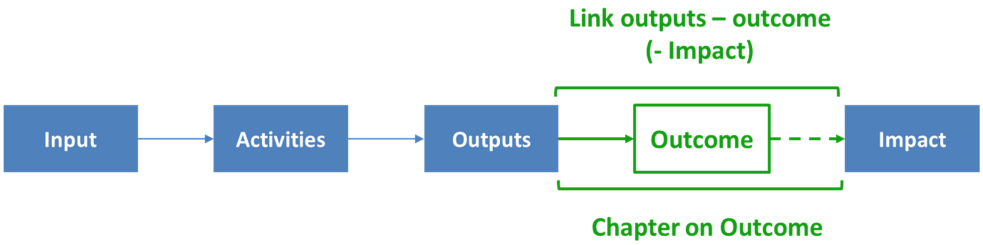
- Jhpiego– strengthening use personnel information systems; software for HR archives
- USAID– CHASS-SMT – strengthening of district administration and health services
- WHO– Review of Strategic Plan for the Health Sector (PESS) on decentralization
- FICA– WHO/institutional support to MISAU; support to HRH in Tete Province
- Irish Aid/Trinity College– STEM, Strengthening Training & Management in Maputo
- JICA– Núcleo Pedagógico; accreditation of training; in-service training of Directors
- CDC– support to systems strengthening in Provinces; HR staff planning procedures
- EU– twinning with IMEPS – course healthcare management, incl. HR management

- USAID– twinning with ISCISA – Hospital management, including HR management
- Danida/WHO– Monitoring PNDRH; (monitoring of) capacity building of DPSs; indicators; e-SIP saúde
- GIZ– POEMA, Human Resources Management training for district HR staff
- PDA– support to Ministry for Home Affairs/ Decentralisation (MAE) to develop district planning information systems
- Coop Italiana– Strengthening HRM in Sofala; Collaboration on manual and staff training
- SDC– HR planning in Cabo Delgado.

The above activities reflect concrete efforts to harmonise the project with ongoing and new projects funded by other development partners/ donors. The project initiated active coordination and collaboration with local partners to enhance health systems strengthening and to improve human resources management at the provincial and district level.

2.2 Outcome

All seven project outputs are likely to contribute to a strengthened HR management system at all levels. In the first year of the project the main attention has been focussed on strengthening staff capacities at district level. Additional attention was paid to strengthening the staff capacity at provincial and central level. In the second year a start was made to also strengthen HR management capacity in the larger hospitals/ health facilities.



2.2.1 Analysis of progress made

Outcome: Strengthen the Human Resource management system of MISAU at all levels, including central level and operational levels (provinces, districts and health facilities)						
Indicators[2]	**Baseline value 2011**	**Progress year 2012**	**Progress year 2013**	**Target year 2014**	**End Target 2015**	**Comments**[3]
In logframe no outcome indicator was defined (is stated 'Indicator to be defined in the PNDRHS Operational Plan' which did not define that either)						Situational Analysis (baseline survey in Dec. 2011) is descriptive, yet did not provide indicators nor baseline values either. Issue not solved during BS in Aug. 2012

[2] Use the indicators as shown in the logical framework
[3] Comments about progress realised, namely assessment of the achieved value of the indicator at the end of year N compared to the "baseline" values (time 0) and/or the value of the preceding year, and compared to the expected intermediate value for year N. If the intermediate value is not available, the end target will be the reference. Comments should be limited to a minimum.

Analysis of progress made towards outcome: Analyse the dynamics between the outputs achieved and the likely achievement of the Outcome (see Results Report Guide):	
Relation between outputs and the Outcome. (How) Are outputs (still) contributing to the achievement of the outcome:	All seven (7) outputs are still likely to contribute to a strengthened HRM system. However, activities identified under R4 Decentralisation (organisation structures, job descriptions,) were by DRH not deemed as a priority for 2012 or 2013.
Progress made towards the achievement of the outcome (on the basis of indicators):	Initial progress in capacity building in provinces and districts (R2), improving working conditions (R6) and developing the HR information systems (R7). Some progress in defining suitable indicators (R1), improving HR planning (R3), decentralisation of HRM (R4) and developing new HR instruments (R5).
Issues that arose, influencing factors (positive or negative):	See 2.1
Unexpected results:	

2.2.2 Risk management

Here the evolution of risks [4] is provided and how they have been managed. Identified risks consist of risks emanating from the TFF and/or from the baseline study, and significant risks that have been identified during the implementation of the intervention. Risks can also be identified during the Results Monitoring.

[4] *Limit yourself to Development risks and Reputational risks*

Risk Identification			Risk analysis			Risk Treatment			Follow-up of risks	
Description of Risk	Period of identification	Risk category	Probability	Potential Impact	Total	Action(s)	Resp.	Deadline	Progress	Status
Full potential impact of the project initiatives and funding is not achieved. Cause: Earlier reported delays in implementation, because of limited implementation capacity.	2013	DEV + OPS	High	High		Plan and fund implementation not only through MISAU-DRH but also through provincial DPS-RH Actively engage local partners to assist DPS-RH to plan and organise HRM development Increase project management capacity, recruiting 2 advisers for provinces, and 1 admin ass Delegate more financial-administrative tasks of ITA to project administrator Elaborate improved implementation procedures; guidelines, standard formats Enhance DRH support to DPS provinces through Mentoring system ('padrinhos') Commit to what has been planned &budgeted for in 2014	ITA DRH & DPSs	Dec. 2013 Jan. 2014 Feb. 2014 Jan. 2014 March 2014 Feb. 2014 2014	Available balance of project budget has been fully allocated through funding of DRH and DPS annual plans & budgets Direct contacts and coordination with local partners has been established, to ensure implementation support for all 11 provincial DPS ToR for advisers were prepared, recruitment through HR agency in Q1 BTC authorisation is discussed, including for e-banking by Adm; additional FIT training requested Draft guidelines have been written, budget format to be finalized Culture of responsibilisation ?	

Deadlines of internal DRH working groups are not met, leading to delays and cancellation of activities. Cause: Limited availability of counterpart staff at national level due to their high work load, frequent travels/ training, competing demands and emergency actions.	2012	OPS	High	High		Bring operational constraints to the attention of the national HR Director and urge for remedial actions.	ITA	Continuous	Regular alerts brought to the attention of the national HR Director, who reemphasizes that implementation responsibilities do lie with Deputy Directors and the Heads of Departments.	?
Shifting & ad-hoc priorities in HR Management & Planning in the Ministry, which is partially due to competing demands from poorly harmonized donor activities.	2011	OPS	Medium	Medium		Increase BTC participation in Donor Coordination Working Group – HR for Health	ITA	Q1	BTC has taken up role as deputy-coordinator of Donor Working Group. HR Directorate has yet to coordinate donor support for their HR Annual Plan 2013+ 2014	
Large scale participation in the scholarship program may, due to temporary reduction of dedicated HR staff, jeopardise the ongoing routine HR administration and management.	2012	DEV	Medium	Medium		Preference will be given to HR staff applying a scholarship for studies that will be done after working hours or by distance learning.	DRH	Q4	Provincial HR Chiefs are requested to promote and support scholarship applicants in their unit and in the Districts to timely register and secure access to courses, preferably after working hours.	OK
Delays in formulation of staff allocation plan delays the implementation of Result Area 3 - Capacity building in HR Planning Cause: Inter-departmental working group on HR planning does not meet. Moreover, Planning Directorate is responsible for Integrated Planning, not HR Directorate.	2012	FIN	Low	Low		Close follow-up by the ITA and promote pro-active collaboration of HR with Planning Directorate. Solicit intervention of the Director HR.	ITA + Dir. DRH	Q4		
Public tender for procurement of office equipment for provinces and districts is delayed. Cause: Delays in the formulation of the technical specifications for the tender,	2012	FIN	Medium	Low		Close follow-up by the ITA. Solicit intervention of the Director HR.	ITA	Q4	BTC procurement and legal unit in Brussels is involved in preparing and launching the international tender.	OK

partially due to seeking alignment with the GoM (UGEA, CEDSIF) directives and last-minute donor coordination.										
A possible lack of progress and results may be attributed to BTC and not to a lack of ownership/ engagement/ staff availability from the side of MISAU-DRH.	2012	REP	High	Medium		Emphasize partnership in project implementation.	ITA	Q4	Sharing successes and failures.	?

2.2.3 Potential Impact

The National Plan for Health Human Resources Development (PNDRHS) for 2008 - 2015 approved in 2007 is basis on which the project's specific objective is derived. On the basis of the situation in 2006/07 and projected future needs, the HR Plan defines needs for 2015 in terms of the required work force for the public health sector, the numbers of initial and continuous trainings, contracting of new staff, regulation of the health human resources, organisation capacity and funding.

The strategic objectives of the project are aligned to the PNDRHS objectives and include:

- Strengthening HR management,
- Strengthening HF management, including of HF human resources,
- Development of annual recruitment plans,
- Updating of the job profile of HR staff and updating of training programmes,
- Updating and standardisation of incentive modalities,
- Improving quality of all aspects of the training process, including in-service training,
- Decentralisation and updating of the staff information system (SIP),
- Organisation of the system of individual processes and archive for professionals.

