



CTB



MISAU-DRH

ANNUAL REPORT 2011

**PROJECT: SUPPORT TO TRAINING
AND MANAGEMENT OF HUMAN
RESOURCES IN THE MOZAMBICAN
PUBLIC HEALTH SECTOR**

MOZ 090 2011

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Acronyms

BTC	Belgian Technical Cooperation
CDC	Centres for Disease Control
DAF	MOH Directorate for Administration and Finance
DPC	MOH Directorate of Planning and Cooperation
DPS	Provincial Directorate for Health
DRH	MOH Directorate of Human Resources
EC	European Commission
FICA	Flemish International Cooperation Agency
HR	Human Resources
ITA	International Technical Adviser
JICA	Japanese International Cooperation Agency
M&E	Monitoring and Evaluation
MISAU	Ministry of Health (Port.)
MOH	Ministry of Health
NPHRDH	National Plan for Human Resources Development in the Health sector
PA	Project Administrator
PAF	Performance Assessment Framework (for PARPA / PRSP)
PAP	Programme Aid Partnership (providing direct budget support (PARPA / PRSP)
PES	Annual Action Plan
PNDRHS	Plano Nacional de Desenvolvimento dos Recursos Humanos da Saúde
PROSAUDE	Fundo Comum / Health Sector Common Fund
SDSMAS	District Services for Health, Women and Social Action
SMCL	Structure mixte de concertation locale

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1 Project form

Project name	Support to Training and Management of Human Resources in the Mozambican Public Health sector
Project code	MOZ 0902011 / NN 3008585
Location	National programme, Mozambique
Budget	6.000.000 EUR
Key persons	National Director for Human Resources
Partner Institution	Ministry of Health (Directorate of Human Resources) of the Republic of Mozambique
Date of implementation agreement	17 November 2010
Duration (months)	60 months
Target groups	<ul style="list-style-type: none"> • 900 HR managers/administrators and staff at central/ provincial/ district level, • 1,600 clinical staff with HRM responsibilities working in the health facilities. • 35,000 public servants working in the health sector, • The Mozambican population (22 million)
Global Objective	Aligning to the NPHRDH, Belgium will contribute to a qualitative leap in the Mozambican health service system, associated with significant improvements in MISAU's training system and management capacity.
Specific Objective	Strengthen Human Resources Management systems in the health sector at all levels, which includes central and operational levels (provinces, districts and health facilities).
Results	Result 1: Criteria and tools for assessing the performance of HR managers reviewed and implemented
	Result 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management
	Result 3: Capacity of HR managers and administrators at all levels strengthened in HR planning
	Result 4: Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions
	Result 5: Management tools developed and implemented
	Result 6: Working conditions improved of HR staff at provincial and district level

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

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2 Summary

2.1 Analysis of the intervention

Intervention logic	Efficiency	Effectiveness	Sustainability
Specific objective			
Result 1 Criteria and tools for assessing the performance of HR managers reviewed and implemented.	X	X	X
Result 2 Capacity of HR managers and administrators at all levels strengthened in routine HR management.	B	C	X
Result 3 Capacity of HR managers and administrators at all levels strengthened in HR planning.	X	X	X
Result 4 Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions.	X	X	X
Result 5 Management tools developed and implemented.	X	X	X
Result 6 Working conditions improved of HR staff at provincial and district level.	X	X	X
Result 7 The production, exchange and use of evidence in HR policy implementation and monitoring strengthened.	X	X	X

Budget	Expenditure per year	Total expenditure year N (31/12/2011)	Balance of the budget	Execution rate
€ 6.000.000,00	€ 0,00	€ 193.913,03	€ 5.806.086,97	3%

2.2 Key elements

The International Technical Adviser (ITA) arrived in Mozambique in June for a preliminary

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visit to start up the project. Introductory meetings took place to establish cooperation with the units involved in the implementation of the project. Also in June, during the annual planning exercise (PES 2012) the required support from BTC was specified. Thus, project support was aligned and also harmonised with other donor initiatives to strengthen Human Resources Management in the health sector.

In September and October a consultancy took place to investigate and analyse current HR practices in the health sector. The main purpose of the analysis was to create a point of reference ('baseline') at the start of the project, for each of the seven result areas that are addressed. At the same time the analysis was to provide recommendations, identifying priorities and opportunities for project intervention. An important finding of the consultancy was that the HRM and HRD situation is significantly changing, due to recent progress concerning decentralisation of HRM responsibilities and the ongoing progress in improving health management information systems. Also, strong growth in the privatisation of health services has a significant impact on the HR situation in the public sector. This all has and will have a great impact on today's HR practices. The consultants recommend to rethink and to redefine DRH's mission and vision, and consequently its mandate and core functions, organisation structure and staff composition, and its proposed division of labour with provinces, districts and health facilities.

Result area 1: So far, initial attention has been paid to the Government-wide staff performance appraisal system (SIGEDAP) in order to understand the key features and implementation challenges of the system. It is contemplated that individual and organisational performance indicators and targets shall be interlinked. A revision and adaptation of this instrument will be followed through in 2012, staff capacity permitting.

Result area 2: The project envisages building the HRM capacity throughout the public health sector. The DRH Directorate stated as a top priority the elaboration of a comprehensive capacity building strategy for HR managers and staff in the health sector.

The health sector has approximately 35.000 civil servants, of whom about 20,000 (55%) provide clinical services and about 15.000 (45%) provide administrative and support services. At the moment, training in the health sector is almost exclusively focused at pre-service training of clinical staff. Obviously, employee performance and the quality of health services will significantly improve by offering in-service training to the large contingent of administrative and support staff and specifically to HR managers.

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On the basis of a recently adopted general strategy for in-service training ('continuous learning') of key health staff, a more detailed strategy for in-service training of HR managers and staff has been elaborated in concept. This has been done, in order to enhance coherence and consistency in the present myriad of distinct training initiatives. In the next phase a small workgroup will further specify what kind of training to be offered to each category of HR managers and staff, at what frequency and by whom, and these trainings should be organised and financed. Also, the developed strategy shall then be translated into a comprehensive and concrete training programme.

