



BTC

**BELGIAN
DEVELOPMENT AGENCY**

TECHNICAL & FINANCIAL FILE

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

MOZAMBIQUE

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LA COOPÉRATION
BELGE AU DÉVELOPPEMENT **.be**

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Abbreviations

PORTUGUESE	ENGLISH	MEANING
ACA		Avaliação Conjunta Anual do sector de saúde / Annual Sector Review of health sector
	AIDS	Acquired Immune Deficiency Syndrome
ARV	ARV	Anti-Retrovirais / Anti Retroviral Treatment against AIDS
CTB	BTC	Cooperação Técnica Belga / Belgian Technical Cooperation
	CB	Capacity Building
CCS		Comité de Coordenação Sectorial / Sectoral Coordination Committee
	CT	Continuous Training
DAF		MISAU Direcção de Administração e Finanças / MOH Directorate for Administration and Finance
DPC		MISAU Direcção de Planificação e Cooperação / MOH Directorate of Planning and Cooperation
DPS		Direcção Provincial de Saúde / Provincial Directorate for Health
DRH		MISAU Direcção dos Recursos Humanos / MOH Directorate of Human Resources
EGFAE		Estatutos Gerais dos Funcionários do Estado / General Statutes for Civil Servants
	GFATM	Global Fund to combat AIDS, TB and Malaria
	GOM	Government of Mozambique
GT-RH	HR Working Group	Grupo de Trabalho dos Recursos Humanos / Technical Working Group for Human Resources
	HF	Health Facility
	HIV	Human Immunodeficiency Virus
	HR	Human Resources
	HRH	Human Resources for Health
MDM	MDG	Metas do Desenvolvimento do Millenium / Millennium Development Goals
	M&E	Monitoring and Evaluation
MFP		Ministério da Função Pública / Ministry for Public Service
MINEC		Ministério dos Negócios Estrangeiros e Cooperação / Ministry of Foreign Affairs and Cooperation
MISAU	MoH	Ministério de Saúde / Ministry of Health

PORTUGUESE	ENGLISH	MEANING
MF		Ministério das Finanças / Ministry of Finance
ONG	NGO	Organização Não Governamental / Non-Governmental Organisation
	PAF	Performance Assessment Framework (for PARPA / PRSP)
	PAP	Programme Aid Partnership providing direct budget support (PARPA / PRSP)
PARPA	PRSP	Plano de Acção para a Redução de Pobreza Absoluta / Poverty Reduction Strategy Plan
PES		Plano Económico e Social, plano anual de acção do sector de saúde / Annual MISAU Action Plan
PESS		Plano Estratégico do Sector de Saúde / Strategic Health Sector Plan
	PFM	Public Financial Management
PNDRHS		Plano Nacional de Desenvolvimento dos Recursos Humanos de Saúde
PROSAUDE		Fundo Comum Geral / Health Sector Common Fund
PRPE		Programma de Reabilitação Pos-Emergencia
QAD		Quadro de Avaliação do Desempenho / PAF
RHS		Recursos Humanos de Saúde
SDSMAS		Serviços Distritais de Saúde, da Mulher e da Acção Social/ District Services for Health, Women and Social Action
SIP		Sistema de Informação do Pessoal / Staff Information System
SNS	NHS	Serviço Nacional de Saúde / National Health Service
	STI	Sexually Transmitted Illness
	SWAp	Abordagem Sectorial Ampla / Sector Wide Approach
SISTAFE		Sistema de Administração Financeira do Estado / GOM Financial Management System
e-SISTAFE		SISTAFE computer system
	TA	Technical Assistance
	TOR	Terms of Reference
US		Unidade Sanitária / Health Facility
	USD	United States Dollar
UTRESP		Unidade Técnica de Reforma do Sector Publico / Technical Unit for Public Sector Reform

Map of Mozambique



Analytical record of the intervention

DGDC intervention number	3008585
Navision code BTC	MOZ 09 020 11
Partner institution	Ministry of Health (Directorate of Human Resources) of the Republic of Mozambique
Duration of Specific Agreement	5 years (11/2010 – 9/2015)
Duration of the intervention	4 years (1/2011 – 12/2014)
Estimated starting date of intervention	1/2011
Partner's contribution	In kind: office space, availability of key staff at central, provincial and district level
Belgian contribution	6.000.000 EUR
Intervention sectors	Human Resources for Health
General Objective	Aligning to the NPHHRD, 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 Resource management system of MISAU at all levels, including central and operational levels (provinces, districts and health facilities).
Results	<p>Criteria and tools for assessing the performance of HR managers reviewed and implemented,</p> <p>Capacity of HR managers and administrators at all levels strengthened in routine HR management,</p> <p>Capacity of HR managers and administrators at all levels strengthened in HR planning,</p> <p>Mechanisms developed for the decentralisation of HR management to lower levels and autonomous institutions,</p> <p>Management tools developed and implemented,</p> <p>Working conditions improved of HR staff at provincial and district level,</p> <p>The production, exchange and use of evidence in HR policy implementation and monitoring strengthened.</p>

Executive summary

The project of support to training and management of human resources in the Mozambican public health sector has been designed to support the Ministry of Health (MISAU) in its endeavour to strengthen management of human resources for health (HRH).

Current HRH management systems are weak, including staff recruitment, allocation, staff rotation and promotion and staff retirement. The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff have not been trained in how to implement the new system. Staff retention is low and the current weak HR management at all levels of the system contributes to this.

This has been recognised in the National Health Human Resources Development Plan (PNDRHS) which was developed by MISAU for 2008 – 2015.

This project of the Belgian Technical Cooperation (BTC) was designed in close collaboration with MISAU in order to ensure that it aligns to MISAU's priorities and will tally entirely with the strategic vision as laid out in the PNDRHS. The project will also support the implementation of the Health Sector Strategic Plan (PESS).

The **general objective** of this project is:

Aligning to the NPHHRD, 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.

The **specific objective** of the project is:

To strengthen Human Resource management system of MISAU at all levels.

In this project, **HR management is defined as the planning, recruitment, allocation, rotation, promotion and training / career development and retirement of human resources.**

The **results** of the project are based directly on the Operational Plan of the PNDRHS and follow the same order as the Operational Plan. The results are:

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

The project will be touching on the various levels of the health pyramid. It proposes to intervene at the central level of MISAU's Director of Human Resources (DRH) to work with DRH and partners to design the capacity building programme of on-the-job training of HR staff in routine HR

management tools and in the decentralised system. The project will also support the development of new HR management tools. At the same time, the project will assist DRH to implement the capacity building programme at provincial and district levels in coordination with partner agencies.

During the project formulation, other development partners were extensively consulted to examine how synergies in the area of strengthening of management and HRH management could be achieved and overlap be avoided. Close collaboration will take place with projects implemented by the Italian Cooperation, the European Commission, CDC, JHPIEGO and I-TECH and other partners working in this field. Furthermore, the project will coordinate closely with the Advisers Team of the Monitoring and Implementation of the PNDHRS as well as with the partners of the Human Resource Working Group.

Collaboration with national training institutions will be developed in order to strengthen their capacity to provide basic and continuous training in the field of HR management.

The project will last 4 years (1/2011 – 12/2014) with a budget of EURO 6 million.

1 Situation analysis

1.1 Policy context

1.1.1 National development policy and poverty reduction

Mozambique is among the least developed countries in Africa with a Gross National Income (GNI) per capita in 2008 of USD 380, compared to a sub-Saharan average of USD 1,077¹. Mozambique also has one of the lowest Human Development ratings, being number 172 on the Human Development Index out of a total of 182 countries listed. However, there has been a marked improvement since the signing of the peace agreement in 1992. Economic growth (annual GDP growth) has on average been over 8,0% per year during the period 1994-2006, although this slowed down to 7,4% in 2007 and 6,8% in 2008.

Mozambique is battling against high absolute poverty rates, as many other countries in Sub-Saharan Africa. Mozambique's medium term objectives for poverty reduction are laid out in the 5-year National Development Plan (Plano Quinquenal do Governo) for 2010-2014 and more detailed in the PARPA (Plano de Acção para a Redução da Pobreza Absoluta), the country's poverty reduction strategy. The PARPA II for 2006-2009 states that the central objective is a substantial reduction in the levels of absolute poverty², and the specific objective to reduce the incidence of absolute poverty from a peak of 70% in 1997, to 54% in 2003 to less than 45% by 2009³. This is broadly consistent with the Millennium Development Goal (MDG) target on poverty eradication, which seeks to halve the proportion of people living in absolute poverty by 2015. In 2009, Mozambique's Human Poverty Index (the proportion of people living below the poverty threshold level) had come down to 46,8%⁴, meaning that Mozambique is on track to reach the MDG target. However, adult literacy remains low at 44,4 percent (with marked discrepancies between literacy for adult men of 57,2% and for adult women of 33,0%) and only 42 per cent of the rural population has access to a protected water source

In Mozambique, most development partners are committed to supporting the PARPA. Since 2000, one of the most important donor groupings in Africa for promoting government ownership, alignment and harmonisation has been the group of donors providing budget support in Mozambique. These donor agencies form the Programme Aid Partnership (PAP). The Memorandum of Understanding (MoU) of the PAP includes a common Performance Assessment Framework (PAF) in which the Government of Mozambique (GoM) jointly with the PAP assesses the performance of both parties on an annual basis and identifies priorities for the coming year. The PAP has increased in size and has currently 19 members (G-19)⁵. Belgium has been contributing to General Budget support since 2003.

General budget and balance support represents the bulk of programme aid with a pledged volume of more than USD 470 million in 2010. This is one of the largest joint programmes in Africa, both in terms of volume and donor agencies involved. This support constitutes about one-third of total aid and about one-fifth of the Mozambican State Budget.

¹ World Bank Data. www.data.worldbank.org and www.databank.worldbank.org

² Defined as the inability – due to incapacity or lack of opportunity - of individuals, families and communities to have access to basic living conditions, according to societal norms.

³ PARPA II.

⁴ UNDP (2009): Human Development Report.

⁵ African Development Bank, Austria, Belgium, Canada, Denmark, European Commission, Finland, France, Germany, Ireland, Italy, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom and the World Bank.

There are two joint GoM-PAP reviews on Programme Aid: the annual review in April (following the production of the Balanço de PES (Plano Economico Social = Government Annual Plan)) and a mid-year review in October, prior to submission of the PES and State Budget to Parliament.

1.1.2 Civil and public service reform

In 2001, the Government of Mozambique (GOM) approved a Global Strategy for Public Sector Reform, 2001-2011, which comprises six major components: (1) Strengthening service delivery through decentralization and institutional restructuring; (2) Policy formulation and monitoring; (3) Public sector professionalism; (4) Financial management and accountability; (5) Good governance and combating corruption; and (6) Management of the reform process itself. The GoM has established an Inter-Ministerial Committee for Public Sector Reform (CIRESP) for supervision of the reform and decision-making, as well as a Technical Unit for Public Sector Reform (UTRESP) to coordinate the day-to-day implementation.

In terms of public sector reform, legislation has been passed, recognising the district as a budgetary unit, but further work is necessary to realise the full benefits of decentralisation, including consultative planning and the local collection of revenues. Another element of the public sector reform is the introduction of SISTAFE (Public Financial Management Reform) and its online version e-SISTAFE. Plans for civil service reform concentrate on salary, remuneration and career structure, and training of civil servants.

The second phase of the Public Sector Reform, 2006-2011 focuses on decentralisation and the district, on service delivery as well as on strengthening of reform units at ministry and provincial level. The districts are considered by the GoM to be the focus point for development and poverty reduction. The decentralisation process has two strategic components: on the one hand the establishment of independent municipalities, and on the other hand the attribution of additional powers and competencies to districts and subordinate institutions so that services can be brought closer to the communities. Therefore, the provincial and district authorities have been revised and reorganised, "Local Initiative Funding" have been provided to districts, staff (high and medium level) receives incentives to transfer to the districts, and the construction of economic infrastructure and income generating projects are being promoted in order to create employment.

Legal and administrative authority has already been delegated to provincial and district institutions. However, resources and skills are still lacking to finalise the implementation of the decentralisation process. In the health sector, provinces and districts have already been empowered to develop annual plans, manage programmes with and without partner support, manage resources and report to local government. In spite of this relative autonomy, Provincial Health Directorates (DPS) and District Services for Health, Women and Social Action (SDSMAS) are dependent on national planning to obtain material, human and financial resources.

1.2 Demographic and health status

Mozambique is a large country extending itself over 800.000 km². It has 12 provinces, 128 districts and 43 municipalities (23 cities and 20 towns). The Government of Mozambique (GoM) is planning to create more districts during the coming years. The most recent population census took place in 2007 and estimated the population to be 20,2 million, of which more than half women and in majority young people. The 2010 population should be around 21,8 million. Population density varies considerably across the country, with 40% of the population living in 3 provinces: Maputo, Nampula and Zambezia.