The specific objective of the project is set to contribute the above mentioned sectoral objectives and therefore the impact aimed for is still guaranteed as foreseen in the logical framework.

2.2.4 Quality criteria

For each of the criteria (Efficiency, Effectiveness, Sustainability and Relevance) a number of sub-criteria have been formulated. By choosing the statement that fits our intervention best, we calculated the total score for each of the quality criteria.

1. RELEVANCE: The degree to which the intervention is in line with local and national policies and priorities as well as with the expectations of the beneficiaries		
In order to calculate the total score for this Q-criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D		
1.1 What is the present level of relevance of the project?		
☒	**A**	Clearly still embedded in national policies and Belgian strategy, responds to aid effectiveness commitments, highly relevant to needs of target group.
☐	**B**	Still fits well in national policies and Belgian strategy (without always being explicit), reasonably compatible with aid effectiveness commitments, relevant to target group's needs.
☐	**C**	Some issues regarding consistency with national policies and Belgian strategy, aid effectiveness or relevance.
☐	**D**	Contradictions with national policies and Belgian strategy, aid efficiency commitments; relevance to needs is questionable. Major adaptations needed.
1.2 As presently designed, is the intervention logic still holding true?		
☐	**A**	Clear and well-structured intervention logic; feasible and consistent vertical logic of objectives; adequate indicators; Risks and Assumptions clearly identified and managed; exit strategy in place (if applicable).
☒	**B**	Adequate intervention logic although it might need some improvements regarding hierarchy of objectives, indicators, Risk and Assumptions.
☐	**C**	Problems with intervention logic may affect performance of project and capacity to monitor and evaluate progress; improvements necessary.
☐	**D**	**I**ntervention logic is faulty and requires major revision for the project to have a chance of success.

2. EFFICIENCY OF IMPLEMENTATION TO DATE: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into results in an economical way (assessment for the <u>whole of the intervention</u>)		
In order to calculate the total score for this Q-criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D		
2.1 How well are inputs (financial, HR, goods & equipment) managed?		
☐	**A**	All inputs are available on time and within budget.
☐	**B**	Most inputs are available in reasonable time and do not require substantial budget adjustments. However there is room for improvement.
☒	**C**	Availability and usage of inputs face problems, which need to be addressed; otherwise results may be at risk.
☐	**D**	Availability and management of inputs have serious deficiencies, which threaten the achievement of results. Substantial change is needed.
2.2 How well are outputs managed?		
☐	**A**	All outputs have been and most likely will be delivered as scheduled with good quality contributing to outcomes as planned.
☐	**B**	Output delivery is and will most likely be according to plan, but there is room for improvement in terms of quality, coverage and timing.
☒	**C**	Some output are/will be not delivered on time or with good quality. Adjustments are necessary.
☐	**D**	Quality and delivery of outputs has and most likely will have serious deficiencies. Major adjustments are needed to ensure that at least the key outputs are delivered on time.

3. EFFECTIVENESS TO DATE: Degree to which the outcome (Specific Objective) is achieved as planned at the end of year N		
In order to calculate the total score for this Q-criterion, proceed as follows: 'At least one 'A', no 'C' or 'D' = A; Two times 'B' = B; At least one 'C', no 'D'= C; at least one 'D' = D		
3.1 As presently implemented what is the likelihood of the outcome to be achieved?		
☐	**A**	Full achievement of the outcome is likely in terms of quality and coverage. Negative effects (if any) have been mitigated.
☒	**B**	Outcome will be achieved with minor limitations; negative effects (if any) have not caused much harm.
☐	**C**	Outcome will be achieved only partially among others because of negative effects to which management was not able to fully adapt. Corrective measures have to be taken to improve ability to achieve outcome.
☐	**D**	Project will not achieve its outcome unless major, fundamental measures are taken.
3.2 Are activities and outputs adapted based on the achieved results in order to the outcome (Specific Objective)?		
☐	**A**	The project is successful in adapting its strategies / activities and outputs to changing external conditions in order to achieve the outcome. Risks and assumptions are managed in a proactive manner.
☒	**B**	The project is relatively successful in adapting its strategies to changing external conditions in order to achieve its outcome. Risks management is rather passive.
☐	**C**	The project has not entirely succeeded in adapting its strategies to changing external conditions in a timely or adequate manner. Risk management has been rather static. An important change in strategies is necessary in order to ensure the project can achieve its outcome.
☐	**D**	The project has failed to respond to changing external conditions, risks were insufficiently managed. Major changes are needed to attain the outcome.

3. POTENTIAL SUSTAINABILITY: The degree of likelihood to maintain and reproduce the benefits of an intervention in the long run (beyond the implementation period of the intervention).		
In order to calculate the total score for this Q-criterion, proceed as follows: At least 3 'A's, no 'C' or 'D' = A ; Maximum two 'C's, no 'D' = B; At least three 'C's, no 'D' = C ; At least one 'D' = D		
3.1 Financial/economic viability?		
☐	**A**	Financial/economic sustainability is potentially very good: costs for services and maintenance are covered or affordable; external factors will not change that.
☐	**B**	Financial/economic sustainability is likely to be good, but problems might arise namely from changing external economic factors.
☐	**C**	Problems need to be addressed regarding financial sustainability either in terms of institutional or target groups costs or changing economic context.
☒	**D**	Financial/economic sustainability is very questionable unless major changes are made.
4.2 What is the level of ownership of the project by target groups and will it continue after the end of external support?		
☐	**A**	The JLCB and other relevant local structures are strongly involved in all stages of implementation and are committed to continue producing and using results.
☐	**B**	Implementation is based in a good part on the JLCB and other relevant local structures, which are also somewhat involved in decision-making. Likeliness of sustainability is good, but there is room for improvement.
☒	**C**	Project uses mainly ad-hoc arrangements and the JLCB and other relevant local structures to ensure sustainability. Continued results are not guaranteed. Corrective measures are needed.
☐	**D**	Project depends completely on ad-hoc structures with no prospect of sustainability. Fundamental changes are needed to enable sustainability.
4.3 What is the level of policy support provided and the degree of interaction between project and policy level?		
☐	**A**	Policy and institutions have been highly supportive of project and will continue to be so.
☐	**B**	Policy and policy enforcing institutions have been generally supportive, or at least have not hindered the project, and are likely to continue to be so.
☒	**C**	Project sustainability is limited due to lack of policy support. Corrective measures are needed.
☐	**D**	Policies have been and likely will be in contradiction with the project. Fundamental changes needed to make project sustainable.
4.4 How well is the project contributing to institutional and management capacity?		
☐	**A**	Project is embedded in institutional structures and contributed to improve the institutional and management capacity (even if this is not a explicit goal).
☒	**B**	Project management is well embedded in institutional structures and has somewhat contributed to capacity building. Additional expertise might be required. Improvements in order to guarantee sustainability are possible.
☐	**C**	Project relies too much on ad-hoc structures instead of institutions; capacity building has not been sufficient to fully ensure sustainability. Corrective measures are needed.
☐	**D**	Project is relying on ad hoc and capacity transfer to existing institutions, which could guarantee sustainability, is unlikely unless fundamental changes are undertaken.

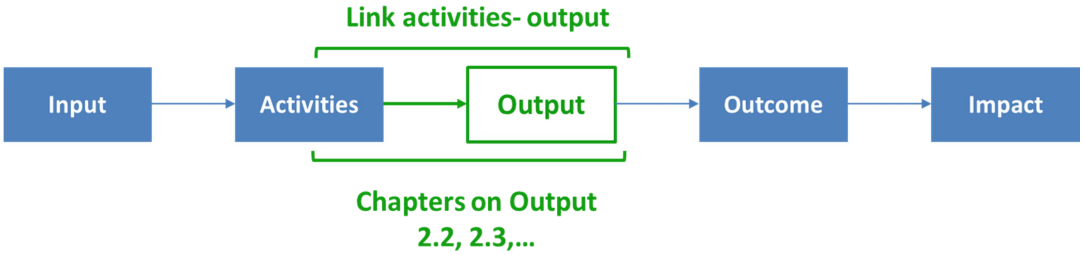
Assign a final score to each criterion. If a monitoring criterion has been marked a 'C' or a 'D', measures have to be proposed, as part of the Action Plan (4.1)

Criteria	Score
Relevance	B
Effectiveness	B
Sustainability	D
Efficiency	C

2.3 Output 1: Criteria and tools for assessing the performance of HR managers reviewed and implemented.

Implementation of the newly Government-wide introduced SIGEDAP staff performance evaluation tool has been given due attention by DRH management. No project support was required. A review of the (implementation of) the tool has not yet taken place. A consultancy, to investigate if an **adjustment of the SIGEDAP tool** for performance evaluation of medical staff is needed, is now planned to be launched in 2014.