At the national meeting for HR managers held in October, most provincial health directorates (DPS) presented among its main priorities in its PES 2012, the need to train district health services (SDSMAS) in routine HR management. Key areas for training is HRM career management (contracting, promotion, career change, etc) as well as the related planning & budgeting. A Technical Workshop with senior HR managers was held in Maputo from 5 till 9 December to prepare a four-day district HRM training programme, as well as regional training-of-provincial trainers.

The aim is to train trainers (teams of experienced provincial HR managers) who intern will train HR managers and staff in the districts. The training-of-trainers objective is to ensure consistency and coherence in the content and approach of the DPS training that is offered to districts. It aims at setting a quality standard and at avoiding gaps or contradictory guidelines for district HR staff.

Result area 3: Two levels of HR planning are distinguished that need to be strengthened. In the first place, the long-term HR planning to ensure adequate staffing levels in the health sector in terms of quantity and quality. And secondly, the annual HR planning, to ensure timely staff recruitment, promotions and mutations.

The health staff formation and allocation process has been analysed and key staff concerned indicated that closer collaboration and coordination is required between different Directorates. First steps were taken to bring together staff planners from DRH with DNAM, DPC and DAF,

Result area 4: The national meeting for HR managers in the health sector, held from 3 till 7 of October, offered a good opportunity to share information and experiences between the central and provincial levels. Progress since the last meeting in 2006 was reported. Common challenges and priorities were discussed, which helped to identify entry points for project support in the context of strengthening decentralisation mechanisms, such as:

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facilitating and financing HRM training in the districts, improving working conditions for HR staff and creating opportunities for professional collaboration and learning.

Result area 5: Development of management tools: A reference manual for HR managers on routine HR management procedures will be developed. It has been coordinated with the Italian Cooperation that they will assist DRH to prepare the manual. BTC will then finance and organise the reproduction of the manual and related training.

Result area 6: Improving the working conditions of HR staff in the provinces and districts has yet to be addressed. However, at central level the project supported the DRH Directorate to renovate and to refurnish some of the office space.

Result area 7: A start was made to reiterate the importance of ensuring the functionality of the new personnel database / management information system for routine and for more advanced HRM functions. Project support was discussed to train district staff responsible for operating and for making use of the information system. This is yet to be implemented.

Project activity & financial planning: at the effective start of the project in mid August, priorities were set for the remainder of 2011. Focus was put on: (i) the execution of the consultancy 'situational analysis of current HR practices in the health sector', (ii) the elaboration of a comprehensive in-service training/ capacity building strategy for HR managers and staff, as a framework for the training initiatives to be supported by the project and (iii) the strengthening of Human Resources planning & budgeting. In addition, a project Action Plan for 2012 has been drawn up on the basis of the MISAU-DRH annual plan (PES 2012). The MISAU-BTC project is designed to support key areas of the national HR plan (PNDRH 2008-2015). It should be noted here that performance indicators for the project shall be adopted from the national plan. However, many of the relevant performance indicators of the national plan are 'yet to be defined'.

Tendering and supervision of office renovation: In September three contractors were asked to submit a bid to renovate DRH offices at the second and at the fourth floor. Works started mid October and were completed on the 2nd of December. Five office areas were renovated. The Directorate requested BTC to assist as well in refurnishing of the renovated office space, which was favourably considered. The project office on the fourth floor will now be operational before the end of the month.

Procurement of office equipment, office furniture, project vehicle: Office equipment for the

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project has been purchased. Quotations for office furniture have been obtained and furniture will be ordered for the project office, as well as for the Personnel Administration Unit (RAP) which was renovated with project funds. In September a project vehicle was ordered through UNOPS which was expected to be delivered early December. Recently project management was informed that delivery had to be cancelled, as the vehicle cannot be assembled due to flooding in Thailand. New options are now explored.

Recruitment and contracting of project staff: In September recruitment of project office staff started. A call for candidates was launched through the network of the HR partner working group. Candidates were interviewed and selected by BTC and DRH staff jointly. Contracting of staff will take place through a labour broker to avoid that the project is required to deal with tax and labour issues. Contracting is about to be finalised.

2.3 Key Risks

- Financial risks: The risk of embezzlement is limited by the fact that 100% of the funds are managed by BTC (under Regie).
- Operational risks: There is a considerable risk that deadlines are not met, because of non-availability of counterpart staff, due to their high work load, competing demands (from other projects) and shifting or ad hoc priorities in the Ministry.
- Legal or compliance risks: No risks identified.
- Reputation risks: Possible lack of progress and results may be attributed to BTC and not to a lack of ownership/ engagement/ availability (see operational risk above).

2.4 Key lessons learned and recommendations

Though experiential learning is an ongoing process and increasing insights are developed day-by-day, it is still too early to present here our 'key lessons learned'. A good moment and forum for that would be the first back-stopping mission from the Health section of BTC Brussels.

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3 Analysis of the intervention

3.1 Context

Capacity building (CB) is an important issue for development aid 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 (total quality of policies, strategies and norms of an organisation),

Institutional capacity building (level of performance, i.e. the level of outputs an institution can provide in accordance with its mandate),

Individual capacity building, and

Development of tools for management

The different levels are interlinked and interdependent and should not be regarded separately or in isolation. For example it may not be worthwhile to invest solely into individual capacity building (providing skills at the individual level) if other levels are not addressed simultaneously. CB is an iterative process aiming for continuous incremental performance improvements in the health system.

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) and National Health Policy.

The project is supporting the implementation of the national Health Sector Strategic Plan (PESS), and the National Plan for the Development of Human Resources for Health (PNDRHS).

The project is being 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

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activities eligible for project financing. The project's annual activity plans will be extracted from the annual plans of the institutions supported.

On request of MISAU, the project is a Technical Cooperation project, i.e. it is providing support to systems development.

The project is harmonising as much as possible with partners, i.e. build synergies with other initiatives in the field of capacity building in the management of Human Resources for Health (HRH).

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 being implemented through highly collaborative arrangements with all the institutions targeted.

The Danish Government is currently providing technical support to the MISAU Directorate of Human Resources (DRH) through the secondment of a team of Technical Advisers and the funding of limited facilitating activities. The team of Advisers support the PNDRHS technical Monitoring Group and consist of a team leader, an Adviser in Finance, Incentives and Management, and an Adviser in M&E. The current team of Advisers started work in January 2010 and have been contracted until December 2012.