The high population growth (32% from 1997 to 2007) and its uneven distribution resulted in inequalities in health service access and in the GoM and particularly the health sector having to make additional efforts. High population density in areas with low sanitation (the 2007 census

indicated that 54% of the population do not have access to latrines), low access to safe water, precarious living conditions, deficient nutrition, low education levels (2007 census indicated 50% illiteracy) and low economic incomes all lead to surges of communicable disease and increase morbidity and mortality (illness and death) levels.

In spite of these factors and others that hamper development, the country has seen some improvement in certain development indicators:

- Average life expectancy has increased from 42 years in 1997 to 49 years in 2007,
- Maternal mortality rates have decreased from 1000 deaths per 100.000 live births in the 1990s to 408 deaths in 2008 (Millennium Development Goal (MDG) target nr. 5.1),
- 89% of pregnant women attended anti-natal care by qualified staff at least once during their pregnancy in 2008 (MDG target nr. 5.5),
- Institutional births increased from 48% in 2003 to 55% in 2008 (MDG target nr. 5.2),
- Infant mortality rates fell from 124 / 1.000 live births in 2003 to 98 / 1.000 life births in 2008 (MDG target nr. 4.2),
- Under five mortality rates fell from 178 / 1.000 live births in 2003 to 138 / 1.000 in 2008 (MDG target nr. 4.1)⁶.

These encouraging data reveal the large effort made by the Mozambican health sector and its commitment to expand access to quality health services. It also demonstrates that the objectives, targets and priorities used by the GoM and the sector are correct, even if it is not likely that Mozambique will reach the MDGs by 2015.

However, the lack of material and financial resources, the continuing brain drain and the dependency on activities to be undertaken by other sectors all have a negative impact on the health sector's efforts to fulfil its commitments. Development assistance to the sector provided by international partners has been of enormous value in assisting Mozambique to achieve its objectives.

Malaria and HIV and AIDS are the two main causes of morbidity and mortality in Mozambique. The health sector programmes to fight these diseases focus on health promotion, prevention and treatment. In 2007, the national HIV prevalence was 16% in the adult population (see section 6.5).

1.3 The organisation of the health system

1.3.1 Strategy and policies

The new Mozambican National Health Policy (2007) has as central objective to improve the health status of the population, thus contributing to poverty alleviation. Therefore, the Ministry of Health (MISAU) will concentrate on:

- The expansion of the health network, to take health services closer to the community, thus reducing the action radius of health facilities (HF) and the number of inhabitants per primary HF in order to reduce inequalities in access,
- The reduction of general mortality, under-five mortality and maternal mortality, in addition to the prevention and reduction of morbidity and mortality for various diseases,

⁶ Inquérito Demográfico de Saúde (IDS 97/ 2003, censo 2007).

- The prevention of disease and disability and to alleviate the burden they cause,
- Provision of preventive, curative and rehabilitative health care, with emphasis on primary health care.

On the basis of the National Health Policy and other guidance, MISAU developed its second Health Sector Strategic Plan (PESS-II) for 2007 – 2012, which defines priority areas, targets and indicators for improving the population's health status.

Each year, MISAU develops Annual Health Sector Action Plans (PES).

The National Plan for Health Human Resources Development (PNDRHS) for 2008 – 2015 is described in section 1.4.2.

1.3.2 The national health system

Central level

The Ministry of Health (MISAU) and Institutions directly under it, such as the National Health Institute (research) and the central hospitals, represent the central level of the national health system.

The central level has the following responsibilities:

- Define policies, strategies and quality norms,
- Mobilise resources and logistical support, including in the pharmaceutical areas,
- Coordinate and promote scientific research,
- Coordinate the planning, monitoring and evaluation of programmes,
- Coordinate institutional development,
- Advocate and coordinate with the different partners in the sector,
- Support the national supervision,
- Coordinate and support hospital management.

Before the decentralisation process started, the central level was responsible for the management of the professional cadres of health sector staff, particularly the general physicians, specialists, health technicians (general medicine, surgery, pharmacy, laboratory, radiology, etc.), general nurses, maternal and child health nurses, as well as high-level general cadres (economists, administrators, biologists, etc.). In the decentralised system, the responsibility to train and absorb nurses of medium and basic level passed to the provincial level. The provinces are now solely responsible to manage the human resources allocated to the province in terms of absorption, rotation, career development and retirement.

Provincial level

At provincial level, the Provincial Health Directorates (DPS) are the coordinating and decision-making authority, supported by their different departments that reflect the National Directorates at central level. Before decentralisation, provinces were responsible for the implementation and monitoring of preventive, promotional, curative and rehabilitative services. They were also responsible for aspects of human resource management related to monitoring of the effectiveness and performance of staff, including high-level staff. In the new decentralised system, provinces plan their own activities and resources, including in terms of HR, implement and monitor services and manage HR, in terms of recruitment, allocation, rotation, promotion and retirement. Decisions related to allocation and transfer staff, including high level staff, are now taken by provinces with

approval by the Provincial Government and no longer by the central level.

The DPS report to MISAU and to the Provincial Government.

District level

At district level, the health sector is coordinated by the District Services for Health, Women and Social Action (SDSMAS), where the different health programmes are represented. As a general rule, decisions are taken in consensus with the District Authorities.

The SDSMAS report to the DPS and to the District Government.

Before decentralisation, districts were only responsible for managing basic staff (cleaning staff, drivers) in terms of contracting, allocation and transfers. In the new system, districts are also responsible for the recruitment, allocation and rotation of basic-level health technicians. The allocation and rotation of medical doctors and medium-level technicians is still undertaken jointly with DPS due to lack of qualified staff and funding at district level. However, once doctors and medium-level technicians are allocated to a district, their management becomes the responsibility of the SDSMAS with approval by the District Government.

Due to public service reform, the responsibility for management of resources at district level is now extended to areas beyond health services as such. In the new system, at each level of the system, even down to the smallest HF, the manager also has responsibility to manage human resources.

1.3.3 The health service infrastructure

Within the National Health Service (SNS) in Mozambique, there are four levels of service:

1. Primary level, composed of health centres mainly located in rural areas,
2. Secondary level, composed of district hospitals, rural hospitals and general hospitals located in rural and urban areas,
3. Tertiary level, composed of provincial hospitals, located in provincial capitals,
4. Quaternary level, composed of central hospitals and specialised hospitals.

The SNS is composed of public health facilities (HF), private for profit facilities and non-profit facilities.

The public HFs are being increased in number (from 1.256 in 2005 to 1.402 in 2009), are being improved in terms of capacity and are being reorganised to improve community access. There are currently 3 central hospitals in each region (North, Central and South) of the country, with a 4th one being planned for Quelimane city, 7 provincial hospitals with an 8th one being planned for Maputo city, and various general hospitals and district hospitals with surgery departments.

The Ministerial Decree ruling HFs is currently under revision to adapt it to current conditions and demands. The new decree and the plan for health service network expansion will form the basis for the planning of staff needs for professional cadres and general cadres.

With increasing numbers of HF, the need for good management, planning and organisation becomes ever more important. MISAU recently developed the "Guide for Planning, Organisation and Monitoring of Health Centres" to support the managers at HF level. The document will soon be disseminated to HFs.

Various documents mention that management is currently weak at all levels in the system, particularly the management of financial resources and of human resources.

1.4 Human resources for health

1.4.1 Human Resources

Poor capacity continues to undermine Mozambican health services. The shortage of human resources (HR) (in terms of quantity, quality and efficiency of its management) is one of the main impediments for Mozambique to scale up priority interventions and to reach the MDG targets. Systems including planning and monitoring, financial management, and supervision are weak and require strengthening at all levels. Staff numbers and skills at all levels in the system are often inadequate, including doctor / patient ratios. Furthermore, the distribution of human resources is considerably skewed with doctors and most highly-trained technical staff mostly concentrated in the large urban centres. There are additional needs arising from HIV/AIDS related absenteeism and attrition.

The National Health Policy describes the lack of health sector HR as a main challenge, particularly:

- The low number of health providers in rural areas,
- The predominance of staff without adequate professional qualifications,
- The limited number of medical doctors and specialised staff,
- De lack of public health professionals (for planning and management of public health issues),
- The limited capacity of newly formed cadres (particularly in the area of management),
- The lack of professional teachers.

The National Health Policy also mentions that proactive planning and management of HR will be key to the successful implementation of the majority of objectives and strategies of the PESS.

The majority of staff working in the various departments and units are medium-level and basic-level staff without specific training in the area where they are working. This constitutes an important challenge for the implementation of current norms and procedures.

In general the health sector is hampered by a lack of professional cadres of health professionals (doctors, technicians, nurses, etc.). The rate of inhabitants per health professional is much higher than considered optimal, which results in a limited access of the population to health services (see tables 1 and 2 below). The provinces with the lowest health service access continue to be the Northern Provinces Zambezia, Nampula, Tete and Cabo Delgado. Many HFs are not completely staffed. In addition, there are huge discrepancies in staffing levels between districts and within districts. Therefore, the HR needs are much higher than the number of new health staff which the system can absorb on an annual basis.

Table 1: Population to doctor rate per province as of Dec. 2009

Province	No. of doctors	No. of medical technicians	Population	Pop. / doctor
CABO DELGADO	34	61	1,751,499	18,437
NIASSA	25	59	1,114,626	13,269
NAMPULA	66	159	4,059,878	18,044
ZAMBÉZIA	47	112	4,055,430	25,506
TETE	31	53	1,679,470	19,994
MANICA	32	60	1,483,574	16,126

Province	No. of doctors	No. of medical technicians	Population	Pop. / doctor
SOFALA	73	72	1,796,668	12,391
INHAMBANE	28	91	1,509,680	12,686
GAZA	32	55	1,422,353	16,349
MAPUTO PROV.	41	46	1,150,985	13,230
MAPUTO CIDADE	338	41	1,325,845	3,498
TOTAL	747	809	21,350,008	13,721

Source: MISAU DRH-REI, Dec. 2009.

Table 2: Population to mother and child health nurse (MCH) rate per province as of Dec. 2009

Province	No. of MCH nurses	Population	Pop./ MCH nurse
CABO DELGADO	280	1,751,499	6,255
NIASSA	302	1,114,626	3,691
NAMPULA	764	4,059,878	5,314
ZAMBÉZIA	454	4,055,430	8,933
TETE	274	1,679,470	6,129
MANICA	264	1,483,574	5,620
SOFALA	377	1,796,668	4,766
INHAMBANE	352	1,509,680	4,289
GAZA	201	1,422,353	7,076
MAPUTO PROV.	200	1,150,985	5,755
MAPUTO CIDADE	354	1,325,845	3,745
TOTAL	3.822	21,350,008	5,586

Source: MISAU DRH-REI, Dec. 2009.

On the other hand, most of the current professional cadres are basic-level staff, who only has capacity to offer a limited number of health services, which impacts on the quality of health services provided to the population.

On top of the lack of the health professionals, the management of the existing health staff is also weak. This contributes to low motivation of staff and makes some leave the health sector.

In order to strengthen institutional development and knowledge transfer, MISAU benefits from Technical Assistance at central and provincial level.

1.4.2 National HRH development plan

The National Plan for Health Human Resources Development (PNDRHS) for 2008 – 2015 was approved in 2007. 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 PNDRHS has 4 strategic orientations:

1. Organise the SNS services and normative framework,
2. Improve management capacity at all levels of the SNS,
3. Improve SNS staff distribution, motivation and retention,
4. Increase capacity of initial production, post-graduate training and in-service training network.

Strategies to achieve the PNDRHS objectives 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 PNDRHS is currently being translated into an Operational Plan in order to assist in its implementation and readjust the objectives to current capacity, as the scenario that MISAU opted for in the PNDRHS was an ideal scenario, with not always realistic objectives. The Operational Plan will further define priorities for implementation.

In addition to existing lack of health HR, the PNDRHS proposes to recruit and absorb about 12.182 professional cadres into the public health system by 2015. This proposal is not realistic in view of the current training capacity 800 technicians per year whereas at the same time professionals currently in function continue to leave the system.

The PNDHRS also describes the need for promoting basic-level professionals to the medium level, as it was found that there were minimal differences in basic-level and medium-level of staff in terms of competence and service delivery. The Plan also aims to ensure that basic-level pre-service training is ceased by 2012.

The improvement of management processes should play a critical role in the implementation of the PNDHRS. However, this does not only depend on MISAU, but also on other agencies, such as the Ministry of Public Service. Special attention should be paid to reduce the flight of professional cadres from the National Health Service (SNS). During 20005 – 2009, the SNS lost at least 109 medical doctors from the system for various reasons.