In 2013 attention was paid to structuring the DRH Annual Plan (PES 2013) and defining HRD performance indicators, in order to create a framework for assessing the performance of HR managers and staff (at an individual level). In 2013 priority was given to establish **HR performance standards** which will allow performance assessments to take place at the level of the DPSs, in a first phase.



2.3.1 Analysis of progress made

Output 1: Criteria and tools for assessing the performance of HR managers reviewed and implemented.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Staff performance criteria developed by 31/12/'14	0	0	-	1 set	1 set	for individual performance
Quality standards for HRM established by 31/12/'14	0	0	-	5 areas	5 areas	for admin unit performance
Performance awards introduced	0	0	-			Assessments take place

Progress of main activities [4]	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Structuring DRH Annual Plan and defining HRM performance indicators		X			
2 Adjusting SIGEDAP tool for medical staff (in coordination with DNAM)				X	Limited priority given
3 Training managers/ supervisors in adjusted SIGEDAP tool				X	Depending on the above tool
4					

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):	Yes, criteria and tools are being developed.
Progress made towards the achievement of the output (on the basis of indicators):	Limited progress so far. Consultancy was delayed, as was given a lesser priority (see observation below).
Issues that arose, influencing factors (positive or negative):	SIGEDAP system is still quite new. Most energy has gone into working with the new system and not yet into adapting it to the health sector. As it is an official Government tool, it is not within MISAU competence to alter it. In Dec. 2013 it was decided to have a consultancy 'explore if there is a need to make the tool better applicable to performance assessments of health workers'…
Unexpected results (positive or negative):	Improved annual planning, per department and per unit, has now led to improved individual planning, which is intended to be linking up with the SIGEDAP staff performance assessments.

2.3.2 Budget execution

See annex.

2.3.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score[5] *to the following criteria*

- *Efficiency: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.*

[4] A: The activities are ahead of schedule
B The activities are on schedule
C The activities are delayed, corrective measures are required.
D The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

[5] A: Very good performance
B: Good performance
C: Performing with problems, measures should be taken
D: Not performing/ having major difficulties: measures are necessary
If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

- *Effectiveness: Degree to which the output is achieved as planned at the end of year N.*
- *Sustainability: The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).*

Criteria	Score
Efficiency	C
Effectiveness	C
Sustainability	B

2.4 Output 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management.

A framework was elaborated for a "Strategy for in-service training of HR managers and staff". A training programme in routine HR management functions and the training materials were developed in the months of December 2011 and January 2012 (presentations, hand-outs, exercises), as well as some new HR instruments (Excel sheets for automated salary and other financial calculations). In February 2012 fifty HR managers were trained of which thirty trainers were selected to train approximately 640 HR and financial staff in routine HR administration in the districts. The training activities were held at district level in Q2 and Q3 of 2012.

An assessment was made of required competencies for HR staff in the provinces and districts. At the same time, an inventory was made of available education programmes for HR staff, for which quotations were obtained. Terms and conditions for scholarships were elaborated and a competition for scholarships in HR management and related areas was published by the Ministry early September 2012. Some 136 scholarships in the field of HR Management are offered at a mid, higher and Masters level. The submission deadline was extended from the 15th till the 31st of October and then till 30th of November 2012.

Early 2013 some ninety (90) scholarships were awarded: 21 Masters, 40 Licenciaturas, 29 mid-level courses. Out of the 21 scholarships for a Masters degree in HRM, ten persons did not find a suitable programme. They are expected to start now in 2014.

As substantial funds for scholarships in HRM remained, in August 2013 a second competition for scholarships was launched, for another 28 Masters (2 years) and 38 Licenciaturas programmes (4 years). Scholarship commitments by BTC are pledged until the end of 2016, which means, as it stands now, that the final year of the Licenciaturas will not be covered by BTC.

2.4.1 Analysis of progress made

Output 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
District staff trained in routine HR management	0	500	20	50	550	

						course to be institutionalised
District staff trained in legislation	0	200	80	240	540	2 instead of 8 courses
District staff trained in data base operation	0	500	125	250		others paid by other projects
Number of HR scholarships allocated to HR staff	0	0	90	136	90+66	central, provincial, district level

Progress of <u>main</u> activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Train central, provincial and district staff in routine HR management & budgeting (refresher courses)			C		Few provinces programmed refresher courses
2 Train central, provincial and district staff in legislation, disciplinary procedures			C		Responsible trainer had to deal with aftermath of strike
3 Train central, provincial and district staff in HR data base operation		B			see also R7
4 Provide HRM scholarships for central, provincial and district HR staff		B			90 scholarships awarded. New launch for another 66 scholarships.
5 Train Directors and Medical Chiefs at provincial and at district level in Management & Leadership principles				D	No priority was given to this activity.
6 Train Medical Supervisors in Central Hospitals in team management			C		Preparation of programme & materials taking longer, due to little experience of trainers

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss):	Yes, routine HR management is strengthened. Scholarship improving individual capacities.
Progress made towards the achievement of the output (on the basis of indicators):	Substantial staff numbers were trained in 2012. For most staff this was a first-time in-service training. For 2013 was scheduled/ executed: 1. refresher courses (only one or two took place), 2. training of general management/ Directors in HR issues (did not take place, due to lack of organisation capacity), 3. training of medical supervisors in hospitals (training material is yet under preparation). Training that took place was: 4. HR legislation and disciplinary procedures (in the aftermath of the strikes…). 5. training to improve the quality and the analysis of HR data.
Issues that arose, influencing factors (positive or negative):	Due to a delayed implementation (in September-October, instead of May-June) most trainees did not have, after the course, an immediate opportunity to practise which negatively affected the retention of the newly acquired skills. Hence, the need for refresher courses.
Unexpected results (positive or negative):	HR staff perceived the training as <u>motivational</u>, because of the professional attention they received, the skills acquired and not in the last instance, because of the per diems.

2.4.2 Budget execution

See budget.

2.4.3 Quality criteria

Criteria	Score
Efficiency	C
Effectiveness	B
Sustainability	D

2.5 Output 3: Capacity of HR managers and administrators at all levels strengthened in HR planning.

The end of 2012, health staff planning and allocation processes were analysed and steps were taken to bring together staff planners from DRH with DNAM (and later DPC and DAF). Proposed staff allocation criteria were discussed and current staffing levels were determined for all medical staff categories (doctors, medical officers, nurses, MCH nurses, pharmacy staff, laboratory technicians, etc.) at Provincial and District level.

In 2013 a staff allocation plan for 2014 was prepared by the Planning Department (DPG) for all the 2.660 graduates from health training programmes, about to enter the National Health Service (SNS). For the first time all the provincial DPS are now informed about the number of health workers they are allocated in the 1st or the 2nd semestre of 2014 from some 26 professional categories. This has been very well received by the DPS, as this allows them to adequately budget their salaries, notify the districts/ hospitals where they will be posted, and timely prepare for their arrival.

Furthermore, in October 2013 a technical workshop was conducted by the Planning Department (DPG) for HR technicians from all DPS (11), all National Directorates (5) and all central institutions (10) –in total 80 participants– to elaborate their staffing requirements for the next five years (Quadro de Pessoal 2014-2019).

Also, initial steps were taken to bring together the various Directorates to work together towards integrated planning of health services. This foresees working from the scheduled expansion of infrastructure into two directions: 1- elaborating a coverage plan, to improve access to different levels of services, based upon demografic and epidemiology data and health inidicators ; 2- elaborating a comprehensive staffing plan, linking planned health facilities and beds to required staffing levels (and funding) and to required training capacity (and funding).

In July 2013 the ToR for a long-awaited consultancy to determine appropriate staffing for level I and II health facilities were finalised and advertised. Technical and Financial Proposals were received in September. However, the selection process by MISAU is yet to be conducted and concluded.

Finally, a research on HR flows between the public and the private sector has been discussed and supported since June 2012 and a concept paper was prepared by the national health research inistitute (INS). In November 2013 new initiatives were taken to undertake a labour market study for health workers, with expert support from the African Development Bank and possibly shared funding from the World Bank.

2.5.1 Analysis of progress made

Output 3: Capacity of HR managers and administrators at all levels strengthened in HR planning.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Health staff allocation plan 2014 elaborated by 1/9/13						

% of types of health facilities with approved staffing structure by						

Progress of main activities	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Elaboration of health staff allocation plan 2014			X		Not high on agenda of DRH and
2 Promote integrated planning of health services (DRH with DPC-DI, DAF, DNAM)				X	not high on agenda of DPC,
3 Execute survey on Human Resources in the private sector (with INS and ORHS)				X	not high on agenda of INS,
4 Define standard staffing structure for each type of health facility (with DNAM)				X	not high on agenda of DNAM.