The Italian Cooperation has recently approved a 3-year project to support to the development of HRH in Mozambique through the implementation of the PNDRHS. The project aims to improve the quality of human resources for health in Sofala and Maputo Rural provinces and in Maputo city in terms of technical staff and HR managers.

The Flemish Cooperation (FICA) has been funding a Human Resource for Health project in Tete province, which aimed to provide technical support to the province in improving the management of HR systems and testing a number of innovative approaches. Furthermore, FICA is supporting the coordination of the implementation of the PNDRHS through the funding of the position of a Health Systems Specialist within WHO, who has been acting as the Co-Chair of the HR Working Group.

The European Commission (EC) has supported the health sector in Mozambique in the period 2008 – 2011 through funding PROSAUDE and GTZ to support the establishment of HIV workplace programmes in the public health sector. Furthermore, the EC supports a project assisting the strengthening of HRH in Portuguese-speaking countries including

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Mozambique.

The US Government is funding a number of organisations to support MISAU in issues related to HRH of which the Centres for Disease Control (CDC) are providing a wide variety of support to MISAU in different technical and management-related subjects. Support to the MISAU DRH is mainly concentrated on the DRH Training Department, through the secondment of a part-time Training Adviser and the funding of development of training curriculum and materials and of implementing courses for health professionals.

The Japanese International Development Agency JICA is supporting infrastructure development in the health sector, including the rehabilitation and construction and equipment of health training centres. It also provides technical support to the MISAU DRH through the secondment of a full-time Technical Adviser and the funding of the development of training curricula and materials. Furthermore, JICA seconds volunteers to various training institutions throughout the country.

3.1.1 Evolution of the context

There has been no deviation and/or variation of the project's context as there have been no events related to changes in sector policies, decentralisation and deconcentration policy, major political events, environmental events, etc, during the reporting period.

3.1.2 Institutional Anchoring

Score: (**Very Appropriate**, Appropriate, Not appropriate, Not appropriate at all)

The project is anchored to the MISAU's Directorate of Human Resources and as such it is possible draw on and to collaborate with existing and planned interventions for capacity building in the field of Human Resources for Health in Mozambique. This directorate identified the major initiatives and how the project will interact and collaborate with them.

The project is also aimed at assisting MISAU DRH in its effort to coordinate the different interventions targeting the strengthening of health service management and HR management, in order to minimise the risks of duplication or contradictory approaches. In order to achieve this, the project is supporting MISAU in the development of a strategy for management capacity building within the health system, as well as supporting the coordination of HRH initiatives through attending and participating in the HR Working Group and the Technical Group on the Monitoring of the PNDRHS. In addition, this project is supporting the organisation of technical meetings between central level and provincial level staff and partners on the implementation of management capacity

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strengthening.

3.1.3 Execution Modalities

Score: (**Very Appropriate**, Appropriate, Not appropriate, Not appropriate at all)

The project is technically aligned to Mozambican policies. Thus in terms of technical activity planning, the project is fully integrated into MISAU procedures, with planning and budgeting for the activities being part of the annual MISAU planning process. The activities eligible for project funding are reflected in the Annual DRH Departmental work plans and budgets. Activities targeting institutions outside MISAU are reflected in their annual and trimester work plans.

The project's annual plans are extracted from the MISAU DRH and (to some extent) from provincial annual plans, so as not to create parallel planning processes. The ITA and the PA are participating in the annual planning process of MISAU DRH.

The implementation mechanism is supporting and reinforcing the participatory planning mechanisms of MISAU. Open dialogue and exchange during the planning process has remained essential.

The project is implemented through a highly collaborative arrangement involving all relevant staff members of the departments / institutions involved. The targeted units / institutions are also kept informed regarding resource allocation, approval of plans and overall implementation progress.

The implementation is coordinated through the regular MISAU Departmental meetings within DRH. In addition, the DRH Director, assisted by the ITA, organise regular coordination meetings with heads of departments and institutions responsible for implementing the interventions of the project.

The ITA participates actively in the planning, implementation and monitoring process, and provides advice on issues of policy and capacity building related to the project objectives and results.

3.1.4 Harmo-dynamics

The MISAU and health sector SWAP structures are following-up on the project and its contribution to the implementation of the PNDRHS. These structures include the SWAP

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Technical Working Groups such as the Human Resource Technical Working Group, which works under the guidance of the SWAP Committee. This is in total alignment with the partner's systems and structures. BTC is a technical partner of MISAU and a member of the HR Technical Working Group.

As from February 2012 the BTC ITA will act as deputy co-chair/ coordinator for the partner WG, with the US Government as the co-chair and the DRH Director as the chair. The technical working group was created by MISAU to follow the implementation for the PNDHRS and its Operational Plan - Technical Group for the Monitoring of the Implementation of the PNDHRS – actively follows-up on the project activities and results to ensure total ownership of the project results.

Apart from the regular partner group meetings, frequent bilateral meetings with partners/ donors took place to exchange information on ongoing 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 have either effect or influence the results of the specific objectives of this project:

- USAID – twinning with ISCISA – Hospital management, including HR management
- USAID – CHASS-SMT – Strengthening of district administration
- WHO – Review of Strategic Plan for the Health Sector (PESS) on decentralization
- EU – twinning with IMEPS – Health sector management, including HR management
- Irish Aid/ Trinity College – STEM, Strengthening Training & Management in Maputo and Niassa
- JICA– Núcleo Pedagógico; accreditation of training
- CDC – Baseline studies in Provinces
- Danida – Monitoring PNDRH; (monitoring of) capacity building of DPSs; indicators; e-SIP saúde
- GIZ – POEMA Human Resources Management training for district HR staff
- Coop Italiana – Strengthening HRM in Sofala; Collaboration on manual and staff training
- SDC – HR planning in Cabo Delgado.

These activities reflect duly harmonization of the project with ongoing and new projects funded by other development partners/ donors.

3.2 Specific objective

3.2.1 Indicators

Project indicators are yet to be elaborated and adopted.