The total budget for the PNDRHS over 2008 – 2015 is MTN 52,988 billion, about USD 2,1 billion. Of this, 90% is staff-related expenditure, including 76% for salaries and benefits and 14% for incentives. The budget for all expenditure except salaries and subsidies is MTN 12,6 billion, or about USD 495 million.

1.4.3 Organisation of the National HR Directorate

At central level MISAU, the National Directorate for Human Resources (DRH) is responsible for HR

issues. DRH has 2 departments: the Department of Staff Administration (DAP) in charge of HR management and the Department for Training (DF) in charge of staff training.

Each Department consists of several Units, whose role is to support the DRH.

The MISAU organisational chart has been in revision since 2005 and a new chart has not yet been approved. At provincial level the situation is similar, in addition to which provincial capacity is weaker because many of the HR staff does not have an adequate educational background.

1.4.4 HR management and administration

Health sector staff in the public sector is part of Public Service Cadres, and therefore subject to the norms and regulations defined by the Ministry of Public Function (MFP) and MISAU. This makes recruitment and absorption procedures of a new health professional long and bureaucratic. Current, a complete process of integration of a new staff into the public health system lasts between 6 months to 3 years, depending on whether the process is correctly prepared, on whether salary funding is available, etc. This period includes the time for recruitment and the time to obtain approval from the Administrative Tribunal. Once this is done, the staff member is considered to be a civil servant. This process is regulated by the General Statutes for Civil Servants (EGFAE), which contains norms regarding nominations, promotions, and the rights and obligations of civil servants.

The EGFAE was revised and the new one entered into effect in September 2009. Even if the Statutes are not as lengthy as their predecessor, they remain complex to implement for most of the lower level civil servants in the health system. In addition, the new EGFAE has not been sufficiently disseminated nor have civil servants been trained in its use. Staff has been little informed about their new rights and obligations.

In the health sector, HR management is weak for several reasons. First, HR management is not sufficiently professionalised. In general, very few health professional cadres have a background in HR management. A result of this situation is that the obligation to undertake management tasks takes valuable health professionals away from their core health-related tasks. At central and provincial level, HR management is mostly undertaken by high-level cadres, such as medical doctors, but at district level and in the HFs, HR management is done by doctors, nurses or administrative staff, all of them without any training in general management and/or HR management. This approach constitutes an important limitation for the management of HFs and for HR management in general. Even managers and staff of HR departments at provincial level do not sufficiently know routine management procedures nor are able to implement them correctly.

Secondly, the Continuous Training system, which could improve management capacity, does not reach those staff who require it. Training courses of short duration and on-the-job training and coaching should be better organised. The process of post-training monitoring and coaching is still weak due to inadequate conditions for on-the-job supervision.

The weak HR management capacity and system is probably contributing to the low capacity of the National Health System (SNS) in terms of recruitment, allocation, rotation and retention of staff. It is likely that this is contributing to low staff motivation. Motivation greatly influences staff performance and the implementation of all activities, including those related to HR management.

Hopefully the strategies and activities included in the PNDRHS for improving the staff incentives system will contribute to increasing productivity of health staff and managers.

Improving HR management in the health sector will involve contributing to a (re)definition of all levels of the system, standardising the levels of service provision, and revising / defining job descriptions for each position, all in the framework of decentralisation. These areas are all included in the PNDRSH as priorities for implementation.

MISAU is currently making an effort to improve the level of competence of staff in management positions, including HR management, by hiring newly qualified staff with management background for new positions and by sending existing staff on management training.

1.5 Sector-wide approach

The sector-wide approach (SWAp) in the health sector in Mozambique was established in 2000. Currently, about 25 donor agencies are part of the SWAP, which supports the health sector strategic plan, and finance about 70% of national health expenditures. A Code of Conduct, signed by most donor agencies in 2003, describes the rules of engagement between MISAU and donors. It commits donors to progressively align their approaches with MISAU policies and use common monitoring, reporting and auditing arrangements.

Working arrangements include structures for coordination and dialogue, including the Joint Annual Review in April; six-monthly Sector Coordination Committee (CCS) meetings in March and September of each year where MISAU and partners meet and review progress in the implementation of the annual health sector action plan (PES). Specific technical policy and implementation issues are discussed in the thematic working groups linked to the SWAp. The working groups include Monitoring & Evaluation, and Human Resources.

At the CSS meetings, performance of development partners is also reviewed in terms of alignment and harmonisation. In terms of alignment, partners are assessed on the degree to which they adhere to the agreed disbursement plans and to which they provide timely information to MISAU on the planned project activities and funding flows. In terms of harmonisation, partners are assessed on the number of individual missions from HQ they send to support the health sector, and the number of joint missions they participate in.

Coordination between MISAU and civil society has now been formalised in the six-monthly MISAU-NGO Coordination Meetings. Furthermore, representatives from the NGO networks recognised by MISAU (including NAIMA+ and MONASO) participate in the technical working groups.

The SWAP also includes a sector finance framework.

1.6 Health sector financing

The Mozambican health sector is currently financed for about 70% by donor agencies and 30% by the Government. Although the Mozambican economy is projected to continue to grow at a rapid pace during the next few years, financing from donors will remain necessary for a long time, if current gains against the MDGs are to be continued and the planned expansion of health sector human resources is to be implemented.

The Government allocation to the health sector budget has decreased over the past years from 14% of the overall budget allocation in 2006 to 7% in 2010.

Fourteen donor agencies support the three health sector common funds, established as part of the health SWAP. The funds are PROSAUDE-II, the Provincial Common Fund and the Pharmaceutical Common Fund. In 2008, the partners supporting the common funds signed a new MoU. These funds will be progressively merged into one and will move towards a sector budget support mechanism. The common funds are used to finance priority health interventions, to purchase medicines and to develop infrastructure included in the annual health sector plans (PES).

Other donor agencies support projects, including earmarked project funding to MISAU as well as direct funding to other governmental agencies and non-governmental organisations (NGOs).

The table below shows the health sector budget and execution for 2009.

Table 3: Mozambique health sector budget and execution for 2009.

Fontes de Financiamento	valores em milhares de Meticais							
	Dotação			Dot. Actualiz. (Partic. no Total)	Fundos Concedidos	Execução	Grau de Execução	
	Inicial	Actualizada	Cabimentada				Orçamental	Financeira
Orçamento do Estado (RT):	3,710,687	3,476,652	3,470,932	24%	3,469,745	3,397,166	98%	98%
Despesas Correntes (Central + Prov.)	3,446,566	3,179,513	3,173,813	22%	3,172,626	3,100,274	98%	98%
Desp. de Investimento (CI - Central + Pr	264,120	297,138	297,119	2%	297,119	296,892	100%	100%
Fundo Global (*)	1,262,676	604,998	604,998	4%	604,998	598,998	99%	99%
Fundo Comum (CE):	2,467,477	3,196,955	2,930,324	22%	2,926,159	2,902,491	91%	99%
Prosaúde - Central	1,255,567	1,572,836	1,547,697	11%	1,547,697	1,547,697	98%	100%
Prosaúde - Medicamentos	686,852	599,562	537,500	4%	537,500	537,500	90%	100%
Prosaúde - Provincial	525,058	1,024,557	845,127	7%	840,962	817,294	80%	97%
Despesas de Investimento (CE):	6,655,310	7,461,312	3,462,376	51%	3,668,255	3,646,982	49%	99%
Despesas de Investimento	6,655,310	7,461,312	3,462,376	51%	3,668,255	3,646,982	49%	99%
Total	14,096,150	14,739,917	10,468,630	100%	10,669,157	10,545,637	72%	99%

Source: *Balanço do PES, 2009, provisional report, April 2010.*

Table 3 shows that in 2009 the total health sector budget channelled through Treasury was over 14 billion MTN (about USD 466 million), of which 24% was provided by the State (Orçamento do Estado), 4% by the Global Fund for HIV and AIDS, TB and malaria (GFATM), 22% by the health sector common funds (USD 97 million), and 51% were investment contributions, i.e. project funds channelled through the Treasury to MISAU.

The above budget does not capture health sector expenditure channelled outside Treasury, such as direct project funding by donors to implementing agencies.

As table 3 shows, overall budget execution in 2009 was 72%, largely due to the low execution of investment contributions / projects (only 49%). This was due to low disbursement of funds by partners to MISAU. According to partner agencies the low disbursement was mainly a result of the low absorption capacity of MISAU of project funds. Budget execution of the State budget and the common funds was high, resp. 98% and 91%.

Monitoring & Evaluation

So far, there was no specific Monitoring and Evaluation (M&E) Plan for the health sector in Mozambique, but at the CCS meeting in March 2010, MISAU and partners agreed to work together to develop one.

In order to facilitate the process of monitoring the implementation of the PESS and the annual PES, 34 indicators were defined. These indicators are part of the health sector Performance Assessment Framework (PAF) that is used to report to the PARPA and general budget support mechanisms. Thirty-one indicators report on the implementation of the health strategy, and 3 report on the performance of development partners.

The health system has an information system to collect data on health system performance: the Health Information System (HMIS or SIS) and its sub-systems (Staff Information System (SIP), Training Information System (SIF), etc.). However, the M&E system is not yet optimally organized and the routine information collection system not functioning adequately. In order to address this situation, a Strategic Plan for the SIS was developed for 2009 – 2014 with involvement of provincial health authorities.

The M&E system furthermore consists of the annual joint evaluation (ACA) between MISAU and development partners, which takes place each year in March. At the ACA, reports on the health

sector performance of previous years are presented, progress and bottlenecks are discussed and MISAU and partners agree on the priorities for the coming year.

The 9th ACA report of March 2009 indicates that monitoring of progress against the PAF indicators reveals that the implementation of health activities is still weak and their implementation levels are below 60%, even if this constitutes an improvement since 2008. Recommendations to address this problem included;

- Mobilise leaders and community organisations to implement campaigns on gender, health and HIV and AIDS, in order to promote the acceptance, demand and utilisation of health services by men,
- Strengthen the technical capacity of the MISAU procurement system,
- Develop an Infrastructure & Equipment Development Plan to improve planning, management and monitoring of infrastructure and equipment activities. This Plan should be harmonised with the PNDRHS,
- Develop and M&E Plan for the health sector,
- Increase training and follow up on the PAF matrix M&E technicians in the various programmatic areas at central level MISAU.

2 strategic orientations

2.1 Guiding principles

The following principles will be respected in the implementation of the project:

- 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 will support 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 will be 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 will be aligned to and integrated into the national (technical) planning processes of the institutions that are supported (i.e. MISAU, provinces etc.). No specific project activities will be planned for. The project will work 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.
- On request of MISAU, the project is a Technical Cooperation project, i.e. it will provide support to systems development.
- The project will harmonise 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 will draw as much as possible on existing capacities, initiatives and structures, as well as on learning from regional and international best practice,
- The project will be implemented through highly collaborative arrangements with all the institutions targeted.

2.2 Intervention strategy- the Capacity building concept applied to this project

2.2.1 Concept of capacity building at different levels

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.

The following paragraphs describe how this project proposal understands the concept of capacity building for the different levels of intervention in this project.

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,
- 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.

Individual capacity and capacity building should not be confounded either with training, although often there is need for it. Creating the proper working environment is at least as important as creating additional knowledge and skills because a favourable and stimulating environment permits people to remain motivated. Institutional capacity assessment should result in identifying measures that need to be taken simultaneously for the working environment and the training needs for the existing personnel.

Individual capacity gaps can be identified at various levels:

- Poor basic training,
- Poor practical skills to put theoretical knowledge into practice,
- Poor management skills in compliment with the technical skills,
- Poor attitudes,
- Poor working environment.

On the basis of this concept of capacity building, the results and activities of the present proposal have been defined as described in chapter 3.

2.2.2 General approach to interventions included in this project

Based on the above-described concepts of Capacity Building (CB), the project aims to strengthen systems' capacity, institutional capacity and individual capacity in the field of Human Resource Management in the Mozambican health sector.

HR management is defined in this project as the planning, recruitment, allocation, rotation, promotion and training / career development and retirement of human resources.

To understand the approach of this project, we need to clarify the difference between two terms we will use in this document according to BTC terminology:

1. Technical Cooperation (TC) is defined here as the "provision of know-how in the form of short and long-term personnel, training and research, twinning arrangements, peer support and associated costs".
2. Technical Assistance (TA) refers to the "personnel involved, with reference to developing knowledge, technical know-how or productive aptitudes".

This project is a project of Technical Cooperation, i.e. that through the provision of Technical Assistance and material and financial support it will aim to support the capacity building of the health system in terms of HR management.