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities (still) contributing to the achievement of the output (do not discuss activities as such)?:	Activities 2, 3 and 4 will contribute greatly to achieve the objective, though they have not yet started.
Progress made towards the achievement of the output (on the basis of indicators):	Some progress, mainly on improving equitable and predictable staff allocation. Relevant consultancy, research and coordination are all lagging behind.
Issues that arose, influencing factors (positive or negative):	Need to improve on "agenda-setting" at a higher level in the Ministry. This was shared with and acknowledged by the DRH Directors and Steering Committee.
Unexpected results (positive or negative):	Positive: DPSs very positive about the announced numbers regarding staffing Negative: Ministry/ DNAM and DRH (!) did not use the plan for staff allocation

2.5.2 Budget execution

2.5.3 Quality criteria

Criteria	**Score**
Efficiency	-
Effectiveness	D
Sustainability	-

2.6 Output 4: Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions.

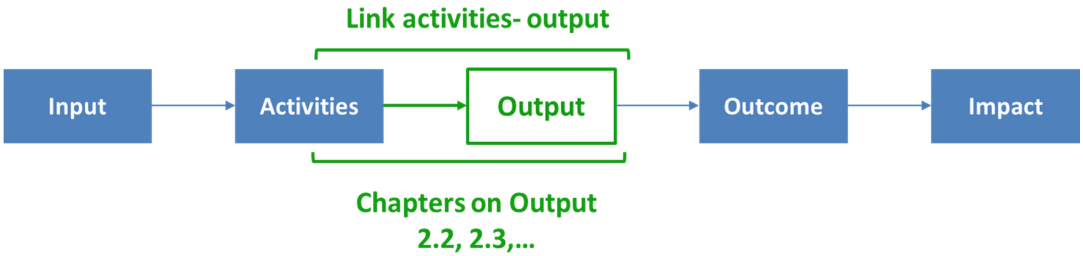
In August 2012 a first Technical Meeting of Heads of HRM in the health sector was held in Chimoio, Manica. The meeting was attended by nine provincial Heads of HRM, three Heads of HRM of the central hospitals and the three Heads of Departments of HR Management in the Ministry. The meeting discussed a plan to support Decentralization in HR Management in Health. The meeting offered an excellent opportunity for a peer

exchange of best practices, which were captured in a matrix of recommendations to the Heads of HR for follow up.

In September 2013 a second Technical Meeting for HR Heads took place in Nampula ; also attended by several local partners and other HR advisers to DRH. Discussions rendered new insights and solutions and offer an excellent form of capacity building.

In both cases the follow-up to implement recommendations has been too slow. Much more Provincial level engagement will be required, to meet the objective of 'decentralisation mechanisms developed'.

In March 2014 a third Technical Meeting will be held in Maputo Province, for which also several HR Unit Heads and more local partners will be invited, to broaden the platform.



2.6.1 Analysis of progress made

Output 4: Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Number of technical meetings for provincial DPS-HR Chiefs, held at the **national** level	0	1	1	2	2	2x per year
Number of technical meetings for provincial DPS-HR Chiefs and Unit heads, held at the **regional** level	0	0	0	0	2	NEW
Number of technical meetings for district SDSMAS-HR Chiefs, held at the **provincial** level	0	0	0	0	2	NEW
Number of working sessions for district SDSMAS-HR Chiefs and HR staff, held at a grouped **district** level	0	0	0	0	2	NEW

Progress of main activities [6]	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
1 Hold Technical Meetings for Provincial Heads of HR		X			New meetings introduced
2 Introduce coaching/ communication system for HR management support to the provincial level ('padrinhos')				X	Implementation in 2013 > 2014
3 Prepare a support plan for the decentralisation of HR management		X			Follow-up is needed
4					

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):	Yes, decentralisation mechanisms are developed.
Progress made towards the achievement of the output (on the basis of indicators):	Progress is slow. More (pro-)active role to be played by lower HRM levels, especially by provincial DPS Heads of HR. Two meetings per year foreseen.
Issues that arose, influencing factors (positive or negative):	
Unexpected results (positive or negative):	Last Technical meeting (of 14 HR Heads of provinces and central hospitals) called for broader participation (of 11x4 Unit Heads of DPS and 7x2 HR of provincial hospitals). This, considered as an on-the-job capacity building, will start in 2014 on a regional level. One DPS adopted Technical Meetings with District Heads of HR, which is considered as 'best practice' and is now proposed for other DPS to adopt.

2.6.2 Budget execution

See budget

2.6.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score[7] to the following criteria

- *Efficiency: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.*

[6] A: The activities are ahead of schedule
B The activities are on schedule
C The activities are delayed, corrective measures are required.
D The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

[7] A: Very good performance
B: Good performance
C: Performing with problems, measures should be taken
D: Not performing/ having major difficulties: measures are necessary
If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

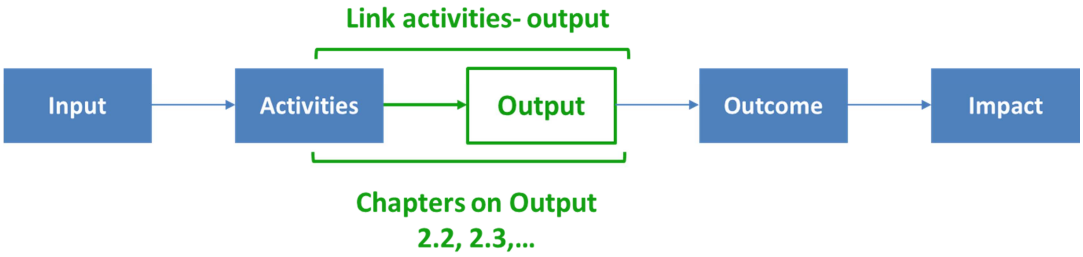
- *Effectiveness: Degree to which the output is achieved as planned at the end of year N.*
- *Sustainability: The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).*

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	C

2.7 Output 5: Management tools developed and implemented.

In 2012, Excel tables were developed to calculate salary impact for most HR routine interventions. Staff training was executed (see Output 2).

At the end of 2012 a consultant was contracted to prepare a comprehensive yat simple Procedure Manual for HR managers and staff in the Districts and Hospitals, based upon the Public Servant Statutes (EGFAE), to guide them in how to execute their duties. Early 2013 a draft Manual was presented by the consultant and improved by the HR Department and Unit Heads. The draft was well appreciated; testing of the Manual in several districts and Hospitals did not materialise in 2013 and was only recently completed. Improved graphic design was included in the consultancy, yet as that did not deliver the expected results, is now contracted with a professional.



2.7.1 Analysis of progress made

Output 5: Management tools developed and implemented.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**

Progress of main activities [8]	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Develop Excel tables to calculate salary impact of HR routine interventions		X			Good, however not widely used.
2 Support the elaboration of differentiated career structure for HR staff		X			Consultancy was paid by WHO
3 Elaboration of Procedure Manual for HR management in the health sector			X		Taken back from Coop Italiana
4 Training of district staff in using the Procedure Manual (EGFAE)				X	After Manual becomes available
5 Elaboration of Manual for the reception and integration of new staff members			X		Slowly but surely….
6 Development of software to improve management of HR archives			X		Software is now available; 5.0000 HR files now to be transferred into the software.

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):	Yes, several new tools are developed.
Progress made towards the achievement of the output (on the basis of indicators):	Procedure Manual has been elaborated and is now in last stages of testing.
Issues that arose, influencing factors (positive or negative):	Coop. Italiana was not able to fund the consultancy, as was originally agreed.
Unexpected results (positive or negative):	Positive: Software for HR Archive management has been used as a trigger for transferring 4.000 staff files and the related HR management from DRH to HCM !

2.7.2 Budget execution

See budget.

2.7.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score[9] *to the following criteria*

- *Efficiency: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.*

[8] A: The activities are ahead of schedule
B The activities are on schedule
C The activities are delayed, corrective measures are required.
D The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

[9] A: Very good performance
B: Good performance
C: Performing with problems, measures should be taken
D: Not performing/ having major difficulties: measures are necessary
If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

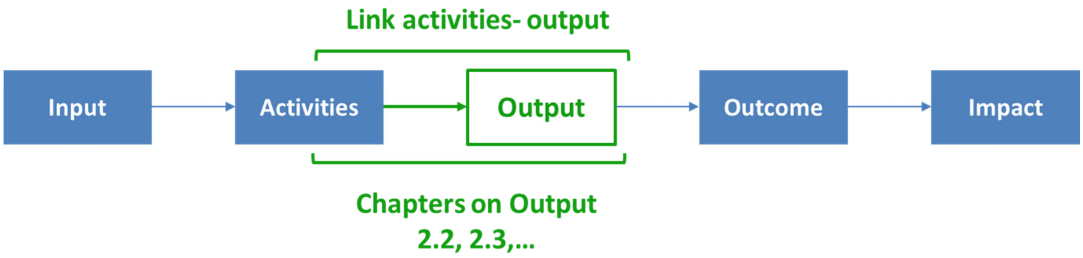
- *Effectiveness: Degree to which the output is achieved as planned at the end of year N.*
- *Sustainability: The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).*

Criteria	Score
Efficiency	C
Effectiveness	C
Sustainability	C

2.8 Output 6: Working conditions improved of HR staff at provincial and district level.

The HR Directorate decided to provide all Provinces (11) and about half of all Districts (60) with computer equipment and office furniture. It was agreed that computers for the provincial DPSs will be connected to the Government financial management system (eSISTAF) allowing them to work directly with the personnel registry module (eCAF). Computers in the districts are provided to be used for HR administration and working with SIP spreadsheets. The tender was awarded mid-December 2012 and the computer equipment was delivered in May/June 2013.