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Specific objective:						
Strengthen the Human Resource Management systems in the health sector at all levels, which includes central level and operational levels (provinces, districts and health facilities).						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
Result area 1: Criteria and tools for assessing the performance of HR managers reviewed and implemented						
Criteria and tools to assess the performance of HR managers are in place.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Result area 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management						
Situation analysis of HR management practices undertaken at all levels.	100%	0%	100%	100%	100%	The results of the survey are still to be approved.
Collection of HR management training materials undertaken.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Programme for continuous training of HR staff in routine procedures and decentralised systems designed and approved.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Number of HR staff trained through continuous training programme. 80% of HR staff know routine HR management procedures and tools.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
DPS, SDSMAS e Hospital management at central, provincial and district levels trained in the recruitment process.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Mobility (transfer) system implemented at national level.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Number of HR staff at provincial and district trained in the use of SIP data for HR management.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Technical Meetings organised on the implementation of capacity building in management.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Institutional capacity assessments undertaken of the HR management system at various levels.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Number of HR staff from all levels (central, prov., district, HF) trained in HR management through basic training.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Result area 3: Capacity of HR managers and administrators at all levels strengthened in HR planning						
Procedure manual on developing recruitment plans elaborated and implemented.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Tools for HR coverage mapping and for HR needs identification available at national level.	0%	0%	0%	0%	0%	Project still at inception phase in the period under

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						review.
HR needs mapping undertaken annually at national level.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Result area 4: Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions						
Organisational charts of provincial and district HR departments standardised and disseminated.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Staffing structure of HR departments revised and disseminated.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
HR staff job descriptions revised and disseminated.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Salary scales of all health sector staff revised.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Result area 5: Management tools developed and implemented						
New HR management tools developed and implemented.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Procedures to implement the EGFAE in the health sector developed and disseminated.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Result area 6: Working conditions improved of HR staff at provincial and district level						
Office equipment of HR departments inventoried and completed.	100%	0%	50%	100%	100%	Project vehicle not yet delivered. The % is determined against cost value.
Result area 7: The production, exchange and use of evidence in HR policy implementation and monitoring strengthened						
HR archive system reorganised at provincial and district levels.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
"Mini-libraries" of essential HR management documents established within HR departments.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
SIP expanded to the district level.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.
Best practice in HR management within and outside Mozambique identified, documented and disseminated.	0%	0%	0%	0%	0%	Project still at inception phase in the period under review.

3.2.2 Analysis of progress made

Relation between the results and the Specific Objective

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In the absence of relevant and adopted indicators in the area of HR management and development in the health sector, as part of the project's logical framework or as part of the national PNDRH, the expected results are yet to be worked out in quantifiable or qualitative terms. And with reference to the project's, what in the end will constitute 'to contribute to a qualitative leap in the Mozambican health service, associated with significant improvements in MISAU's training system and management capacity'?

A consultancy has taken place to analyse current HR practices in the health sector. One of the purposes of the analysis was to create a point of reference ('baseline') at the start of the project, for each of the seven result areas that are addressed. However, also in the light of the above, it has been difficult to establish such a baseline and the consultancy did not render more substantiated, solid data, which recognisably has been difficult to be generated by DRH.

Sensitive (success or failure) factors and influencing factors

In all, the project shall pay attention to the elaboration of an appropriate set of indicators in the HRH and HRM field, which is commensurate with the PNDRH and PAF/QAD, which is owned by MISAU-DRH and supported by the HR partners.

Unexpected results

There are no unexpected changes or variations to the specific objective and project activities identified during the period under review.

3.2.3 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
Political commitment: (risk of insufficient commitment to the context or project by the counterpart institution or partner agencies)	Medium	<ul style="list-style-type: none"> ▪ GoM maintains or increases its annual health budget allocation. ▪ GoM allocates sufficient new health professional positions to MISAU each year ▪ GoM addresses salary and incentives issues. ▪ MISAU demonstrates real commitment to PNDRHS implementation. ▪ MISAU allocate sufficient resources to PNDRHRS implementation. 	Medium Medium High Low Low Low	B

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		<ul style="list-style-type: none"> Partner agencies support PNDHRHS implementation. 		
Implementation (risk that intervention cannot be implemented as planned due to weak capacity, lack of resources, etc.)	Medium	<ul style="list-style-type: none"> MISAU DRH has sufficient capacity in terms of availability and quality of staff to coordinate the implementation of the project. MISAU management approves the implementation of activities previously planned and approved in the PES and Departmental plans. MISAU counterpart staff at central and provincial level is available to coordinate the process and contribute to the design of activities. MISAU counterpart staff is available to work with the BTC Technical Adviser and short-term / medium-term Technical Assistance. The long-term International Technical Adviser supports DRH in project planning, implementation and monitoring. The project support staff supports planning, management and monitoring of the project, as well as the sourcing of short-term Technical Assistance. Short-term Technical Assistance carries out specific technical tasks. Partner agencies contribute to design activities in working groups. Project monitoring is adequate including sufficient participation by MISAU and other Institutions in the project Steering Committee. The Technical Adviser and the project support staff perform to expected adequate level. 	High Medium Low Low Low Low Low Low Low Low	B
Effectiveness (risk that project results cannot be reached)	Medium	<ul style="list-style-type: none"> In order to ensure that high investment in capacity building of staff does indeed contribute to increased staff retention, MISAU and partners address other factors influencing staff motivation, such as remuneration and incentives. 	Medium	B

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Sustainability (risk that results cannot be sustained over time due to lack of ownership, lack of resources etc.):	Medium	<ul style="list-style-type: none"> The project creates HRH management tools and procedures which are adopted within the HRH management system and continue to be used after the project ends, 	Medium	B
Financial management (risk that receiving institution at central or decentralised level lacks financial management capacity or risk of misuse of funds):	Low	<ul style="list-style-type: none"> This risk is considered minor due to the proposed project execution modality with BTC managing project resources. This will ensure greater control of financial resources. 	Low	A

3.2.4 Quality criteria

Criteria	Score	Comments
Effectiveness	B/C	Though an initial analysis of current HR practices has been carried out, relevant key performance indicators are to be determined and a baseline situation is yet to be described.
Efficiency	B	Financial resources have been timely converted into results. The finances for the baseline survey and the investments into office improvements and furniture have all been executed in line with plan as at the inception of the project.
Sustainability	X	It is currently the inception phase of the project and therefore it is not possible to predict sustainability.
Relevance	B	The project is currently aligned to the national policies and priorities, e.g. all result areas are designed in accordance with the National Plan for Health Human Resources Development (PNDRHS) for 2008 – 2015.