The project will start with a situation analysis of existing HR management systems and practices at central, provincial, district and facility levels in order to identify strengths and weakness of the

current system, identify bottlenecks which prevent the system from working and identify possible solutions.

2.3 System's capacity building

The project will aim to support capacity building of the health system in terms of HR management in the context of decentralisation.

The project will contribute to MISAU central level's efforts to improve norms and regulations for HR management in the current context. This may include improving the norms and procedures for recruitment of HR staff, revising the job descriptions of HR staff at all levels, and standardising organisational charts of the provincial health HR departments.

Revision of staff job descriptions and organisational charts will be done with participation of representation of the institutions concerned (provinces, districts, etc.).

2.3.1 Institutional capacity building

The project will support the institutional capacity building of central level MISAU, provinces, districts, training institutions and main Health Facilities (HF) in HR management, with an emphasis on provinces and districts, as these are probably the weakest in terms of capacity.

The focus will be on identifying measures related to improving the working environment and addressing the training needs of HR staff, in order to improve the capacity of the provincial and district levels to manage their staff. In some aspects, the central level and the HF level will also benefit from project interventions.

2.3.2 Individual capacity building

The project will support the capacity building of individuals involved in HR management at all levels in the system, with an emphasis on those at provincial, district and health facility levels.

This will include support to the on-the-job training of HR staff in routine management tasks and the decentralisation of HR management. The project will also fund basic HR training for a number of staff.

2.3.3 Management tool development

The project will support the improvement and / or development of HR management tools and instruments that enable decision-making and follow up (e.g. monitoring and evaluation).

Management tools that may contribute to the better performance of provinces and districts in HR management include:

- A manual for the application of General Statute for Public Sector Workers (EGFAE) in the health sector.
- A comprehensive HR coverage map and coverage plan.
- A HR archive system.
- Expansion of the HR Information System (SIP) to district level.

2.4 Geographical spread

The project will assist MISAU to strengthen the capacity of the HR management system throughout the country.

The project will support the design of a capacity building programme to be carried out in all provinces and districts. The design will propose the phased implementation of the programme, with some provinces being covered earlier on and others later.

Furthermore, the project will contribute to the implementation of the capacity building programme, in close collaboration with other partner agencies.

2.5 Synergies / collaborations with other projects

2.5.1 Approach

The project will as much as possible draw on and collaborate with existing and planned interventions for capacity building in the field of Human Resources for Health in Mozambique. This section identified the major initiatives and how the project will interact and collaborate with them.

The project will also aim to assist 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.

This can be done by supporting MISAU in the development of 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 PND RHS.

In addition, BTC will support the organisation of technical meetings between central level and provincial level staff and partners on the implementation of management capacity strengthening (see section 3.4.3).

Section 2.5.3 below describes a number of partners' initiatives in the field of HR management strengthening. It is envisaged that this project will work closely together with these initiatives, particularly the upcoming projects from the Italian Cooperation and the European Commission.

2.5.2 BTC funded interventions

2.5.2.1 Scholarship Programme of the Belgian Government

The DGCD / BTC Scholarship Programme provide scholarships for studies at national and international level. The programme has three components:

1. Local scholarships in Mozambique (Bachelors degrees, Masters and PhD courses and local short training),
2. Master and PhD studies in the region and in Europe,
3. Short courses in Europe.

The Scholarship Programme tends to support mainly the health and education sector. The beneficiary sector through the line ministries identifies priority areas for capacity building, after which the Belgian Embassy, BTC and beneficiary line ministries agree on these and allot scholarships for each category.

This project may benefit from the Scholarship Programme. Through the capacity assessments, the project will provide MISAU at all levels the opportunity to identify pertinent capacity building needs. On the basis of this information, MISAU can address requests for support to the Scholarship Programme based on identified real needs and priorities.

The project may thus receive support from the Scholarship Programme for financing such needs.

The International Technical Adviser of the project will liaise with the Belgian Scholarship

Programme in order to identify how to use its procedures and to get all the information on the existing training opportunities in Mozambique and in the region.

2.5.2.2 Studies and Consultancies Fund of the Belgian Government

The Belgian Government also operates a Studies and Consultancies Fund Programme to support studies and consultancies in areas worth supporting.

This Fund could be used to fund studies and/or short-term consultancies identified as useful for this project and / or any other areas outside of HR which are considered useful for MISAU in support of the health sector.

MISAU should develop a request accompanied by a consistent proposal and submit this to the Belgian Embassy.

The International Technical Adviser of the project will liaise with the Belgian Studies and Consultancies Fund / with BTC in order to identify how to use its procedures for application to the Fund.

2.5.2.3 BTC project to strengthen budgetary and financial management systems within MISAU

The Belgian Government is planning to support the budgeting and financial management processes of MISAU. The project formulation is still ongoing between the MISAU Directorate for Administration and Finance (DAF) and BTC. The project proposes to support the extension and strengthening of the electronic financial information system e-SISTAFE to lower levels in the public health system, including provincial hospitals and district health authorities.

There will probably not be direct interaction between this financial management strengthening project and the HRH project.

However, the Financial Management project will affect the HRH project in the following ways:

- The financial management project will increase MISAU's capacity to budget and manage its resources at all levels in the system, which should benefit all interventions managed / carried out by MISAU, including those in the field of HR.
- Improving the money flows and the performance of DAF will allow MISAU to better negotiate with MoF for increased resources, which would allow MISAU to absorb more newly trained personnel and might make career planning and its financing more smooth.
- MISAU requested the Belgian HRH assistance to be executed in project mode, because MISAU's planning and financing systems are not flexible and do not allow continuous adjustment which are sometimes necessary. The financial management project may increase performance of DAF and increase MISAU's capacity for flexibility in planning and financing. This in turn would decrease the need for MISAU to receive assistance in project mode.

2.5.3 Other programmes / projects in progress / planning

2.5.3.1 Danish Cooperation

The **Danish Government** is currently supporting the health sector in Mozambique through annual contributions to the health sector common fund (PROSAUDE).

In addition, it is 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.

There may be scope for combining any long-term TA provided by the Danish Government after Dec. 2012 with the long-term TA provided by BTC.

2.5.3.2 Italian Cooperation

The **Italian Cooperation** has recently approved a 3-year project of EURO 7,5 million 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 aimed project results are:

- 600 health professionals upgraded in technical areas not covered by vertical programmes and through the establishment and/or strengthening of Continuous Training Centres in Sofala province,
- Teachers and tutors of internship programmes upgraded and re-qualified in teaching methodologies in the 3 Training Institutes and 6 selected health facilities in Sofala and Maputo Rural provinces and Maputo city (with a total of 300 persons trained),
- 120 HR managers (at provincial, district and large HF) upgraded or capacitated in decentralised HR management in Sofala and Maputo Rural provinces and Maputo city.

The project will support a number of interventions including:

- Technical assistance (only in Sofala province) in the planning and monitoring of HRH,
- In-service training of health professionals,
- Upgrading of internship facilities,
- Design of a modular training course for HR managers and implementation,
- Formalisation of the HR management course so that it can be replicated to other provinces,
- Improvement of working conditions for HR managers at provincial and district level,
- Provision of food subsidies and installation kits to trained health professionals and HR managers to promote their retention into the public health system,
- Support to studies and research on HR management.

Once all formal approval arrangements are finalised between Italy and Mozambique, hopefully during the coming months, this 3 year project can start. Of the total budget, about EURO 5 million will be channelled through the Mozambican Treasury as project support to MISAU, whereas the remaining funds will be managed directly by the Italian Cooperation to facilitate the project interventions, including hiring of project staff and long-term and short-term TA.

In addition, the Italian Cooperation also supports the health sector common fund PROSAUDE.

This Italian project will work on a number of issues related to strengthening of HR management and it will therefore be crucial for the BTC project to collaborate closely with this project so as to combine forces and avoid duplication.

2.5.3.3 Flemish Cooperation

The **Flemish Cooperation (FICA)** has been funding an 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. The project is now coming to an end and will be evaluated through an external evaluation in the coming months.

In addition, FICA is supporting MISAU through a general contribution to the health sector common fund PROSAUDE and is funding a number of other health projects in Tete province in the field of HIV care and support, and the rehabilitation of health facilities. These projects are coming to an end in 2010 and will be evaluated externally in the coming months.

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.

2.5.3.4 European Commission

The **European Commission (EC)** is supporting the health sector in Mozambique in the period 2008 – 2011 through the provision of EURO 10 million to PROSAUDE and EURO 6 million to a technical cooperation project implemented by GTZ to support the establishment of HIV workplace programmes in the public health sector. Furthermore, the EC supports a project of EURO 10 million over 2008 – 2013 assisting the strengthening of HRH in Portuguese-speaking countries including Mozambique. In practice this latter project has not yet reached concrete results.

In addition the EC has reserved EURO 2 million to fund the implementation of the PNDRHS. The focus of this support will be to strengthen health systems management. The EC recently funded a consultancy to develop the terms of reference for a twinning arrangement between a European Training Institute and a Mozambican Institute, with the aim of strengthening the capacity of MISAU and its training institutions to provide quality courses on the various aspects of health service management, including administrative and financial management, logistical and HR management. It is envisaged that this project starts sometime in 2011.

The EC project may include support to the development of training programmes and curricula on health service management and administration, to the training of trainers in training methodology and in the technical content of the training programmes, to the system for on-the-job coaching of management trainees and other post-training follow-up, and to M&E capacity for the management training programme.

2.5.3.5 United States Government

The US Government is funding a number of organisations to support MISAU in issues related to HRH.

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.

I-TECH is an NGO linked to Washington University in the USA; which is providing a variety of technical support to MISAU in the field of HIV care and treatment. It also provides support to the DRH Training Department through the secondment of a part-time Technical Adviser and the funding of training programme development and implementation. I-TECH is also currently undertaking a situation study on the absorption and retention of medium-level health professionals.

JHPIEGO is an NGO linked to Johns Hopkins University in the USA. It provides a variety of

technical support to MISAU in the field of the HIV response. It also supports the DRH Training Department through the secondment of a full-time Technical Adviser and the funding of training programme development and implementation. JHPIEGO is also currently undertaking a situation analysis of the HR Information Systems (HRIS), which includes the Staff Information System (SIP) and the Staff Training System (SIFO). The analysis should identify strengths and weaknesses of current systems and make recommendations for improvement.

Health Alliance International (HAI) is another USG-funded NGO that has been working for many years in Mozambique to support health service provision, particularly in the field of HIV and other communication diseases. It is providing technical support to various provinces in the field of health planning and management and has recently undertaken training of provincial health directorate staff in HR management.

2.5.3.6 JICA

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 second volunteers to various training institutions throughout the country.

2.6 Capitalisation: contribution to policy dialogue

This project will contribute to policy development by ensuring that the interventions supported on HR management systems will feed into the national policy dialogue and policy development.

The project will contribute to the capitalisation of experiences of change and policy interpretation at peripheral level through identification of lessons learned and best practice. MISAU staff at central level will coordinate this process with contribution from central level staff and provincial level staff. Conclusions on lessons learned, best practice and recommendations for policy will be documented and disseminated to national policy makers, including MISAU DRH staff, staff of national training institutions and members of the HR Working Group.

The BTC project will create a **double anchorage** in terms of strengthening capacity both at MISAU central level and at the operational levels of provinces and districts, while at the same time feeding into policy dialogue at national level on the strengthening of the HR management system.

The project will facilitate this through supporting:

- Active participation of central level MISAU staff in the situation analysis of the HR management system's strengths and weakness at the start of the project,
- Active participation of central level MISAU staff in the design and implementation of the HR management capacity building,
- Active participation of central level and provincial staff in the identification of lessons learned and best practice,
- Active monitoring and evaluation of all capacity building interventions,
- Strengthened dialogue and coordination between HR central and provincial level staff on management strengthening efforts, through support to the Technical Group on Implementing Management Capacity Building.

2.7 Sustainability

This project aims to ensure the sustainability of the efforts proposed as follows:

- This technical cooperation project will support the implementation of rapid changes in the HR management system. The project will not substitute any main function of DRH, but will provide necessary external technical expertise for revising the HRH management system. The new / revised policies and tools developed by the project will be integrated into the routine management HRH system of MISAU. Once the project ends, MISAU at central, provincial and district level will continue to implement the routine HR management system, including the revised policies and tools.
- MISAU has started efforts to improve the level of competence of staff in management positions, including HR management. Since several years it tries to ensure that when new staff is hired, priority is given to persons with training in management. At the same time, MISAU supports management training of existing administrative staff. Thus the project will contribute to these efforts and accelerate them.
- The project concentrates on capacity building, which will last by definition beyond the intervention's life time,
- Furthermore, the project will support the capitalisation of experience in HR management from within the project and elsewhere and ensure it can contribute to policy dialogue and development,
- The project does not engage in activities which imply much additional recurrent costs to be covered by the health system after the closure of the project,
- The project will be fully aligned to the national planning and monitoring systems. It will support priority interventions of the PNDRHS and its Operational Plan, which will be fully integrated into the strategic and actions plans of the institutions supported. This increases national ownership and promotes the targeted institutions taking responsibility for the interventions.
- MISAU DRH and provincial authorities should always accompany capacity building initiatives supported by the project, so as to ensure that national ownership is communicated to the beneficiaries.
- The project will work closely together with the MISAU DRH, with the Technical Group on the Monitoring of the PNDRHS and the HR Working Group, to ensure national adoption of tools and materials developed and ensure adequate information sharing.