Office furniture for 60 districts faced delays,



2.8.1 Analysis of progress made

Output 6: Working conditions improved of HR staff at provincial and district level.						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
Not defined, not available	x	x	x	x	x	

Progress of main activities [10]	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Computer equipment supplied to 11 DPS and 60 SDSMAS		B			
2 Office furniture supplied to 60 SDSMAS			C		Delivery delayed due to political unrest
3 Air conditioners supplied and installed in 11 DPS			C		Non-compliance of supplier
4 11 DPS connected to national Financial Administration/ HR system (eCAF)			C		Poor follow-up DPS w/ CEDSIF
5					

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*

Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):	Yes, equipment, furniture, airco's contributing to improved working conditions
Progress made towards the achievement of the output (on the basis of indicators):	Almost half (60 out of 128) districts were supplied. Additional equipment and furniture will be procured in 2014 to cover more districts.
Issues that arose, influencing factors (positive or negative):	Poor use of the provided computer equipment, due to lack of ICT knowledge and skills, particularly in the districts.
Unexpected results (positive or negative):	New measures taken to overcome poor use: (a) consultancy to assist SDSMAS to make better use of the equipment, (b) courses Excel and Word for HR staff.

2.8.2 Budget execution

See budget.

2.8.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score[11] *to the following criteria*

- *Efficiency: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.*
- *Effectiveness: Degree to which the output is achieved as planned at the end of year N.*
- *Sustainability: The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).*

Criteria	**Score**

[10] A: The activities are ahead of schedule
B The activities are on schedule
C The activities are delayed, corrective measures are required.
D The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

[11]
A: Very good performance
B: Good performance
C: Performing with problems, measures should be taken
D: Not performing/ having major difficulties: measures are necessary

If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

Efficiency	
Effectiveness	
Sustainability	

2.9 Output 7: The production, exchange and use of evidence in HR policy implementation and monitoring strengthened .

In 2012 the project supported the training of provincial and district technicians, responsible for operating and for using MISAU's personnel management information system (SIP). In all three regions the training of data technicians of all DPS, SDSMAS (ca. 240p) was executed. Thereafter, these technicians have updated their SIP databases up till the month of June, providing now more reliable data for HR management.

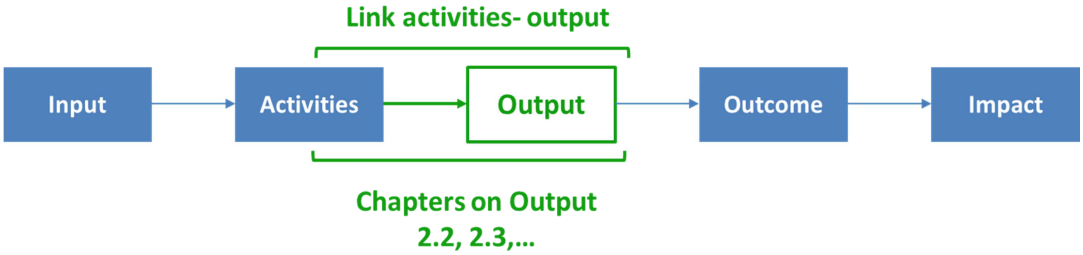
Furthermore, later in 2012 the project supported the training of the same group of provincial and district technicians (ca.240p) to start working with the new, online personnel registry module (eCAF) as first part of the new database (e SIP saúde) and finance system (e SISTAFE).

In 2013 the project supported the training of this group of technicians to work on the improvement of data quality and initial analysis and use of the data for HR management purposes.

In 2012 the project supported the training of central level staff (70p) and provincial and district level staff (120p) in health staff rights & responsibilities, HR legislation, disciplinary procedures, the performance evaluation system (SIGEDAP) and administrative procedures. In 2013 the training was to be conducted in the remaining 8 Provinces. Due to several interferences, among which a health sector strike, only two more Provinces could be trained.

In August 2012 it was decided to develop a computer software application that will allow better management and control over the flow of documents in the personnel data filing system. In November a consultant was contracted to develop the application and train the staff in its use. In 2013 the application was developed in consultation with the Department for Personnel Administration (DAP) and in particular the Archives (RAC) as well as Archive staff of the Central Hospital (HCM), Maputo City (DSCM) and Maputo Province (DPS-MP). The staff received training to work with the application and to transfer the personnel file data into the software.

In August 2013 contacts were established with Health Secretariat of the State of Bahia (SESAB) in Brazil with the prospect of establishing a partnership to exchange 'best practices' in a selected number of HR management areas. In November 2013 a delegation (3 staff members from DRH, 1 from DPS, 1 from SDSMAS) visited SESAB for four days, to discuss, look and learn. Follow-up contact and a return visit are expected to take place in 2014.



2.9.1 Analysis of progress made

Output 7: The production, exchange and use of evidence in HR policy implementation and monitoring strengthened .						
Indicators	**Baseline value**	**Progress year N-1**	**Progress year N**	**Target year N**	**End Target**	**Comments**
No indicators defined	x	x	x	x	x	

Progress of main activities [12]	**Progress:**				**Comments** (only if the value is C or D)
	A	B	C	D	
1 Training of provincial and district technicians to improve data quality		X			
2 Development of software application for management of HR archives			X		Transfer of 4000 files is delayed
3 Provision of HRM reference documentation to DPS, SDSMAS and hospitals			X		Definition of package not final
4 Exchange of 'best practises' in HRM through partnership with Braz. Health Secr.		X			
5					

Analysis of progress made towards output: *Analyse the dynamics between the activities and the probable achievement of the Output (see Results Report Guide).*	
Relation between activities and the Output. (how) Are activities contributing (still) to the achievement of the output (do not discuss activities as such?):	Yes, strengthening the evidence base for HRM does contribute to better information, strategies and plans.
Progress made towards the achievement of the output (on the basis of indicators):	Steep increase of relevant data, permitting appropriate analysis. Excellent collaboration with other partners/ projects (Jhpiego, CDC)
Issues that arose, influencing factors (positive or negative):	Data quality will improve as demand for data analysis and use increases. Key HRM modules in Government system are not yet available. Discussions taking place for project to facilitate and accelerate production of some HRM modules.
Unexpected results (positive or negative):	

[12] A: The activities are ahead of schedule
B The activities are on schedule
C The activities are delayed, corrective measures are required.
D The activities are seriously delayed (more than 6 months). Substantial corrective measures are required.

2.9.2 Budget execution

See budget.

2.9.3 Quality criteria

On the basis of the elements above, attribute a simple A, B, C or D score[13] *to the following criteria*

- *Efficiency: Degree to which the resources of the intervention (funds, expertise, time, etc.) have been converted into outputs in an economical way.*
- *Effectiveness: Degree to which the output is achieved as planned at the end of year N.*
- *Sustainability: The degree of likelihood to maintain the outputs of the intervention in the long run (beyond the implementation period of the intervention).*

Criteria	Score
Efficiency	B
Effectiveness	B
Sustainability	C

[13]

A: Very good performance
B: Good performance
C: Performing with problems, measures should be taken
D: Not performing/ having major difficulties: measures are necessary

If a criterion cannot be assessed (e.g. because the project has only just started), attribute the criteria with an 'X' score. Explain why the criterion has not been assessed.

3 Transversal Themes

3.1 Gender

Gender inequality is still a problem in Mozambique, which continues to have a low Gender-related Development Index (GDI). There continue to exist significant barriers to women's rights. They have still less opportunities on the labour market and participate less in economic gains and in social, cultural and political decision-making.

MISAU recognises the importance of tackling gender issues. A MISAU Gender Strategy has been developed. Gender differences are taken into account by MISAU at the policy, planning and programme level, in order to meet the health needs of both men and women. This includes:

- Incorporate equality, particularly gender equality, into health in terms of key processes, policies, strategies and programmes,
- Incorporate gender information (e.g. access to and utilisation of health services) into the M&E system,
- Train health staff in gender issues and promotion of gender equality in the health services,
- Promote and disseminate reproductive rights and legal means of protection against sexual abuse, and physical and domestic violence.

Better HR management should lead to better health services for women and children (caesarean section, family planning services, mother and child clinics), which should contribute to better MDG outcomes in terms of maternal mortality and infant/ child mortality.

Within the management of HRH there are also gender issues. For example, most nurses in Mozambique are female. Once they are married, female nurses generally do not accept to be transferred far from their husbands. This severely limits the transferability of nurses in Mozambique. This situation has to be taken into account in the policies and practices around transfer of staff.

The project will endeavour to ensure that the policies, norms, procedures and tools developed for HRH management will not create a gender-bias or have a negative impact specifically on women or on men. The project will also ensure that equal numbers of women and men benefit from opportunities such as on-the-job training, basic training courses and scholarships.