3.2.5 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

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resources, organisation capacity and funding.

The strategic plan of achieving the PNRHS objectives that is also aligned to by this project 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 the quality of all aspects of the training process, including continuous 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.

3.2.6 Recommendations

Recommendations	Source	Actor	Deadline
Not applicable			

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3.3 Result 1

3.3.1 Indicators

Result 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
Criteria and tools to assess the performance of HR managers are in place.	0%	0%	0%	0%	0%	A Government-wide staff performance appraisal system (SIGEDAP) was introduced.

3.3.2 Evaluation of activities

Activities	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
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	X				

3.3.3 Analysis of progress made

There has been no progress made in implementing this result area because a baseline survey had to take place first and also because the Government-wide staff performance appraisal system is in progress.

3.3.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
Staff capacity to adapt the government-wide staff appraisal.	Medium	A revision and adaptation of this instrument (SIGEDAP),	Low	B

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3.3.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Cannot be measured now since there is no implementation
Efficiency		
Sustainability		

3.3.6 Budget execution

See Annexure 7.3 below

3.3.7 Recommendations

Recommendations	Source	Actor	Deadline
Not applicable			

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3.4 Result 2

3.4.1 Indicators

Result 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
Situation analysis of HR management practices undertaken at all levels.	100%	0%	100%	100%	100%	The baseline survey is done and complete.
Collection of HR management training materials undertaken.	0%	0%	0%	0%	0%	
Programme for continuous training of HR staff in routine procedures and decentralised systems designed and approved.	0%	0%	0%	0%	0%	
Number of HR staff trained through continuous training programme. 80% of HR staff know routine HR management procedures and tools.	0%	0%	0%	0%	0%	
DPS, SDSMAS e Hospital management at central, provincial and district levels trained in the recruitment process.	0%	0%	0%	0%	0%	
Mobility (transfer) system implemented at national level.	0%	0%	0%	0%	0%	
Number of HR staff at provincial and district trained in the use of SIP data for HR management.	0%	0%	0%	0%	0%	
Technical Meetings organised on the implementation of capacity building in management.	0%	0%	0%	0%	0%	
Institutional capacity assessments undertaken of the HR management system at various levels.	0%	0%	0%	0%	0%	
Number of HR staff from all levels (central, prov., district, HF) trained in HR management through basic training.	0%	0%	0%	0%	0%	

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3.4.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
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.	X				
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: <ul style="list-style-type: none"> • 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. 		X			
2.3. Implement the on-the-job capacity building programme of HR staff in HR management in collaboration with other partners.		X			
2.4. Complete the HR management training package and submit for approval to be used at national level.		X			
2.5. Undertake institutional capacity assessments in the HR management system at various levels (central, provincial, district, HF).		X			
2.6. Fund basic training in HR management of a number of HR staff (short courses, BA / MA courses).		X			
2.7. Coordinate the various capacity building initiatives through technical meetings on the implementation of management capacity building.		X			

3.4.3 Analysis of progress made

On the basis of a recently adopted general strategy for in-service training ('continuous learning') of key health staff, now a more detailed strategy for in-service training of HR managers and staff has been elaborated in concept. This is done, in order to enhance

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coherence and consistency in the present myriad of distinct training initiatives. In a next phase, a small workgroup will have to further specify what kind of training shall be offered to each category of HR managers and staff, with what frequency and by whom organised and financed. Also, the developed strategy shall then be translated in a comprehensive and concrete training programme.

There is no training that has taken place during the period under review. Only the planning mentioned above has been done.

3.4.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
MISAU management approves the conducting of planned activities.	Low	Buy-in by MISAU is crucial to the success of this result area.	High	B
MISAU counterpart staff at central and provincial level is available to coordinate the process and contribute to the design of activities.	Medium	Commitment and participation of MISAU staff to improve management capacity.	Medium	B
Partner agencies contribute to design activities in working groups.	Medium	Potential duplication of activities is eliminated and competition is avoided.	Medium	B

3.4.5 Quality criteria

Criteria	Score	Comments
Effectiveness	B	This only related to RA 2 Activity 1 that has been implemented
Efficiency	B	This only related to RA 2 Activity 1 that has been implemented
Sustainability	B	This only related to RA 2 Activity 1 that has been implemented

3.4.6 Budget execution

Refer to Annexure 7.3 below

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3.4.7 Recommendations

Recommendations	Source	Actor	Deadline
None for the period under review			

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3.5 Result 3

3.5.1 Indicators

Result 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
Procedure manual on developing recruitment plans elaborated and implemented.	0%	0%	0%	0%	0%	No implementation
Tools for HR coverage mapping and for HR needs identification available at national level.	0%	0%	0%	0%	0%	No implementation
HR needs mapping undertaken annually at national level.	0%	0%	0%	0%	0%	No implementation

3.5.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
3.1 Develop and implement guidelines for the elaboration of recruitment plans at all levels.					No implementation
3.2 Review existing tools to map current HR coverage and identify HR needs at provincial and district levels.					No implementation
3.3 Train HR managers in the use of HR planning tools through on-the-job training.					No implementation
3.4 Undertake HR needs mapping annually at national level.					No implementation

3.5.3 Analysis of progress made

The health staff formation and allocation process has been analysed and key staff concerned indicated that closer collaboration and coordination is required between different Directorates. First steps were taken to bring together staff planners from DRH with DNAM, DPC and DAF.

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Above all this Result area is not yet implemented in order to enable the assessment of progress made.