3 intervention framework

3.1 Justification

Current systems for HR management within the public health system are weak. Staff recruitment and allocation is slow and inadequate, and once absorbed, staff is unlikely to remain in the system for a long time. Staff retention is low, due to low remuneration levels, weak management, inadequate career opportunities and low motivation. The current weak HR management at all levels of the system contributes to the lack of human resources for health in terms of staff numbers, quality and motivation.

HR management is weak partly due to the inadequate capacity and performance of HR departments and staff with HR management tasks across the system and due to the lack of adequate HR management tools. HR staff at central, provincial and district levels and in major Health Facilities (HF) is not sufficiently familiar with the current routine procedures for staff recruitment, allocation, rotation, promotion & career development, and retirement.

The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff (of HR and administrative departments) have not been informed or trained in how to implement the new system.

There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the **HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement)** should contribute to better absorption, motivation and retention of civil servants in the health sector.

HR management is an area, which is currently receiving little support from partners.

3.2 General objective

The general objective of the project is:

Aligning to the NPHHRD, 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.

3.3 Specific objectives

The specific objective of the project is:

Strengthen Human Resource management system of MISAU at all levels, including central and operational levels (provinces, districts and health facilities).

In this project, HR management is defined as the planning, recruitment, allocation, rotation, promotion and training / career development and retirement of human resources.

3.4 Expected results and activities

3.4.1 General considerations

At the request of MISAU DRH, the project will focus on supporting the strengthening of HR management in the public health system.

Thus, the project will support MISAU in the achievements of the objectives of Strategic Areas 1, 2

and 3 of the PNDRHS related to activities concerning HR management.

The results and activities of the project are in line with those of the PNDRHS Operational Plan. In this project document **the results and activities follow the order of the Operational Plan.**

The project aims to strengthen the capacity of HR manager at all levels to implement the routine HR management system as well as to support the decentralisation of HR management to lower levels.

In some instances when working at district / HF level, it may be required to strengthen not only HR management skills but also other essential skills related to management of resources, such as finance, simultaneously. This will be considered during the project.

All activities and tools will be developed in close coordination and collaboration with the Ministry of Public Service, with provincial authorities, with national training institutions and with partner agencies supporting the DRH.

3.4.2 Result 1

PNDRHS Strategic Area 1: Organise National Health System services and normative framework.

General Objective: Ensure that health teams are adequate for the health services in which they are placed.

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

Under this result, the project will support institutional capacity building in HR management. The project will support MISAU DRH to improve and implement the staff performance assessment system.

For Result 1 the project will support the following activities:

Review and implement the criteria and tools to evaluate HR staff performance, including on-the-job training of HR managers in the use of the tools (Operational Plan Codes 1.1.2.2 and 1.1.2.3).

This result will be supported through a combination of long-term and short-term technical assistance.

Activity 1 will consist in the revision of current staff performance assessment systems for HR staff. MISAU has a performance assessment system, which has rarely been used. DRH would like to revitalise the system, by reviewing the tools and identifying any required revisions in order to adapt them to the current context. The project will then assist in the implementation of the tools at all levels, including training HR managers in the use of the tools.

3.4.3 Result 2

PNDRHS Strategic Area 1: Organise National Health System services and normative framework.

RESULT 2: Capacity of HR managers and administrators at all levels strengthened in routine HR management

The project will support MISAU DRH to undertake an institutional capacity assessment in HR management of the different levels in the system in order to identify which staff members would benefit from basic training in HR management and other priority areas. The project will then contribute to funding the basic training.

In terms of individual capacity building, the DRH will strengthen capacity of HR staff at all levels of

the system. The **emphasis will be on assisting HR staff at provincial and district levels to better implement routine HR management procedures** related to planning, recruitment, allocation, rotation, promotion and training / career development and retirement. The project will also assist provincial, district and health facility HR staff to implement the new decentralisation procedures of staff management, in close consultation and collaboration with the Ministry of Public Function.

For Result 2 the project will support the following activities:

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, including:
 - a. Make an inventory of existing HR management tools and identify tool needs (Operational Plan Code 2.4.4.1).
2. Design the capacity building programme for on-the job continuous training in routine HR management processes for HR staff (Codes 2.1.2.2 and 2.1.2.3), with specific subjects including:
 - a. the distribution and utilisation of staff according to specific tasks (Code 1.1.4.1),
 - b. the recruitment process (Code 3.1.2.2),
 - c. the mobility (transfer) system (Code 3.13.1),
 - d. the use of SIP data for HR management.
3. Implement the on-the-job capacity building programme of HR staff in HR management in collaboration with the Ministry of Public Function, national training institutions and with other development partners (Codes 1.1.4.1 and 3.1.2.2),
4. Complete the HR management training package and submit for approval to be used at national level (Codes 2.1.2.2 and 2.1.2.3).
5. Undertake institutional capacity assessments in the HR management system at various levels (central, provincial, district, HF).
6. Fund basic training in HR management of a number of HR staff (short courses, BA / MA courses).
7. Coordinate the various capacity building initiatives through technical meetings on the implementation of management capacity building.

This result will be supported through a combination of long-term and short-term technical assistance.

MISAU DRH officials have identified the need to support the strengthening of the HR management system in 2 phases:

1. Urgent capacity building of HR management staff focused on practical implementation, possibly in combination with introduction of some new, maybe transitory, tools,
2. A mid-term institutional support to develop and implement management tools.

Activity 1 foresees conducting a situation analysis of HR practices and tools at central, provincial and district levels as well as in main HF. It will identify strengths and weaknesses of staff knowledge and of the available instruments as well as the bottlenecks and issues around current

implementation, and recommendations to address those issues. The situation analysis will also contact partner agencies currently working with provinces and districts in the field of capacity building of managers, in order to collect training materials and tools for HR management. This activity should take place at the start of the project so that it can feed into the capacity building programme to be designed still and to be integrated into the identification of other priority interventions, which are likely to have a positive impact on the performance of HR staff.

Activity 2 consists of the design the capacity building programme, which will be based upon the MISAU Continuous Training Policy. The training will include subjects such as:

- Routine HR management tasks, including:
 - Distribution and utilisation of staff,
 - The recruitment process (Operational Plan Code 3.1.2.2),
 - The mobility (transfer) system (Code 3.13.1),
- Use of the staff information system (SIP) in the planning and management of HRH,
- The implementation of the new GoM General Statute for Public Sector Worker, and
- The decentralisation of HR management.

It is envisaged that the methodology for capacity building will include several formal training modules in combination with on-the-job coaching. The programme will probably be implemented in a phased approach between provinces and within provinces. Participants in the programme may include the following:

- Group 1: DRH central level staff,
- Group 2: provincial level staff: DPS decision makers, HR Department, provincial hospital HR Departments from central and provincial hospitals, and administrative staff from training institutions,
- Group 3: district level staff: district health decision makers, district administrative staff and administrative staff from district and rural hospitals and major HF involved in HR.

The programme will be designed through a small technical group with participation of HR central level and provincial authorities, the Ministry of Public Function, national training institutions and partner agencies. Input will be required from regional and/or international short-term TA.

The capacity building programme will be based on the MISAU Continuous Training (CT) Policy. This Policy would allow for decentralised and integrated CT programming, meaning that decentralised levels of the system (provinces and districts) should be involved in the programming and that the programming should be holistic (i.e. not dominated by vertical programmes). The policy should define rules on how many days each staff member should be benefiting from CT. A functioning CT Programme will need to include decentralised budget allocations for CT activities in each province. Skills will also be required at provincial and district level to provide CT. If required, the project will contribute to the further development of such a policy.

The capacity building programme will include the training of HR staff on how to use data from the Staff Information System (SIP) for HR planning and management purposes. Each province currently operates a SIP system and sends the data on staff recruitment, training and transfers to MISAU DRH. However, the provincial teams rarely use the data for their own planning purposes. In addition, the SIP does not always contain updated information, as in some provinces the SIP operation clerk is given other responsibilities and/or the SIP computer is used for other purposes. It is important that the SIP operations at provincial level are improved. The decision makers, including the HR Department Chiefs, need to be (re)convinced of the importance of having a fully functional,

updated SIP system for their province. The project will therefore ensure that the subject of the SIP and the use of its data is integrated into the on-the-job training on HR management mentioned under Activities 2 and 3.

Under **Activity 3**, the project will contribute to the implementation of the capacity building programme in provinces that are not benefiting from support from other partner agencies in this area (for example the provinces of Maputo City, Maputo Rural and Sofala are receiving support from the Italian Cooperation). Training teams will be setup and composed of MISAU DRH staff and of trainers. At times, representatives from the Ministry of Public Function will also participate. As the public health system does not currently dispose of teachers in HR management, it may be necessary to contract national Mozambican short / medium-term TA to deliver the trainings. It will probably be more effective if national Training Institutes, such as the Superior Institute for International Relations (Instituto Superior de Relações Internacionais, ISRI) or the Superior Institute for Public Administration (Instituto Superior de Administração Pública, ISAP) based in Maputo, would be contracted to provide the trainers and facilitate the capacity building programme. By using these institutes, the courses might become beneficial for other sectors as well. In this way, the project might indirectly contribute to capacity strengthening of the education sector which is also in need of a better performing HR management system. Alternatively Mozambican private sector HR consultancy companies could also provide the required TA.

The training teams (composed of one DRH staff and one consultant) will carry out several on-the-job coaching visits to each province. The provincial HR staff will carry out coaching visits to each district.

Once the training programme has been implemented in the first provinces and districts, it will be evaluated and adjusted and then submitted to MISAU for formal approval as the national training package in HR management for the health sector (**Activity 4**).

Activity 5 will support institutional capacity assessments in HR management of the different levels in the system in order to identify which staff members would benefit from basic training in HR management and other priority areas.

On the basis of the assessments, the project will support basic training courses for a number of HR staff in HR management (**Activity 6**). The courses would be of short duration or BA or Masters degrees. They can be existing courses or tailor-made courses and may be provided by public or private institutions located in Mozambique or the region.

In **Activity 7**, the project will support **Technical meetings on the implementation of management capacity building** to assist in the coordination of the implementation of the various capacity building programmes in management skills. These informal meetings would be chaired by MISAU DRH and would include representatives of provincial DPS authorities, the HR WG Co-Chair and representatives of partners directly supporting management strengthening (incl. Italian Cooperation, EC, HAI, BTC, etc.). The Group would meet regularly, for ex. 6-monthly, and allow agencies providing TA to DRH to coordinate directly with provinces, to exchange experience, identify best practice and bottlenecks, and monitor implementation of the various capacity building programmes ongoing in the field of management. The BTC project proposes to fund the meetings of this group.

3.4.4 Result 3

PNDRHS Strategic Area 1: Organise National Health System services and normative framework.

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

Under this result, the project will support the DRH to revise existing HR planning tools and develop

new ones to be used by HR staff at all levels in the system, in order to facilitate routine HR management and decentralisation of HR management to lower levels.

For Result 3 the project will support the following activities:

1. Develop and implement guidelines for the elaboration of recruitment plans at all levels (Operational Plan Code 1.3.2.1)
2. Review existing tools to map current HR coverage and identify HR needs at provincial and district levels.
3. Train HR managers in the use of HR planning tools through on-the-job training.
4. Undertake HR needs mapping annually at national level (Code 3.1.1.2).

This result will be supported through a combination of long-term and short-term technical assistance.

Activity 1 foresees supporting the DRH and provinces to develop guidelines for the development of recruitment plans in each province and district.

The project will furthermore support the revision of existing tools for HR mapping and for the identification of HR needs at provincial and district level (**Activity 2**).

Activity 3 will involve the training of HR managers in the use of the mapping tools through on-the-job training in each province with participation from district HR staff.

The project will also support an annual HR needs identification exercise to be used as a tool for the planning and management of HR (**Activity 4**).

3.4.5 Result 4

PNDRHS Strategic Area 2: Improve management capacity at all levels of the NHS.

General objective: To strengthen the management, planning and administration capacities in general, and HRH in particular, according to the public administration reform in course and the reality of job decentralisation.