3.2 Environment

This project is not expected to have a direct impact on the environment, neither positive nor negative.

Indirectly however, the project may have a positive impact, by contributing to the better performance of the health system, which should in turn contribute to better health of the population and to less detrimental non-sustainable practices in the use of natural resources.

3.3 Other

Social Economy

In 2013, Mozambique had a population of 24 million, of which 88% lived in rural areas. Forty-five percent of the population lived below the poverty line in 2009. Poverty

continues to be a rural phenomenon with 96% of the poor living in rural areas in 2004/05. Regional disparities still exist with the north lagging behind most of the country.

A direct relationship exists between poverty and prevalence of diseases such as malaria, malnutrition and diarrhoea as they are more prevalent among the poor compared to rich households.

The general objective of the Mozambican National Health Policy is “to improve the health status of the population". The project is expected to contribute to this objective in an indirect way. The strengthening of HR management in the health sector should contribute to improved quantity and quality of health sector staff, which should in turn contribute to improved performance of the health facilities.

HIV and AIDS

Mozambique is one of the countries with the highest HIV prevalence in the world but efforts in prevention seem to be paying off with prevalence stabilising in the last years. The national prevalence figure among the adult population was 16% in 2007 , with large regional variations of 9% prevalence in the north of Mozambique, 18% in the centre and 21% in the south. Prevalence is stabilising in the north and central regions, but continues to rise in the south. About 1,4 million adults (15-49 yrs old) were living with HIV in 2008, of which 57% were women. Approximately 100,000 children (0-14 yrs) were living with HIV and Mozambique had about 400,000 aids orphans.

HIV treatment with ARV (T-ARV) is not yet accessible to all: 38% of adults and 30% of children living with HIV were under treatment in 2008. Special attention is given to the prevention of vertical transmission from mother to child. Recently, in 2012 the treatment target was raised to 80%. This steep, not-negotiated T-ARV increase has had a tremendous impact on not available, yet required human resources. Obviously, this strong pull towards T-ARV has a negative impact on HR availability for other medical services and (vertical) programs, such as vaccinations, malaria prevention, etc.

The HIV and AIDS epidemic is a threat to Mozambique through its systemic and cumulative impact. Labour-intensive sectors of society, such as agriculture, are particularly affected as HIV/AIDS results in a decrease of the agricultural labour force. HIV/AIDS also contributes to an increase in the number of vulnerable households (headed by women, youths, orphans or elderly). This impacts on food security and rural livelihoods. Stigma attached to HIV/AIDS may also result in growing isolation of people living with HIV (PLHIV) and their families depriving them of support they would normally receive in times of hardship from extended kin networks, neighbours and communities.

The feminisation of the HIV/AIDS epidemic is now widely acknowledged. For a number of reasons – biological, socio-economic and others - women are more vulnerable to HIV infection than men. Young women are between 3 and 4 times more likely to become infected with HIV than men. Furthermore, the increasingly onerous burden of care falls almost entirely on women. As a result it is now widely recognised in Mozambique that gender issues need to be prioritised in an effective campaign against the HIV/AIDS epidemic. This is addressed in both the PARPA II and the HIV/AIDS National Strategic Plan.

Health staff is particularly at risk of contamination with HIV during their work, and are subject to psychological stress from having to treat young people who are dying. This needs to be taken into account in addressing HR management systems. MISAU and partners are trying to address the issue of bio-safety and HIV, by reducing the risks of HIV contamination on the work floor. GTZ is currently working with MISAU to develop and implement HIV workplace programmes.

4 Steering and Learning

4.1 Action Plan

On the basis of the data and analysis above, the following actions/decisions will be taken:

Action plan	**Source**	**Actor**	**Deadline**
Description of the action/ decision to be taken	*The sub-chapter to which the action refers (e.g. 2.4)*	*The person responsible for taking the decision/ taking action*	*e.g. Q1, Q2, Q3 or Q4 of year N+1*
Sustainability (D score) Financial sustainability of in-service training of administrative staff shall be addressed, in MISAU with DPC and DAF, outside MISAU with MF.	2.2.4	ITA + Dir DRH	2014- Q4
Efficiency (C score) Working culture should be gradually improved: enhance time management, reduce interruptions, promote action lists and systematic follow-up, improve communication, control document versions, etc. Implementation capacity reinforced through: (a) direct implementation DPS, (b) mobilized support to DPS from local partners, (c) DRH mentoring system to improve follow-up, (d) 2 HRM advisers recruited by the project to assist DPS	2.2.4	ITA + Dir DRH ITA + Dir DRH	2014- Q4 2014- Q2
Relevance (B score) In the light of decentralisation, privatisation and automation of HRM, DRH should define Vision, Mission and decide to incorporate new functions and new staff positions.	2.2.4	ITA + Dir DRH	2014- Q1

4.2 Lessons Learned

Important Lessons Learned from the intervention's experience, new insights that must remain in the institutional memory of BTC and partners.

Lessons learned	Target audience
1- To achieve the global objective of the project, many issues (e.g. finance, decentralisation, public servants, privatisation, automation, coordination between Directorates, political commitment) need to be structurally addressed, outside the direct sphere of influence of the Human Resources Directorate. **2-** The project impact would become more effective, if strong high-level involvement and commitment (at the Permanent Secretary level) were obtained. **3-** Reference is made to the assumptions in the project log frame, where the following factors are deemed critical to the success of the project: • Government of Mozambique (GoM) maintains or increases health budget allocation, to solve HR challenges and constraints • GoM allocates sufficient new health professional positions to the health sector. • GoM addresses salary and incentives issues.	The audience that may be interested in the lesson learned: Project steering committee, incl. PS, BTC Resident Representative, BTC HQ department.

5 Annexes

5.1 Original Logical framework

Inserted at end of this document.

5.2 Updated Logical framework

Logical framework was not changed in the last 12 months.

5.3 More Results at a glance

Logical framework results or indicators modified in last 12 months ?	No
Baseline Report registered on PIT?	No
Planning MTR	01/ 09/ 2013 and has been executed.
Planning ETR	01/ 03/ 2015
Backstopping missions since 01/01/2012	12- 22 August 2012; and 23- 29 March 2014

5.4 “Budget versus current (y-m)” Report

”Budget versus current (y-m)” Report is annexed to this document.

5.5 Resources

Not identified.

2.3 Planificação anual financeira – Actualização Q4-2012

MOZ 0902011

	Actividade	Orça 2011-15	Despesas 2011	Balanço 2012-15	Planificado 2012	Despesas Q1	Despesas Q2	Despesas Q3*	Despesas Q1-Q3*	Exec. %	Planificado Q4	Despesas 2012	Exec. %	Balanço 2013-15	Exec. (%)
A.	**Reforçar o sistema de gestão de RHS em saúde em todos os níveis**	**4.392**	**29**	**4.363**	**957**	**41**	**66**	**95**	**202**	**21**	**493**	**694**	**72**	**3.752**	**102**
A-1	**Instrumentos implementados para avaliaçao desempe**	**64**	**0**	**64**	**65**	**0**	**0**	**0**	**0**	**0**	**25**	**25**	**38**	**39**	**100**
01	Implementar instrumentos de avaliaçao de desempenho	64	0	64	65	0	0	0	0	0	25	25	38	39	100
A-2	**Capacidade dos gestores RHS reforçada nos processo**	**3.126**	**29**	**3.098**	**416**	**30**	**48**	**70**	**148**	**36**	**145**	**293**	**70**	**2.996**	**106**
01	Realizar análise de situação das prácticas de gestão RHS	78	25	53	37	0	37	0	37	100	0	37	100	0	79
02	Desenhar o programa de capacitação em serviço	42	0	42	0	0	0	0	0	0	0	0	0	0	0
03	Implementar o programa de capacitação em serviço	1.245	0	1.245	242	30	11	50	91	37	50	141	58	1.407	124
04	*Submeter pacote de formação para aprobação*	*4*	*0*	*4*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
05	*Realizar análises institucionais*	*50*	*0*	*50*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
06	Financiar e organisar cursos básicos	1.490	0	1.490	114	0	0	0	0	0	75	75	66	1.415	100
07	Coordenar atravéz de encontros técnicos	219	4	215	60	0,2	0	20	20,2	34	20	40	67	174	100
A-3	**Capacidade gestores RHS reforçada na planificação F**	**175**	**0**	**175**	**50**	**0**	**0**	**0**	**0**	**0**	**25**	**25**	**50**	**147**	**98**
01	Desenvolver e implementar guião de planificação	85	0	85	25	0	0	0	0	0	25	25	100	60	100
02	Rever instrumentos actuais de planificaçao de RHS	4	0	4	25	0	0	0	0	0	0	0	0	0	0
03	*Capacitar os gestores na planificação de RHS*	*62*	*0*	*62*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*62*	*100*
04	*Apoiar as provincias na planificação anual de RHS*	*25*	*0*	*25*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*25*	*100*
A-4	**Mecanismos na decentralização de GRH desenvolvido**	**335**	**0**	**335**	**160**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**217**	**65**
01	Padronizar organigramas nas províncias/ distritos	72	0	72	50	0	0	0	0	0	0	0	0	72	100
02	Rever e divulgar quadro de pessoal	72	0	72	60	0	0	0	0	0	0	0	0	72	100
03	Rever e divulgar descrições de tarefas	72	0	72	25	0	0	0	0	0	0	0	0	72	100
04	Rever qualificadores de carreiras e funções	118	0	118	25	0	0	0	0	0	0	0	0	0	0
A-5	**Instrumentos de gestão criados e implementados**	**96**	**0**	**96**	**50**	**0**	**0**	**0**	**0**	**0**	**25**	**25**	**50**	**71**	**100**
01	Desenvolver manual para aplicaçao EGFAE	71	0	71	20	0	0	0	0	0	25	25	125	46	100
02	Disseminar EGFAE em encontros com funcionários	25	0	25	30	0	0	0	0	0	0	0	0	25	100
A-6	**Melhoradas as condições de trabalho do pessoal RH a**	**213**	**0**	**213**	**106,25**	**0**	**0**	**0**	**0**	**0**	**213**	**213**	**200**	**0**	**100**
01	Complementar equipamentos de trabalho	213	0	213	106,25	0	0	0	0	0	213	213	200	0	100
A-7	**Fortalecidos a produção e uso de evidências em RHS**	**382**	**0**	**382**	**110**	**11**	**18**	**25**	**54**	**49**	**60**	**114**	**104**	**282**	**109**
01	Reorganisar o sistema da arquivo de RHS	53	0	53	10	0	0	10	10	100	15	25	250	28	100
02	*Estabelecer mini-bibliothecas de documentos RHS*	*38*	*0*	*38*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*38*	*100*
03	Expandir o SIP para o nivel distrital	234	0	234	75	11	18	15	44	59	45	89	119	158	114
04	Apoiar na identificação, documentação e disseminação das	*59*	*0*	*59*	*25*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*59*	*100*