3.5.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
No risks were foreseen at formulation				

3.5.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Not possible to assess because no implementation has taken place
Efficiency		
Sustainability		

3.5.6 Budget execution

Refer to Annexure 7.3 below

3.5.7 Recommendations

Recommendations	Source	Actor	Deadline
None for the period under review			

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3.6 Result 4

3.6.1 Indicators

Result 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
Organisational charts of provincial and district HR departments standardised and disseminated.	0%	0%	0%	0%	0%	No implementation
Staffing structure of HR departments revised and disseminated	0%	0%	0%	0%	0%	No implementation
HR staff job descriptions revised and disseminated.	0%	0%	0%	0%	0%	No implementation
Salary scales of all health sector staff revised.	0%	0%	0%	0%	0%	No implementation

3.6.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
4.1 Standardise and disseminate organisational charts of provincial and district HR departments.					No implementation
4.2 Revise and disseminate the staffing structure of HR departments.					No implementation
4.3 Revise and disseminate HR staff job descriptions.					No implementation
4.4 Revise the salary scales of all health sector staff.					No implementation

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3.6.3 Analysis of progress made

The national meeting for HR managers in the health sector, held from 3 till 7 of October, offered a good opportunity to share information and experiences between the central and provincial level. Progress since the last meeting in 2006 was reported. Common challenges and priorities were discussed, which helped to identify entry points for project support in the context of strengthening decentralisation mechanisms, such as: facilitating and financing HRM training in the districts, improving working conditions for HR staff and creating opportunities for professional collaboration and learning.

Otherwise no other meaningful progress has been made during this inception phase of the project.

3.6.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level
		Describe	Score	(score)
No risk foreseen at formulation				

3.6.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Not possible to assess because no implementation has taken place
Efficiency		
Sustainability		

3.6.6 Budget execution

Refer to Annexure 7.3 below

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3.6.7 Recommendations

Recommendations	Source	Actor	Deadline
No implementation			

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3.7 Result 5

3.7.1 Indicators

Result 5: Management tools developed and implemented						
Indicators	Baseline value	Progress year N-1	Progress year N	Target year N	End Target	Comments
New HR management tools developed and implemented.	0%	0%	0%	0%	0%	No implementation
Procedures to implement the EGFAE in the health sector developed and disseminated.	0%	0%	0%	0%	0%	No implementation

3.7.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
5.1 Develop and disseminate procedures to implement the EGFAE in the health sector.					No implementation
5.2 Use the regular meetings of HR officials with staff to disseminate the staff rights included in the EGFAE.					No implementation

3.7.3 Analysis of progress made

There has been no progress made on this Result area since the project was still in the inception phase.

3.7.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
No risk foreseen at formulation				

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3.7.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Not possible to assess because no implementation has taken place
Efficiency		
Sustainability		

3.7.6 Budget execution

Refer to Annexure 7.3 below

3.7.7 Recommendations

Recommendations	Source	Actor	Deadline
No implementation			

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3.8 Result 6

3.8.1 Indicators

Result 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
Office equipment of HR departments inventoried and completed.	100%	0%	100%	80%	80%	Project vehicle not delivered at Head Office

3.8.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
6.1 Inventories and complete office equipment of HR departments in 50 districts who need it most.			X		No equipment purchase for districts as yet

3.8.3 Analysis of progress made

There has been no progress made on this Result area since the project was still in the inception phase

3.8.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
No risk foreseen at formulation				

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3.8.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Not possible to assess because no implementation has taken place
Efficiency		
Sustainability		

3.8.6 Budget execution

Refer to Annexure 7.3 below

3.8.7 Recommendations

Recommendations	Source	Actor	Deadline
No implementation at districts but done at Head Office in Maputo.			

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3.9 Result 7

3.9.1 Indicators

Result 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
HR archive system reorganised at provincial and district levels.	0%	0%	0%	0%	0%	No implementation
Mini-libraries" of essential HR management documents established within HR departments.	0%	0%	0%	0%	0%	No implementation
SIP expanded to the district level.	0%	0%	0%	0%	0%	No implementation
Best practice in HR management within and outside Mozambique identified, documented and disseminated.	0%	0%	0%	0%	0%	No implementation

3.9.2 Evaluation of activities

Activities <i>(See guidelines for interpretation of scores)</i>	Progress:				Comments (only if the value is C or D)
	A	B	C	D	
7.1 Reorganise the HR archive system at provincial and district levels.					No implementation
7.2 Establish "mini-libraries" of essential HR management documents established within HR departments.					No implementation
7.3 Expand the SIP to the district level.					No implementation
7.4 Identify, document and disseminate best practice in HR management within and outside Mozambique.					No implementation

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3.9.3 Analysis of progress made

There has been no progress made on this Result area since the project was still in the inception phase

3.9.4 Risks and Assumptions

Risk (describe)	Probability (score)	Potential implications		Risk Level (score)
		Describe	Score	
No risks foreseen at formulation				

3.9.5 Quality criteria

Criteria	Score	Comments
Effectiveness		Not possible to assess because no implementation has taken place
Efficiency		
Sustainability		

3.9.6 Budget execution

Refer to Annexure 7.3 below

3.9.7 Recommendations

Recommendations	Source	Actor	Deadline
No implementation			

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4 Transversal Themes

4.1 Gender

The project is still in the inception phase in the period under review and as a result no issues on gender equality have been addressed.

4.2 Environment

The project is still in the inception phase in the period under review and as a result no issues on the environment have been addressed.

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5 Decisions taken by the JLCB and follow-up

Decisions	Source	Actor	Time of decision	Status
The Annual Report was approved	SC	Project Management	Q4-2011	done
Project support to PES 2012 shall be further coordinated among partners	SC	WG-HRH	Q4-2011	open
The final report of the Situational Analysis consultancy should be completed by 31 Jan. 2012	SC	consultants	Q4-2011	open

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6 Lessons Learned

Lessons learned	Target audience
With only a few months into the programme, lessons are yet to be learned.	
To acknowledge the importance of engaging senior and mid-level HR staff primarily in the provinces, as well as staff from other Directorates, in order to improve HR systems.	HR staff in provinces and other Directorates.

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7 Annexes

7.1 Logical Framework

7.2 M & E Activities

7.3 “Budget versus current (y – m)” Report

7.4 Beneficiaries

7.5 Operational planning Q1-2011

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7.1 Logical framework

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.	<u>Outcome indicator:</u> Overall indicator of the National Plan for Development of Human Resources for Health 2008 – 2015 (PNDRHS) – <i>to be defined in the PNDRHS Operational Plan</i>		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)	<ul style="list-style-type: none"> 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).	<u>Outcome indicator:</u> <i>Indicator to be defined in the PNDRHS Operational Plan.</i>		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).	<ul style="list-style-type: none"> MISAU demonstrates real commitment to PNDRHS implementation. MISAU allocate sufficient resources to PNDRHS 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	<i>Indicator to be defined in the PNDRHS Operational Plan.</i> 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.	<ul style="list-style-type: none"> MISAU management approves the conducting of planned activities. MISAU counterpart staff at central and provincial level is available to coordinate the process and contribute to the design of activities.