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

Under this result, the project will support the (re)-organisation of provincial and district HR Departments, with the aim of ensuring more effective and productive structures adapted to the new decentralised system.

For Result 4 the project will support the following activities:

1. Standardise and disseminate organisational charts of provincial and district HR departments (Operational Plan Code 2.3.2.1).
2. Revise and disseminate the staffing structure of HR departments.
3. Revise and disseminate HR staff job descriptions.
4. Revise the salary scales (Qualificador de carreira) for all health sector staff.

This result will be supported through a combination of long-term and short-term technical assistance.

Under **Activity 1**, the project will work with DRH and provinces to examine current organisational charts of provincial HR departments and standardise them.

Staffing and recruitment norms of HR staff at all levels in the system will be revised with assistance of the project to ensure they reflect the current realities and to promote the hiring of staff with technical HR backgrounds (**Activity 2**).

Under **Activity 3**, the project will assist DRH and other MISAU Directorates in the current efforts to revise job descriptions for staff with HR management responsibilities.

Furthermore, the project will support the efforts of DRH and other MISAU Directorates to revise the salary scales (Qualificadores de carreira) of all health sector staff to adapt them to the current context (**Activity 4**).

3.4.6 Result 5

PNDRHS Strategic Area 2: Improve management capacity at all levels of the NHS.

RESULT 5: Management tools developed and implemented.

Under this result, the project will support the revision of existing HR management tools and the development of new tools required in order to facilitate routine HR management and its decentralisation to lower levels.

For Result 5 the project will support the following activities:

1. Develop and disseminate procedures to implement the EGFAE in the health sector (Code 2.4.4.2).
2. Use the regular meetings of HR officials with staff to disseminate the staff rights included in the EGFAE.

This result will be supported through a combination of long-term and short-term technical assistance.

For **Activity 1**, it is foreseen that the project will assist DRH to design an instruction manual for HR staff on how to implement the new GoM General Statute for Public Sector Workers (EGFAE) in the health sector. This will be followed by support to the dissemination of the employee rights as included in the EGFAE through the regular meetings which provincial and district HR Department hold with health sector staff (**Activity 2**).

3.4.7 Result 6

PNDRHS Strategic Area 2: Improve management capacity at all levels of the NHS.

RESULT 6: Working conditions improved of HR staff at district level.

For Result 6 the project will support the following activities:

1. Make an inventory and complete office equipment of HR departments at district level (Operational Plan Code 3.5).

Under **Activity 1**, the project will support the improvement of working conditions of HR staff in the districts, based on issues identified in the situation analysis described under Result 2. This will include shortlisting current office equipment (furniture and computer equipment) and materials. The project will fund the provision of equipment and materials in the 50 worst-off districts.

If working conditions of the district administrative officers are very difficult due to faults in the physical building of the district administrative office, the project may consider in exceptional circumstances to support some light renovation works.

3.4.8 Result 7

PNDRHS Strategic Area 2: Improve management capacity at all levels of the NHS.

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

For Result 7 the project will support the following activities:

1. Reorganise the HR archive system at provincial and district levels (Operational Plan Code 2.5.2).
2. Establish "mini-libraries" of essential HR management documents established within HR
3. Expand the SIP to the district level (Code 2.5.2).
4. Identify, document and disseminate best practice in HR management within and outside Mozambique (Code 2.5.1).

This result will be supported through a combination of long-term and short-term technical assistance.

Under **Activity 1**, the project will support the DRH and provinces in the reorganisation of the HR archive system (personnel files) at provincial and district levels. This will be followed by the implementation of the new system in all provinces and districts through training of HR staff and provision of archive furniture and stationary.

Activity 2 consists of the support to the establishment of "mini-libraries" of essential documents for HR management in the provincial and district HR departments.

For the coming years, MISAU DRH has planned the expansion of the SIP system to all districts (**activity 3**). In 2011, the system will be established in 15 districts, in close collaboration with the Ministry of Public Service, who is the main owner of the SIP system. The project will support MISAU in expanding the SIP and including SIP issues into training and coaching of HR staff (Result 2).

Through **Activity 4**, the project will support the identification of lessons learned and best practice in HR management in Mozambique, in the region and beyond, through studies and operational research. The technical meetings with provinces will also be an opportunity to identify lessons and best practices. Furthermore the project will organise a number of exchange visits of HR staff from central, provincial, district and HF levels to developing countries, where best practices in terms of HR management implemented. The lessons will be documented and disseminated to MISAU central level, provinces and districts as well as to health sector partner agencies.

3.5 Indicators and means of verification

The project will align as much as possible to the national monitoring system for the health sector, including the indicators of 5 year health sector strategy for 2007 - 2012 (PESS), the Annual Health Plans (PES), and the PNDRHS 2008 – 2015 and its Operational Plan.

At the level of the **project overall objective and specific objective**, the indicators of the Operational Plan of the PNDRHS will be used.

At the level of the **project results and activities**, a combination of indicators from the Operational Plan and project-specific indicators will be used.

At the start of the project, by BTC project staff and MISAU will establish a baseline in order to determine the baseline values of the specific project indicators. These will be as much as possible based on the indicators of the Operational Plan, which should be finalised later during 2010. No

specific study is needed.

See the project Logical Framework in Annex 1 for a list of the indicators.

3.6 Risks and hypotheses

This section presents the main risk categories of this project and identifies for each category hypotheses and mitigation measures.

Political commitment (risk of insufficient commitment to the context or project by the counterpart institution or partner agencies):

- Government of Mozambique (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 PNDHRHS implementation.
- MISAU allocate sufficient resources to PNDHRHS implementation.
- Partner agencies support PNDHRHS implementation.

Implementation (risk that intervention cannot be implemented as planned due to weak capacity, lack of resources, etc.):

- 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.

Effectiveness (risk that project results cannot be reached):

- 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.

Sustainability (risk that results cannot be sustained over time due to lack of ownership, lack of resources etc.):

- 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,

Financial management (risk that receiving institution at central or decentralised level lacks financial management capacity or risk of misuse of funds):

- 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.

3.7 Description of beneficiaries

The direct beneficiaries of the project will be the HR staff working at central, provincial and district level as well as staff with HR responsibilities in the major health facilities.

National health training institutions will benefit indirectly as they will be closely involved in the implementation of the various project interventions. This would also increase their capacity in teaching HR management subjects and developing related tools.

Another indirect beneficiary group is the Mozambican health professionals who should benefit from improved HR management procedures contributing to their greater productivity and motivation.

The ultimate beneficiaries of the project are the people of Mozambique, who will hopefully benefit from better services provided by more motivated health professionals.

4 Resources

4.1 Financial resources

The contribution of the Government of Belgium amounts to EURO 6 million. The project will last 4 years.

The Government of Mozambique will contribute in kind to the project. This contribution will guarantee that key staff will participate in the implementation of the project. MISAU will provide the International Technical Adviser with adequate office space.

Table 4: Project budget

See next page.

BUDGET - MOZ 09 020 01 - Support to management and training of HRH in Mozambique				Execution modality	TOTAL BUDGET (EUROS)	%	YEAR 1	YEAR 2	YEAR 3	YEAR 4
A Strengthen the HRH management system of MISAU at all levels					4.391.769,43	73%	758.034,43	1.528.521,44	1.256.235,15	848.978,43
A 1	Performance assessment tools implemented				64.292,57	1%	-	35.429	28.864	-
A 01 01	Implement performance assessment tools			Régie	64.292,57		-	35.429	28.864	-
A 2	HRH managers capacity strengthened in routine processes				3.126.140,86	52%	381.406	1.020.814	971.871	752.050
A 02 01	Conduct situation analysis of HR practices and mater			Régie	77.600,00		77.600	-	-	-
A 02 02	Design in-service capacity building programme			Régie	41.756,00		41.756	-	-	-
A 02 03	Implement in-service capacity building programme			Régie	1.244.527,71		207.421	414.843	414.843	207.421
A 02 04	Submit training package for approval			Régie	3.600,00		-	1.200	2.400	-
A 02 05	Undertake institutional analyses			Régie	50.142,86		-	50.143	-	-
A 02 06	Finance and organise basic courses			Régie	1.490.000,00		-	500.000	500.000	490.000
A 02 07	Coordinate through technical meetings			Régie	218.514,29		54.629	54.629	54.629	54.629
A 3	HRH managers capacity strengthened in planning				175.333,71	3%	34.671	115.291	25.371	-
A 03 01	Elaborate / implement guidelines for recruitment plan			Régie	84.671,43		34.671	50.000	-	-
A 03 02	Review existing HR planning tools			Régie	3.600,00		-	3.600	-	-
A 03 03	Training managers in use of planning tools			Régie	61.690,86		-	61.691	-	-
A 03 04	Support provinces to undertake HRH mapping annual			Régie	25.371,43		-	-	25.371	-
A 4	Decentralisation mechanisms developed				334.562,86	6%	-	200.563	114.000	20.000
A 04 01	Standardise HRH organigramas in provinces / district			Régie	72.184,00		-	42.184	30.000	-
A 04 02	Revise and disseminate staffing structure			Régie	72.184,00		-	42.184	30.000	-
A 04 03	Revise and disseminate staff job descriptions			Régie	72.184,00		-	42.184	30.000	-
A 04 04	Revise staff salary scales			Régie	118.010,86		-	74.011	24.000	20.000
A 5	Management tools developed and implemented				96.382,29	2%	70.971	25.411	-	-
A 05 01	Design and implement manual for EGFAE implemen			Régie	70.971,43		70.971	-	-	-
A 05 02	Disseminate EGFAE through staff meetings			Régie	25.410,86		-	25.411	-	-
A 6	Working conditions of HR staff improved at district level				212.571,43	4%	212.571	-	-	-
A 06 01	Complement office equipment			Régie	212.571,43		212.571	-	-	-
A 7	Production and use of HRH evidence strengthened				382.485,71	6%	58.414	131.014	116.129	76.929
A 07 01	Reorganise HRH archive system			Régie	52.600,00		-	52.600	-	-
A 07 02	Establish mini-libraries of HRH documents			Régie	37.714,29		-	-	37.714	-
A 07 03	Expand SIP system to district level			Régie	233.657,14		58.414	58.414	58.414	58.414
A 07 04	Identify best practise in HRH management			Régie	58.514,29		-	20.000	20.000	18.514
X	Budget reserve (max. 5% of activity total)				219.588,47	4%	-	50.000	119.588	50.000
X 01	Budget reserve				219.588,47	4%	-	50.000	119.588	50.000
X 01 01	Budget reserve in CO-GESTION			cogestion	-		-	-	-	-
X 01 02	Budget reserve in REGIE			regie	219.588,47		-	50.000	119.588	50.000
Z	General resources				1.388.642,10	23%	320.342	391.100	346.100	331.100
Z 01	Staff costs				1.008.000,00	17%	222.000	282.000	282.000	222.000
Z 01 01	Long-term International Technical Adviser			Régie	720.000,00		180.000	180.000	180.000	180.000
Z 01 02	Medium-term Regional / National Adviser			Régie	120.000,00		-	60.000	60.000	-
Z 01 03	Project Administrator			Régie	96.000,00		24.000	24.000	24.000	24.000
Z 01 04	Administrative Assistant			Régie	48.000,00		12.000	12.000	12.000	12.000
Z 01 05	Driver			Régie	24.000,00		6.000	6.000	6.000	6.000
Z 02	Investments				38.000,00	1%	38.000	-	-	-
Z 02 01	Vehicles			Régie	20.000,00		20.000	-	-	-
Z 02 02	Office furniture & equipment			Régie	6.000,00		6.000	-	-	-
Z 02 03	Computer equipment			Régie	10.000,00		10.000	-	-	-
Z 02 04	Preparation of office space			Régie	2.000,00		2.000	-	-	-
Z 03	Running costs				222.642,10	4%	60.342	54.100	54.100	54.100
Z 03 01	Office rent			Régie	96.000,00		24.000	24.000	24.000	24.000
Z 03 02	Office services and maintenance			Régie	14.400,00		3.600	3.600	3.600	3.600
Z 03 03	Vehicle maintenance			Régie	14.400,00		3.600	3.600	3.600	3.600
Z 03 04	Telecommunication			Régie	14.400,00		3.600	3.600	3.600	3.600
Z 03 05	Office materials			Régie	9.600,00		2.400	2.400	2.400	2.400
Z 03 06	Staff missions / trips (included in results)			Régie	50.000,00		12.500	12.500	12.500	12.500
Z 03 07	Representation costs and external communication			Régie	4.800,00		1.200	1.200	1.200	1.200
Z 03 08	Training			Régie	10.000,00		4.000	2.000	2.000	2.000
Z 03 09	Consultancies (included in results)			Régie	-		-	-	-	-
Z 03 10	Financial / bank charges			Régie	4.800,00		1.200	1.200	1.200	1.200
Z 03 11	VAT charges			Régie	-		-	-	-	-
Z 03 12	Recruitment costs (air ticket + hotel Belgium)			Régie	4.242,10		4.242	-	-	-
Z 04	Auditing and Monitoring & Evaluation				120.000,00	2%	-	55.000	10.000	55.000
Z 04 01	Monitoring and evaluation			Régie	50.000,00		-	25.000	-	25.000
Z 04 02	Audits			Régie	40.000,00		-	20.000	-	20.000
Z 04 03	Backstopping			Régie	30.000,00		-	10.000	10.000	10.000
TOTAL					6.000.000,00	100%	1.078.377	1.969.621	1.721.924	1.230.078

REGIE	6.000.000,00
COGESTION	-

1.078.377	1.969.621	1.721.924	1.230.078
-	-	-	-

4.2 Human resources

4.2.1 Project Technical Assistance

The project will employ a long-term International Technical Adviser (ITA) in HR management systems for a period of 4 years. This ITA will be the counterpart of the DRH Deputy Director for Management, will be based within MISAU DRH in Maputo, and will be part of the DRH team. He should have a background in Human Resource Management Systems as well as in Organisational Development and in working in the public sector in developing countries (see Annex 3 for the TORs of the Adviser).