X	**Budget reserve (max. 5% of activity total)**	**220**	**0**	**220**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**50**	**-**	**170**	**100**
X-1	**Budget reserve**	**220**	**0**	**220**	**0**	**0**	**0**	**0**	**0**	**0**	**50**	**50**	**-**	**170**	**100**
01	Budget reserve in CO-GESTION	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Budget reserve in REGIE	220	0	220	0	0	0	0	0	0	50	50	-	170	100
Z	**General resources**	**1.389**	**166**	**1.223**	**414**	**47**	**72**	**74**	**193**	**47**	**106**	**299**	**72**	**821**	**93**
Z-1	**Staff costs**	**1.008**	**121**	**887**	**296**	**42**	**69**	**55**	**166**	56	**73**	**239**	81	**651**	**100**
01	Long-term International Technical Advisor	720	121	599	193	38	61	48	148	76	48	196	101	417	102
02	Medium-term Regional/National Advisor	120	0	120	60	0	0	0	0	0	15	15	25	105	100
03	Project administrator	96	0	96	24	3	6	6	15	62	6	21	87	72	97
04	Administrative assistant	48	0	48	14,4	0	0	0	0	0	3	3	21	45	100
05	Driver	24	0	24	5	1	2	1	4	76	1	5	102	12	70
Z-2	**Investments**	**38**	**40**	**-2**	**5**	**0**	**2**	**1**	**3**	56	**0**	**3**	56	**0**	**113**
01	Vehicles	20	16	4	5	0	2	0	2	32	0	2	32	0	88
02	Office furniture and equipment	6	13	-7	0	0	0	1	1	0	0	1	0	0	225
03	Computer equipment	10	3	7	0	0	0	0	0	0	0	0	0	0	33
04	Preparation of office space	2	9	-7	0	0	0	0	0	0	0	0	0	0	430
Z-3	**Running costs**	**223**	**5**	**218**	**58**	**5**	**2**	**7**	**14**	25	**12**	**27**	46	**80**	**50**
01	Office rent	96	0	96	24	0	0	0	0	0	0	0	0	0	0
02	Office services and maintenance	14	0	14	0	0	0	1	1	0	0	1	-	12	88
03	Vehicle maintenance	14	0	14	6	0	1	2	3	47	2	5	80	8	92
04	Telecommunication	14	0	14	3,45	0	0	1	1	28	1	2	49	8	65
05	Office materials	10	0	10	2,4	0	0	1	1	54	1	2	79	5	68
06	Staff missions/trips (included in results)	50	4	46	12,5	0	0	3	3	25	3	6	49	34	87
07	Representation costs and external communication	5	1	4	1,2	0	0	0	0	29	1	1	92	3	102
08	Training	10	0	10	3	5	0	0	5	157	5	10	323	7	167
09	Consultancies (included in results)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Financial/bank charges	5	0	5	1,2	0	0	0	1	42	0	1	67	4	92
11	VAT charges	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Recruitment costs (air ticket+ hotel Belgium)	4	0	4	4,24	0	0	0	0	0	0	0	0	0	0
Z-4	**Auditing and monitoring & evaluation**	**120**	**0**	**120**	**55**	**0**	**0**	**10**	**10**	18	**20**	**30**	55	**90**	**100**
01	Monitoring and evaluation	50	0	50	25	0	0	0	0	0	0	0	0	50	100
02	Audits	40	0	40	20	0	0	0	0	0	20	20	100	20	100
03	Backstopping	30	0	30	10	0	0	10	10	100	0	10	100	20	100
99	**Conversion rate adjustment**	**0**	**0**	**-0**	**0**	**0**	**0**	**0**	**0**	0	**0**	**0**	0	**0**	**0**
98	Conversion rate adjustment	0	0	-0	0	0	0	0	0	0	0	0	0	0	0

* Despesas Q3: Julho e Ago, exclusive pagamentos para as DPS com prestação de contas em aberto.

5.6 Decisions taken by the JLCB and follow-up

Provide an overview of the <u>important</u> strategic decisions taken by the JLCB and the follow-up of those decisions.

Decision to take					Action			Follow-up	
Decision to take	**Period of identification**	**Timing**	**Source**	**Actor**	**Action(s)**	**Resp.**	**Deadline**	**Progress**	**Status**
Project funding to be extended to direct support to provincial DPS-RH plans, to increase the projects implementation capacity and disbursements rate.	7 June 2013								DPS-RH with support of local partners are to submit their plans & budgets
					Prepare concept plan & budget to strengthen DPS-RH in 2014	ITA	Dec. 2013	Significant plans & budgets for 2014 were approved by the Steering Committee	
					Recruit 2 additional HR advisers to assist all DPS-RH	ITA	1 March 2014	ToR were prepared, for approval	

5.2 Logical Framework (original version from TFF)

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
GENERAL OBJECTIVE To contribute to a qualitative leap in Mozambican health service, associated with improvements in MISAU training system and management capacity.	Outcome indicator: Overall indicator of the National Plan for Development of Human Resources for Health 2008 – 2015 (PNDRHS) – *to be defined in the PNDRHS Operational Plan*		Plano Economic Social (PES = Annual Health Sector Plans), Reports on the Avaliação Conjunta Annual (ACA = Annual Health Sector Evaluation). Reports on implementation of the Health Sector Strategy (PESS)	• Government of Mozambique (GoM) maintains or increases health budget allocation. • GoM allocates sufficient new health professional positions to MISAU. • GoM addresses salary and incentives issues.
SPECIFIC OBJECTIVE Strengthen the Human Resource management system of MISAU at all levels, including central level and operational levels (provinces, districts and health facilities).	Outcome indicator: *Indicator to be defined in the PNDRHS Operational Plan.*		Monitoring reports on the implementation of the PNDRHS and its Operational Plan, PES, ACA reports, Annual health sector performance report, Report on Performance Assessment Framework (PAF) (for the PARPA / general budget support).	• MISAU demonstrates real commitment to PNDRHS implementation. • MISAU allocate sufficient resources to PNDRHRS implementation. • Partners support PNDRHS implementation. • MISAU counterparts are available to work with BTC TA.
RESULT 1 **Criteria and tools for assessing the performance of HR managers reviewed and implemented.**	*Indicator to be defined in the PNDRHS Operational Plan.*	1.1.2, 1.1.2.2, 1.1.2.3		• MISAU management approves the conducting of planned activities. • MISAU counterpart staff at central and provincial level are available to coordinate the process and contribute to the design of activities.
	Criteria and tools to assess the performance of HR managers are in place.	1.1.2, 1.1.2.2, 1.1.2.3	Evaluation tools available. Annual PES reports.	
RESULT 2 **Capacity of HR managers and administrators at all levels strengthened in**	*Indicator to be defined in the PNDRHS Operational Plan.*			
	Situation analysis of HR management practices undertaken at all levels.		Report on situation analysis.	