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Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
RESULT 2 Capacity of HR managers and administrators at all levels strengthened in routine HR management	<i>Indicator to be defined in the PNDRHS Operational Plan.</i>			contribute to the design of activities. • Partner agencies contribute to design activities in working groups.
	Situation analysis of HR management practices undertaken at all levels.		Report on situation analysis.	
	Collection of HR management training materials undertaken.		Report on existing HR management training programmes and materials.	
	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.	

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Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
	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	<i>Indicator to be defined in the PNDRHS Operational Plan.</i>	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.	
	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	<i>Indicator to be defined in the PNDRHS Operational Plan.</i>	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	<i>Indicator to be defined in the PNDRHS Operational Plan.</i>			
	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.	

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Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
RESULT 6 Working conditions improved of HR staff at provincial and district level	Office equipment of HR departments inventoried 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 implementation and monitoring strengthened	<i>Indicator to be defined in the PNDRHS Operational Plan.</i>			
	HR archive system reorganised at provincial and district levels.	2.5.2	HR archive procedures. Physical archive system.	
	"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.	

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Results (based on the PNRHS Operational Plan)	Code Obj.	Activities (based on the PNRHS 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.	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: <ul style="list-style-type: none"> 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	Trainings. Training materials and stationary.	
	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).			

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Results (based on the PND RHS Operational Plan)	Code Obj.	Activities (based on the PND RHS Operational Plan)	Code Act.	Resources	Costs (Euros)
		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.	175.333,71
		3.2 Review existing tools to map current HR coverage and identify HR needs at provincial and district levels.		Transport. Trainings.	
		3.3 Train HR managers in the use of HR planning tools through on-the-job training.		Materials and stationary.	
	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.	334.562,86
		4.2 Revise and disseminate the staffing structure of HR departments.		Transport.	
		4.3 Revise and disseminate HR staff job descriptions.		Trainings.	
		4.4 Revise the salary scales (Qualificador) of all health sector staff.		Training materials and stationary.	
RESULT 5 Management tools developed and implemented	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
		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	2.5.2	7.1 Reorganise the HR archive system at provincial and district levels.			

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Results (based on the PNRHS Operational Plan)	Code Obj.	Activities (based on the PNRHS Operational Plan)	Code Act.	Resources	Costs (Euros)
The production, exchange and use of evidence in HR policy implementation and monitoring strengthened		7.2 Establish "mini-libraries" of essential HR management documents established within HR departments.		National consultants.	382.485,71
	2.5.2	7.3 Expand the SIP to the district level.		Transport.	
	2.5.1	7.4 Identify, document and disseminate best practice in HR management within and outside Mozambique.		Materials and stationary.	

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7.2 M&E activities

As the project has just started, no monitoring and evaluation activities have taken place in the year under review. Initial steps were taken to emphasise the importance of DRH adopting appropriate indicators to be able monitor and evaluate HRM performance.

Also, the DRH directorate, departments, units and sections have been requested to determine some key performance indicators (eventually at input, process, output and outcome level). This also is an important element in creating a more functional and effective performance appraisal system.

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7.3 “Budget versus current (y – m)” Report

Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0902011											
Project Title :		Training and Management of the Human Ressources of the Ministry of Health									
Budget Version :		C1		Year to month : 31/12/2011							
Currency :		EUR									
YtM :		Report includes all closed transactions until the end date of the chosen closing									
Status	Fin Mode	Amount	Start to 2007	2008	2009	2010	Expenses	Total	Balance	% Exec	
A STRENGTHEN THE HRH MANAGEMENT SYSTEM		4.391.769,43					29.803,82	29.803,82	4.361.965,61	1%	
01 Performance assessment tools implemented		64.292,57					0,00	0,00	64.292,57	0%	
01 Implement performance assessment tools		REGIE 64.292,57					0,00	0,00	64.292,57	0%	
02 HRH managers capacity strengthened in		3.126.140,86					29.803,82	29.803,82	3.096.337,04	1%	
01 Conduct situation analysis of HR practices		REGIE 77.600,00					24.592,11	24.592,11	53.007,89	32%	
02 Design in-service capacity building		REGIE 41.756,00					0,00	0,00	41.756,00	0%	
03 Implement in-service capacity building		REGIE 1.244.527,71					0,00	0,00	1.244.527,71	0%	
04 Submit training package for approval		REGIE 3.600,00					0,00	0,00	3.600,00	0%	
05 Undertake institutional analyses		REGIE 50.142,86					0,00	0,00	50.142,86	0%	
06 Finance and organise basic courses		REGIE 1.490.000,00					0,00	0,00	1.490.000,00	0%	
07 Coordinate through technical meetings		REGIE 218.514,29					5.211,71	5.211,71	213.302,58	2%	
03 HRH managers capacity strengthened in		175.333,70					0,00	0,00	175.333,70	0%	
01 Elaborate/implement guidelines for		REGIE 84.671,43					0,00	0,00	84.671,43	0%	
02 Review existing HR planning tools		REGIE 3.600,00					0,00	0,00	3.600,00	0%	
03 Training managers in use of planning tools		REGIE 61.690,84					0,00	0,00	61.690,84	0%	
04 Support provinces to undertake HRH		REGIE 25.371,43					0,00	0,00	25.371,43	0%	
04 Decentralisation mechanisms developed		334.562,86					0,00	0,00	334.562,86	0%	
01 Standardise HRH organigrammes in		REGIE 72.184,00					0,00	0,00	72.184,00	0%	
02 Revise and disseminate staffing structure		REGIE 72.184,00					0,00	0,00	72.184,00	0%	
03 Revise and disseminate staff job descriptions		REGIE 72.184,00					0,00	0,00	72.184,00	0%	
		REGIE 6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%	
		COGEST 0,00					0,00	0,00	0,00	?	
		TOTAL 6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%	



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Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0902011

Project Title : **Training and Management of the Human Ressources of the Ministry of Health**