The ITA will be recruited by BTC Brussels in close consultation with MISAU. Recruitment will follow BTC regulations, which will include an international tender. Selection will be undertaken by the BTC selection committee in consultation with MISAU. Mozambican authorities will sign an agreement.

On suggestion of the MISAU of Mozambique a regional / national Technical Adviser (TA) will be recruited by the MISAU for a period of 2 years (24 months in total), funded on the project's budget. MISAU indicated that it currently couldn't provide the necessary expertise to implement the capacity building programme that it will be developing with the support of the Belgian project. This expertise is limited in time. Before the end of the project, the ministry should be able to either recruit this competence on national budget or to decide that this competence is no longer needed for the system.

The recruitment will pass through a regional public tender and an ad-hoc selection committee, consisting of representatives of MISAU and BTC, will be organised to analyse the submissions and to conduct interviews of the candidates.

This TA will work with provinces and districts to coordinate and implement the capacity building programme and will probably be based in one of the regions (to be decided by MISAU). The exact scope of work and location of this Adviser will be determined later once the project implementation starts. It is likely that the mandate of this TA will start in the beginning of the second year of the project.

In addition the project will employ medium- and short-term technical assistance as described in this document, and based on the PNDHRS Operational Plan and annual DRH planning.

4.2.2 Project support staff

Project support staff will be hired to assist MISAU in the planning, management and monitoring of the project. This will include managing the project funding. The project support staff will provide administrative and logistical support for the numerous capacity building activities.

The project support staff will include

- A Project Administrator (PA), responsible for assisting the ITA to plan, manage and monitor the project activities. Based on instructions from the ITA, the PA will support the daily management of the project activities, as well as the project monitoring and reporting to BTC, MISAU and the project Steering Committee. The Administrator will also oversee the project support staff. The Administrator will have a background in administration, financial management and reporting of development projects as well as in working with the Mozambican Government.
- An Administrative Assistant (AA) will support the Project Administrator in the administration (incl. secretarial / clerical duties, procurement, inventory / stock

keeping) and accounting of project activities. The Assistant will have a background in administration and accounting of projects both for the Mozambican Government and development organisations.

- A driver will support the project in the logistics of the project, including procurement, stock keeping and deliveries, as well as maintenance of the project vehicle and transport of project staff.

Ideally the project support staff will be located within MISAU DRH or the MISAU building. If no space is available within MISAU, BTC representation in Mozambique will identify an external office location.

The project support staff will be recruited by BTC in consultation with MISAU. They will be contracted by BTC and will work under the authority of the project manager.

See Annex 3 for the TORs of the project staff.

4.3 Material resources

4.3.1 Materials and equipment for the institutions targeted by the project (institutional capacity building)

This project is primarily a technical cooperation project concentrating on capacity building rather than assuring large material investments. It will support the procurement of equipment and materials essential for the implementation of the interventions or for creating the proper physical working conditions for the concerned health staff.

This will include:

- Production and printing of training materials and of the procedure manuals for the various subjects described above,
- Purchase office equipment (furniture and computer equipment) and materials for provinces and districts.

4.3.2 Materials and equipment for the Technical Advisers and project support staff

The project will allocate equipment and supplies required for the functioning of the Technical Advisers and the project support staff.

5 Implementation modalities

5.1 Legal framework

The legal framework of the project will be described in the **Specific Agreement** signed between the Belgian Ministry for Foreign Affairs and Development Cooperation and the Mozambican Ministry of Foreign Affairs.

Public tendering will follow Belgian laws and regulations for goods and services covered within the "BTC own management" (régie) budget lines.

The International Technical Adviser will be recruited by BTC following BTC procedures, including an international tender. Selection will be carried out by BTC in consultation with MISAU. The project support staff will be recruited by BTC under Belgian law, in consultation with MISAU.

International, regional and national short-term and medium-term Technical Assistance will be procured by BTC using Belgian procedures, in consultation with MISAU.

5.2 Policy framework

The overarching policy and strategic framework governing the Mozambican health sector is the National Health Policy 2007 and the National Health Sector Strategic Plan 2007 – 2012 (PESS). The implementation of these are supported by a Sector-Wide Approach (SWAp), which addresses the health sector as a whole in planning, management and resource mobilisation and allocation.

The SWAp is formalised in the Kaya Kwanga Code of Conduct for all partners working in the Mozambican health sector, as well as in the TORs for the SWAP, which describes the obligations of the Government of Mozambique and of health development partners, including Belgium, as well as their cooperation in the areas of planning, monitoring and review, sector reporting, financial systems, procurement and technical assistance.⁷

The project has been designed within the above framework.

5.3 Management modalities

On request of MISAU DRH, the project will be managed by BTC. Thus the management modality will be "**BTC own management**, called "**régie**" in Belgian cooperation terminology.

BTC will consult with MISAU for the planning of the project activities, based upon the PNDRHS Operational Plan.

The project will be implemented under the responsibility of the MISAU Permanent Secretary. The BTC Resident Representative for Mozambique will be the **project director**, responsible for the management of the project finances.

The International Technical Adviser appointed by BTC will be **project manager**.

To support the day-to-day management of the project, a **Project Administrator** will be recruited who will report to the project manager. An Administrative Assistant and a driver will support the Administrator.

⁷ In addition, the PROSAUDE Memorandum of Understanding (MoU) describes the cooperation around the health sector common fund, to which a number of donors contribute and which is currently being transformed into a sector budget support system.

5.4 Technical responsibilities

The project manager (International Technical Adviser) will be responsible for the execution of the project as described in the Specific Agreement, including the technical, administrative, and budgetary management of the project. In this régime modality, the Technical Adviser will play both a supervisory role with the Resident Representative and an implementing role with regard to release of funds, and reporting on financial management. In addition, the Adviser will have the function of providing capacity building and support to MISAU for achieving project results.

See Annex 3 for the TORs for the ITA.

The Steering Committee (see section 5.5.3) will oversee project performance and will ensure that agreed policies and principles have been followed in the project planning and budgeting process.

The project manager will report to the Steering Committee.

5.5 Implementation and follow-up structures

5.5.1 Implementation

The project will be as much as possible technically aligned to Mozambican policies. Thus in terms of technical activity planning, the project will be 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 will be reflected in the Annual DRH Departmental work plans and budgets. Activities targeting institutions outside MISAU will be reflected in their annual and trimester work plans.

The project's annual plans will be extracted from the MISAU DRH and provincial annual plans, so as not to create parallel planning processes. The ITA and the PA will participate in the annual planning process of MISAU DRH.

The implementation mechanism should support and reinforce the participatory planning mechanisms of MISAU. Open dialogue and exchange during the planning process will be essential.

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

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

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

During the project establishment phase, before the signature of the Specific agreement, the project can undertake some essential procurement based on the following elements of the budget lines:

Z Recursos Gerais / General Resources					
Z	02	Investissements		mode	Budget (€)
Z	02	01	Véhiculos/ Vehicles	regie	20.000
Z	02	02	Equipamento escritorio /Office furniture & equipment	regie	6.000
Z	02	03	Equipamento IT /Computer equipment	regie	10.000
Z	02	04	Preparação do escritorio / Preparation of office space	regie	2.000
Z	03	01	Office rent first payments	regie	10.000

5.5.2 National follow up structure

The MISAU and health sector SWAP structures will be used for follow up on the project and its contribution to the implementation of the PNDRHS. These structures include the SWAP Technical Working Groups such as the Human Resource Technical Working Group, which works under the guidance of the SWAP Committee.

BTC as technical partner of MISAU will be a member of the HR Technical Working Group.

The specific technical working group created specifically by MISAU to follow the implementation for the PNDRHS and its Operational Plan - Technical Group for the Monitoring of the Implementation of the PNDRHS - will follow the project activities and results actively.

5.5.3 Steering Committee

Besides the SWAP structure, a Steering Committee (SC) will be established to guide the project.

The Steering Committee will have the following main roles:

- To ensure that the project follows the procedures and principles defined in this Technical and Financial File project document,
- To identify internal and external bottlenecks which may jeopardise the achieving of the project results and to take action accordingly.

The SC will not involve itself in operational decisions of the project.

The SC will have the following specific responsibilities:

- To endorse the annual project work plan and project budget. The content of the plan remains the responsibility of MISAU who is the owner of the plan and of the ITA,
- To appraise project progress based on six-monthly project progress reports (technical and financial), prepared by the ITA and appraise the achievement of its results in view of reaching the Specific Objective
- To identify bottlenecks jeopardising the achievement of the project results and take action accordingly,
- To call for project audits and appraise internal and external project audit reports and other monitoring reports,
- To call for the external mid-term and end-of-project evaluations of the project, to approve the terms of reference of the evaluation missions and to appraise and

approve (if relevant and when appropriate) the recommendations of the evaluation missions,

- To ensure synergy with other projects and donors active in the same sector,
- To review and approve proposals for important changes in the budget, such as important budget shifts between results (>15%),
- To provide general guidance to the project and approve proposals for change in project design, policies and procedures described in the TFF with the aim of improving the effectiveness of project implementation. This does not include changes in project activities, which are the responsibility of the project management and MISAU and ultimately the SWAP structure,
- To approve changes in project implementation modalities,
- To approve the final project report and the closure of the project.

The SC will meet at the beginning of the project and at least twice per year, preferably in June / July and December / January, which corresponds to the six-monthly planning and reporting of MISAU. In addition, the Steering Committee can meet on the initiative of any of its members.

It is proposed that the Steering Committee includes the following members:

1. The Permanent Secretary of MISAU (chairman of the Steering Committee) or his/ her representative,
2. The National Director for Planning and Cooperation (DPC) of MISAU or his/ her representative,
3. A representative of the Ministry of Foreign Affairs and Cooperation (MINEC),
4. A representative of the Ministry of Finance (MF),
5. BTC resident representative for Mozambique (project director).

The Steering Committee will decide by consensus by the 5 members. The Steering Committee members may designate a delegate to the Steering Committee in case they are not able to attend the meeting in person. However the delegate has to be fully mandated to take decisions and commit the absent member for follow-up. The Steering Committee can invite any other relevant person to attend the Steering Committee as informer and/or observer.

The ITA will attend the Steering Committee meetings to report to and advice the Steering Committee, but will not participate in any decision-making.

The project manager will act as secretariat for the Steering Committee and will provide the necessary information to its members. Minutes will be taken for each SC. They will be duly signed by the authorised members.

5.5.4 Project support staff

The project support staff will assume the daily management of the project. It will have the following responsibilities in support of MISAU DRH:

- To organise, coordinate and supervise the implementation of the project activities in accordance with the approved project work plans,
- To submit quarterly financial reports to BTC according to the defined format,

- To compile the six-monthly narrative and financial reports according to the agreed formats and submit budgeted work plans for the following six month period for consideration by the Steering Committee.
- To initiate and supervise any tendering processes to ensure they are executed according to the appropriate procedures,
- To assume the role of the secretariat of the Steering Committee (secretariat, agenda, minutes and dissemination of minutes, reports and other relevant information),
- To ensure good management of project resources (material, financial and human),
- To take part in the recruitment of the staff required for the project execution.

Ideally the project support staff will be based within MISAU DRH or the MISAU building. If no space is available within MISAU, BTC will identify an external office location.

5.6 financial management and responsibilities

5.6.1 Overall principles

The MISAU DRH has requested that BTC take full responsibility for the management of project funds. The project will therefore be implemented under "**BTC management**" (in Belgian cooperation terms called "**régie**").