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
routine HR management.	Collection of HR management training materials undertaken.		Report on existing HR management training programmes and materials.	• Partner agencies contribute to design activities in working groups.
	Programme for continuous training of HR staff in routine procedures and decentralised systems designed and approved.	2.1.2, 2.1.2.2, 2.1.2.3	Training programme documentation.	
	Number of HR staff trained through continuous training programme. 80% of HR staff know routine HR management procedures and tools.	1.1.4, 1.1.4.1	Training programme reports. Interviews with HR staff to assess their knowledge of routine HR procedures and management tools.	
	DPS, SDSMAS e Hospital management at central, provincial and district levels trained in the recruitment process.	3.1.2, 3.1.2.2	Training programme in recruitment. Reports on recruitment training.	
	Mobility (transfer) system implemented at national level.	3.1.3.1	Reports from provinces and districts.	
	Number of HR staff at provincial and district trained in the use of SIP data for HR management.		Training programme reports.	
	Technical Meetings organised on the implementation of capacity building in management.		Reports on the technical meetings.	
	Institutional capacity assessments undertaken of the HR management system at various levels.		Reports on institutional capacity assessments.	
	Number of HR staff from all levels (central, prov., district, HF) trained in HR management through basic training.		Reports on basic training of HR staff in HR management. Reports on scholarships.	
RESULT 3 **Capacity of HR managers and administrators at all levels strengthened in HR planning.**	*Indicator to be defined in the PNDRHS Operational Plan.*	1.3.2, 3.1.1.2		
	Procedure manual on developing recruitment plans elaborated and implemented.	1.3.2, 3.1.1.2	Manual for elaboration of recruitment plan. Recruitment plans.	

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
	Tools for HR coverage mapping and for HR needs identification available at national level.		Reports on HR mapping. HR coverage and needs map.	
	HR needs mapping undertaken annually at national level.		HR needs mapping.	
RESULT 4 **Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions**	*Indicator to be defined in the PNDRHS Operational Plan.*	2.3.2, 2.3.2.1		
	Organisational charts of provincial and district HR departments standardised and disseminated.	2.3.2, 2.3.2.1	HR organisational charts.	
	Staffing structure of HR departments revised and disseminated.	2.3.2, 2.3.2.1	HR staffing structure.	
	HR staff job descriptions revised and disseminated.	2.3.2, 2.3.2.1	HR department job descriptions.	
	Salary scales of all health sector staff revised.	2.3.2	New salary scales.	
RESULT 5 **Management tools developed and implemented**	*Indicator to be defined in the PNDRHS Operational Plan.*			
	New HR management tools developed and implemented.	2.4.4.2	New management tools.	
	Procedures to implement the EGFAE in the health sector developed and disseminated.		Procedures for EGFAE implementation.	
RESULT 6 **Working conditions improved of HR staff at provincial and district level**	Office equipment of HR departments inventorised and completed.		Report on equipment inventory. Report on provision of new office equipment.	
RESULT 7 **The production, exchange and use of evidence in HR policy**	*Indicator to be defined in the PNDRHS Operational Plan.*			
	HR archive system reorganised at provincial and district levels.	2.5.2	HR archive procedures. Physical archive system.	

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
implementation and monitoring strengthened	"Mini-libraries" of essential HR management documents established within HR departments.		Books. Library system.	
	SIP expanded to the district level.		Reports on SIP expansion and training.	
	Best practice in HR management within and outside Mozambique identified, documented and disseminated.	2.5.1	Best practice document.	

Results (based on the PNDRHS Operational Plan)	Code Obj.	Activities (based on the PNDRHS Operational Plan)	Code Act.	Resources	Costs (Euros)
RESULT 1 **Criteria and tools for assessing the performance of HR managers reviewed and implemented**	1.1.2	1.1 Review and implement the criteria and tools to assess HR staff performance, including on-the-job training of HR managers in the use of the tools.	1.1.2.2 / 1.1.2.4	National consultants. Transport. Trainings. Training materials and stationary.	64.297,57
RESULT 2 **Capacity of HR managers and administrators at all levels strengthened in routine HR management**	2.4.4	2.1 Undertake a situation analysis of current HR management practices at all levels and collect existing materials and tools for HR management training from partner agencies.	2.4.4.1	International and national consultants. Transport. Trainings. Training materials and stationary.	3.126.140,86
	1.1.4 2.1.2 3.1.2 3.1.3	2.2 Design the capacity building programme for on-the job continuous training in routine HR management processes for HR staff with specific subjects including: • the distribution and utilisation of staff according to specific tasks, • the recruitment process, • the mobility (transfer) system, • the use of SIP data for HR management.	1.1.4.1, 2.1.2.2, 2.1.2.3, 3.1.2.2, 3.1.3.1		

Results (based on the PNDRHS Operational Plan)	Code Obj.	Activities (based on the PNDRHS Operational Plan)	Code Act.	Resources	Costs (Euros)
	1.1.4, 3.1.2	2.3 Implement the on-the-job capacity building programme of HR staff in HR management in collaboration with other partners.	1.1.4.1, 3.1.2.2		
	2.1.2	2.4 Complete the HR management training package and submit for approval to be used at national level.	2.1.2.2, 2.1.2.3		
		2.5 Undertake institutional capacity assessments in the HR management system at various levels (central, provincial, district, HF).			
		2.6 Fund basic training in HR management of a number of HR staff (short courses, BA / MA courses).			
		2.7 Coordinate the various capacity building initiatives through technical meetings on the implementation of management capacity building.			
RESULT 3 **Capacity of HR managers and administrators at all levels strengthened in HR planning**	1.3.2	3.1 Develop and implement guidelines for the elaboration of recruitment plans at all levels.	1.3.2.1	International and national consultants. Transport. Trainings. Materials and stationary.	175.333,71
		3.2 Review existing tools to map current HR coverage and identify HR needs at provincial and district levels.			
		3.3 Train HR managers in the use of HR planning tools through on-the-job training.			
	2.3.1	3.4 Undertake HR needs mapping annually at national level.	3.1.1.2		
RESULT 4 **Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions**	2.3.2	4.1 Standardise and disseminate organisational charts of provincial and district HR departments.	2.3.2.1	National consultants. Transport. Trainings. Training materials and stationary.	**334.562,86**
		4.2 Revise and disseminate the staffing structure of HR departments.			
		4.3 Revise and disseminate HR staff job descriptions.			
		4.4 Revise the salary scales (Qualificador) of all health sector staff.			
RESULT 5 **Management tools developed and**	2.4.4	5.1 Develop and disseminate procedures to implement the EGFAE in the health sector.	2.4.4.2	National consultants.	96.382,29

Results (based on the PNDRHS Operational Plan)	Code Obj.	Activities (based on the PNDRHS Operational Plan)	Code Act.	Resources	Costs (Euros)
implemented		5.2 Use the regular meetings of HR officials with staff to disseminate the staff rights included in the EGFAE.		Transport. Trainings. Training materials and stationary.	
RESULT 6 **Working conditions improved of HR staff at provincial and district level**	3.5 (?)	6.1 Inventorise and complete office equipment of HR departments in 50 districts who need it most.		Transport. Equipment and stationary.	212.571,43
RESULT 7 **The production, exchange and use of evidence in HR policy implementation and monitoring strengthened**	2.5.2	7.1 Reorganise the HR archive system at provincial and district levels.		National consultants. Transport. Materials and stationary.	382.485,71
		7.2 Establish “mini-libraries” of essential HR management documents established within HR departments.			
	2.5.2	7.3 Expand the SIP to the district level.			
	2.5.1	7.4 Identify, document and disseminate best practice in HR management within and outside Mozambique.			

MISAU-DRH/CTB: Projecto de apoio à formação e gestão de RH no sector de saúde — MOZ 0902011

22-01-2014

Orçamentos aprovados & realizados em 2011 - 2013 / Financiamento disponível para 2014 - 2016

'000 MZN — 1 € = MZN 40,0

2011			2012			2013			2014		2015 *		2016 **		TOTAL:
Orçado	Realizado	%	Orçado	Realizado	%	Orçado	Realizado	%	Orçado	Realizado	Orçado	Realizado	Orçado	Realizado	
9.800	7.800	80	44.000	24.000	55	56.000	24.680	44	151.520		20.000		12.000		**240.000**

Quanto foi gasto (cumulativo):			Quanto ainda estará disponível (redutivo):			
7.800	31.800	56.480	183.520	32.000	12.000	240.000
		24	76			100

* final do projecto 30 Junho 2015

** para pagamento do último ano de 90 + 66 bolsas em Gestão de RH

'000 Euro

2011			2012			2013			2014		2015 *		2016 **		TOTAL:
Orçado	Realizado	%	Orçado	Realizado	%	Orçado	Realizado	%	Orçado	Realizado	Orçado	Realizado	Orçado	Realizado	
245	195	80	1.100	600	55	1.400	617	44	3.788		500		300		**6.000**

Quanto foi gasto (cumulativo):			Quanto ainda estará disponível (redutivo):			
195	795	1.412	4.588	800	300	6.000
		24	76			100

Maputo, 22 de Janeiro 2014