Budget Version : **C1** Year to month : 31/12/2011

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to				Expenses	Total	Balance	% Exec
				2007	2008	2009	2010				
04 Revise staff salary scales		REGIE	118.010,86					0,00	0,00	118.010,86	0%
05 Management tools developed and			96.382,29					0,00	0,00	96.382,29	0%
01 Design and implement manual for EGFAE		REGIE	70.971,43					0,00	0,00	70.971,43	0%
02 Disseminate EGFAE through staff meetings		REGIE	25.410,86					0,00	0,00	25.410,86	0%
06 Working conditions of HR staff improved at			212.571,43					0,00	0,00	212.571,43	0%
01 Complement office equipment		REGIE	212.571,43					0,00	0,00	212.571,43	0%
07 Production and us of HRH evidence			382.485,72					0,00	0,00	382.485,72	0%
01 Reorganise HRH archive system		REGIE	52.600,00					0,00	0,00	52.600,00	0%
02 Establish mini-libraries of HRH documents		REGIE	37.714,29					0,00	0,00	37.714,29	0%
03 Expand SIP system to district level		REGIE	233.657,14					0,00	0,00	233.657,14	0%
04 Identify best practise in HRH management		REGIE	58.514,29					0,00	0,00	58.514,29	0%
X BUDGET RESERVE (MAX. 5% OF ACTIVITY)			219.588,47					0,00	0,00	219.588,47	0%
01 Budget reserve			219.588,47					0,00	0,00	219.588,47	0%
01 Budget reserve in CO-GESTION		COGES	0,00					0,00	0,00	0,00	7%
02 Budget reserve in REGIE		REGIE	219.588,47					0,00	0,00	219.588,47	0%
Z GENERAL RESOURCES			1.388.642,10					164.109,21	164.109,21	1.224.532,89	12%
01 Staff costs			1.008.000,00					120.576,82	120.576,82	887.423,18	12%
01 Long-term International Technical Advisor		REGIE	720.000,00					120.576,82	120.576,82	599.423,18	17%
02 Medium-term Regional/National Advisor		REGIE	120.000,00					0,00	0,00	120.000,00	0%
03 Project administrator		REGIE	96.000,00					0,00	0,00	96.000,00	0%
		REGIE	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%
		COGEST	0,00					0,00	0,00	0,00	7%
		TOTAL	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%



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Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0902011

Project Title : **Training and Management of the Human Resources of the Ministry of Health**

Budget Version : **C1** Year to month : 31/12/2011

Currency : **EUR**

YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to				Expenses			
				2007	2008	2009	2010	Total	Balance	% Exec	
04 Administrative assistant		REGIE	48.000,00					0,00	0,00	48.000,00	0%
05 Driver		REGIE	24.000,00					0,00	0,00	24.000,00	0%
02 Investments			38.000,00					39.651,56	39.651,56	-1.651,56	104%
01 Vehicles		REGIE	20.000,00					15.344,42	15.344,42	4.655,58	77%
02 Office furniture and equipment		REGIE	6.000,00					12.513,49	12.513,49	-6.513,49	209%
03 Computer equipment		REGIE	10.000,00					3.197,19	3.197,19	6.802,81	32%
04 Preparation of office space		REGIE	2.000,00					8.596,46	8.596,46	-6.596,46	430%
03 Running costs			222.642,10					3.880,83	3.880,83	218.761,27	2%
01 Office rent		REGIE	96.000,00					0,00	0,00	96.000,00	0%
02 Office services and maintenance		REGIE	14.400,00					0,00	0,00	14.400,00	0%
03 Vehicle maintenance		REGIE	14.400,00					0,00	0,00	14.400,00	0%
04 Telecommunication		REGIE	14.400,00					0,00	0,00	14.400,00	0%
05 Office materials		REGIE	9.600,00					0,00	0,00	9.600,00	0%
06 Staff missions/trips (included in results)		REGIE	50.000,00					3.878,00	3.878,00	46.122,00	8%
07 Representation costs and external		REGIE	4.800,00					0,00	0,00	4.800,00	0%
08 Training		REGIE	10.000,00					0,00	0,00	10.000,00	0%
09 Consultancies (included in results)		REGIE	0,00					0,00	0,00	0,00	7%
10 Financial/bank charges		REGIE	4.800,00					2,83	2,83	4.797,17	0%
11 VAT charges		REGIE	0,00					0,00	0,00	0,00	7%
12 Recruitment costs (air ticket + hotel Belgium)		REGIE	4.242,10					0,00	0,00	4.242,10	0%
		REGIE	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%
		COGEST	0,00					0,00	0,00	0,00	7%
		TOTAL	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%



Budget vs Actuals (Year to Month, Last 5 Years) of MOZ0902011 Printed on maandag 23 januari 2012

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Project Title : **Training and Management of the Human Ressources of the Ministry of Health**
 Budget Version : **C1** Year to month : 31/12/2011
 Currency : **EUR**
 YtM : **Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2007	2008	2009	2010	Expenses	Total	Balance	% Exec
04 Auditing and monitoring & evaluation			120.000,00					0,00	0,00	120.000,00	0%
01 Monitoring and evaluation		REGIE	50.000,00					0,00	0,00	50.000,00	0%
02 Audits		REGIE	40.000,00					0,00	0,00	40.000,00	0%
03 Backstopping		REGIE	30.000,00					0,00	0,00	30.000,00	0%
		REGIE	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%
		COGEST	0,00					0,00	0,00	0,00	7%
		TOTAL	6.000.000,00					193.913,03	193.913,03	5.806.086,97	3%



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7.4 Beneficiaries

The first expected to directly benefit from this project are approximately:

- 900 HR managers/administrators and staff at central/ provincial/ district level,
- 1,600 clinical staff with HRM responsibilities working in the health facilities.

These form the project's primary target group

The second expected project beneficiaries are as follows:

- 35,000 public servants working in the health sector, benefiting from an improved work environment and salary conditions. Their rights and entitlements will be better and more timely honoured.

The third expected indirect beneficiaries of this project area the Mozambican population (22 million) who supposedly will receive improved health services, through more and better qualified and more motivated health workers.

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7.5 Operational planning Q1-2011

There was no Operational Plan for Q1-2011