All project expenditure will thus be managed directly by the project support staff under BTC supervision and following BTC rules and regulations. Expenditure will be planned beforehand and approved by the International Technical Adviser and the resident representative.

5.6.2 Bank accounts and signing authorities

After signing of the Specific Agreement, BTC Mozambique will open a EURO bank account (main account) and a local currency account (Meticais) for the project funds at a commercial bank in Mozambique.

It shall be operated by double signature of the BTC Resident Representative and the International Technical Adviser.

5.6.3 Funds transfer

5.6.3.1 First transfer

After signing of the **implementation agreement** between the Belgian Government and BTC, a first request for funds (cash call) can be drafted by the Project Administrator and submitted to the BTC Representative in Mozambique. The requested transfer amount must be in line with the financial forecast for the first three months. The transfer will follow BTC internal procedures.

5.6.3.2 Subsequent transfers

Subsequent transfers will be provided by BTC on a quarterly basis to the project.

To receive a subsequent transfer, the project must submit a cash call to the BTC Representative at the beginning of the month preceding the next quarter. This cash call must be prepared by the Project Administrator and based on the financial report on the utilisation of the previous transfer. The cash call must be signed by the International Technical Adviser.

The amount of the cash call will be equal to the financial forecast for the quarter in question, plus committed funds from the previous quarter, plus a cash buffer, minus unspent funds.

The transfer of funds by BTC is undertaken at the start of each quarter, on condition that:

- The accounting for the previous period has been closed and transmitted to the BTC representative,
- An updated financial planning of the current and next quarter has been transmitted to the BTC representative,
- The amount of the request does not exceed the budget balance.

The Project Administrator may submit urgent cash calls with a written justification for the unforeseen circumstances.

5.6.4 Financial reporting

5.6.4.1 Accounting

The Project Administrator will account for the project following BTC internal regulations for accounting and approval. The accounting must be signed by the ITA and submitted to the BTC Resident Representative in Mozambique.

On quarterly basis, the Project Administrator must submit the following to the BTC Representative:

- The quarterly Financial report (following BTC template), including the list of incomes and expenses over the previous quarter,
- Bank reconciliation and cash reconciliations,
- Original supporting documents.

5.6.4.2 Financial planning

Every quarter, the Project Administrator will prepare a financial forecast for the current quarter and the upcoming quarters of the current Financial Year and the future year based in the MISAU approved plans. The financial planning will be done according to BTC procedures and must be submitted to the BTC representation.

5.6.4.3 Reporting to the Steering Committee

At the Steering Committee, the project manager will present the following financial information:

- Budget monitoring reports,
- Updated financial planning,
- List of the main commitments,
- Bank accounts statements,
- Payments by BTC Headquarters,
- Budget modification proposal if required,
- Action plan according to audit recommendations.

5.6.5 Budget management

The total project budget cannot be exceeded. If a budgetary increase is required, a justified request must be submitted to the Belgian Government after having been approved by the Steering Committee. If the Government of Belgium approves the request, an exchange of letters must follow.

The Steering Committee must approve all requests for major budget changes as described in

section 5.8. Possible budgetary changes include:

- Modification of the budget structure,
- Transfer of resources between budget lines,
- Use of the reserve allocation.

The management of budget changes must follow BTC procedures.

The budgetary reserve can only be used for project activities and after approval by the Steering Committee. Its use must always be accompanied by a budget modification.

The commitments must respect the mandates (refer to signatures authorities). The project direction must ensure a correct and accurate follow-up of the commitments. It is not allowed to make commitments on budgets not officially approved.

5.6.6 Auditing

The projects and its accounts are subject to annual external audits, which has to evaluate:

- Whether the project accounts reflect reality,
- The existence of procedures and their application by the project,
- The economic and efficient use of the project funds.

The Steering Committee will entrust BTC with the elaboration of the TORs for the external audit and the selection of the auditors. The external auditor has to be a certified independent company either national or international. The audit company must abide by international standards of auditing.

The project must be audited after one year of implementation and during the third year of implementation.

The auditor's reports must be forwarded to the Project Steering Committee. The audit reports will include recommendations and proposal of corrective actions.

The ITA will prepare an action plan to improve the procedures and justify that corrective measures were taken.

The Steering Committee may request additional audits if necessary.

The Belgian College of Commissioners will yearly audit and certify BTC general accounts. On that occasion, they could also audit the project. BTC Audit Committee can also request that BTC internal auditors audit the project.

5.7 Procurement

In the "BTC own management" (régie) modality, the procurement of goods and services for all project budget lines will be carried out by the project support staff following Belgian regulations.

In order to ensure transparency of project procurement practices, the members of the Steering Committee will have access to all administrative, financial and technical documentation regarding project procurement.

5.8 Modification of the TFF

The ITA in consensus with MISAU can decide on minor changes in the project activities and the project budget (< 15%) to the TFF. However, major changes, which could affect the specific objectives or the project results should be submitted to the Steering Committee for approval.

The Steering Committee can approve the following changes to the TFF:

- Project results and their respective budgets,
- Indicators for the Specific Objective and /or the results of the project,
- Financial execution modalities,
- Changes within and between budget lines larger than 15%,
- The composition and responsibilities of the Steering Committee,
- The mechanism to modify the TFF.

A formal agreement between the Government of Mozambique and the Government of Belgium will be required for the following:

- Modification of the duration of the Specific Agreement of the project,
- Modification of the total Belgian financial contribution to the project,
- Modification of the General or Specific Objectives of the project.

5.9 Reporting and Monitoring and Evaluation

5.9.1 Reporting

Technical narrative reporting will be an integral component of the project implementation. It will be carried out at different levels: at central level MISAU and at provincial level.

Key performance indicators described in the project Logical Framework (Annex 1) will be used to measure progress during the six-monthly programmes reporting and the external mid-term and final evaluations.

The project manager will submit the following reports to the Steering Committee:

1. Narrative / technical reports, including a six-monthly narrative progress report reporting against the project Logical Framework,
2. Financial reports,
3. Six-monthly financial progress report, based on the budget structure in Chapter 4 of this document, including an overview of expenditure, budget monitoring

5.9.2 Monitoring and evaluation

At the start of the project, MISAU and ITA will establish a baseline in order to determine the baseline values of the specific project indicators. No specific study is foreseen for this matter as the indicators are already monitored by MISAU.

The MISAU-DRH will monitor the project using the routine MISAU procedures based on the project Logical Framework, as part of the monitoring of the implementation of the PNDRHS and its Operational Plan.

An external mid-term evaluation will be conducted at the end of project year 2, commissioned by BTC in close collaboration with MISAU. The mid-term evaluation will evaluate the project progress and the degree of achieving the specific objective. It will make recommendations on how the project effectiveness can be enhanced and where required to redirect the project results, activities and/or implementation modalities. The mid-term evaluation report will be presented to the Steering Committee that will appraise and approve (if relevant and when appropriate) the recommendations

in order to later circulate the report to MISAU and partner agencies.

In addition, BTC will conduct follow-up missions (with internal and external staff) during the course of the project. The reports of these missions will be shared with the Steering Committee.

An external end-of-project evaluation will be conducted at the end of the project, to evaluate the project achievements and to document lessons learned for MISAU, BTC and partners for policy development and for future implementation and projects. The evaluation report will be presented to the Steering Committee, which will appraise and approve (if relevant and when appropriate) the recommendations in order to later circulate the report to MISAU and partner agencies.

The ITA will submit a final narrative technical and financial report to the Steering Committee. The Steering Committee will meet not later than one month before the project closure in order to review and approve the draft final report according to BTC regulations.

5.10 Closure of the project

Six months before the end of the project, the project management must prepare a financial statement with the BTC Representation according to BTC procedures. BTC must check the financial statement before it is presented to the closing Steering Committee.

Unused amounts at the end of the project will fall in cancellation. The same procedure will be applied to the balance of the financial contribution not yet transferred to project bank accounts.

After the end of the Specific Agreement, no expenditure will be authorised except expenditure linked to commitments taken before the end of the Specific Agreement and detailed in the Minutes of the Steering Committee.

After having fulfilled the requirements related to the project closure, the signatories to the bank account will officially close the account.

Equipment purchased under "BTC own management" will remain the property of BTC during the project and will be handed over to MISAU at the end of the project.

6 Cross cutting themes

6.1 Environment

This project is not expected to have a direct impact on the environment, either positive or 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.

6.2 Gender

Gender inequality is still a problem in Mozambique, which continues to have a low Gender-related Development Index (GDI) with a ranking of 145 out of a total of 155 countries in 2007. 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.

Some progress towards gender equality in Mozambique was made in December 2003 when a new Family Law was passed that raised the minimum age of marriage from 14 to 18, which allowed women to inherit property in the case of divorce and legally recognized traditional marriages. A National Gender Policy and an Implementation Strategy have been developed, as well as a National Plan of Action on Violence Against Women. Both the PARPA II and the PESS acknowledge and address gender disparities.

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 and basic training courses.

6.3 Social economy

In 2010, Mozambique has a projected population of 22 million, of which 88% live 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.

6.4 Children’s rights

The Government of Mozambique ratified the convention on the Rights of the Child in 1994.

In 2009, Mozambique submitted reports to the Committee on the Rights of the Child, on the basis of which the Committee made a number of recommendations. One recommendation was that development cooperation should be targeted towards programmes that can deliver quick / high impact in implementing the rights of the child. Another recommendation was that Mozambique should continue to prioritize the allocation of financial and human resources to the health sector, to ensure equal access to quality health services by all children, and should strengthen efforts to improve the health situation of children, in particular to:

- a. Further ensure the provision of necessary medical assistance and health-care access to all children with emphasis on the development of primary health care;
- b. Ensure that all segments of the society are informed, have access to health education and support on the use of basic knowledge of child health and nutrition;
- c. Further reduce infant and child mortality, especially by focusing on preventive measures and treatment, including vaccination uptakes, improved nutrition and sanitary conditions, greater access to safe drinking water, and the management of communicable diseases and malaria.

The project should make some contribution to the fight against child mortality and childhood disease, by improving HR management in the health sector, which should contribute to improved quantity and quality of health sector staff, which should in turn contribute to improved performance of the health facilities.

6.5 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 2007⁸, with large regional variations of

⁸ Republic of Mozambique (2020): Mozambique progress report for UNGASS. April 2010.

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 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.

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 the growing isolation of people living with HIV (PLHIV) and their families depriving them of the 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 any effective campaign against the HIV/AIDS epidemic. This is addressed in both the PARPA II and the HIV/AIDS National Strategic Plan (HIV/AIDS PEN).

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.

7 Annexes

1. Logical Framework,
2. Chronogram,
3. Terms of Reference for personnel engaged in the context of the project,
4. Terms of Reference for missions at the start of the project.

7.1 Logical framework

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
<p>GENERAL OBJECTIVE</p> <p>To contribute to a qualitative leap in Mozambican health service, associated with improvements in MISAU training system and management capacity.</p>	<p><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></p>		<p>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)</p>	<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.
<p>SPECIFIC OBJECTIVE</p> <p>Strengthen the Human Resource management system of MISAU at all levels, including central level and operational levels (provinces, districts and health facilities).</p>	<p><u>Outcome indicator:</u> <i>Indicator to be defined in the PNDRHS Operational Plan.</i></p>		<p>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).</p>	<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.
<p>RESULT 1</p> <p>Criteria and tools for assessing the performance of HR managers reviewed and implemented</p>	<p><i>Indicator to be defined in the PNDRHS Operational Plan.</i></p>	<p>1.1.2, 1.1.2.2, 1.1.2.3</p>		<ul style="list-style-type: none"> • 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. • Partner agencies contribute to
	<p>Criteria and tools to assess the performance of HR managers are in place.</p>	<p>1.1.2, 1.1.2.2, 1.1.2.3</p>	<p>Evaluation tools available. Annual PES reports.</p>	
<p>RESULT 2</p>	<p><i>Indicator to be defined in the PNDRHS Operational Plan.</i></p>			

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
Capacity of HR managers and administrators at all levels strengthened in routine HR management	Situation analysis of HR management practices undertaken at all levels.		Report on situation analysis.	design activities in working groups.
	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.	
	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.	

Objective / result	Indicators	CODE (Op. Plan)	Means of Verification	Assumptions
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.	

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 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 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.	

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	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.	3.126.140,86

Results (based on the PNRHS Operational Plan)	Code Obj.	Activities (based on the PNRHS Operational Plan)	Code Act.	Resources	Costs (Euros)
in routine HR management	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	Transport. 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).			
		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.	
		3.3 Train HR managers in the use of HR planning tools through on-the-job training.		Trainings. Materials and stationary.	
	2.3.1	3.4 Undertake HR needs mapping annually at national level.	3.1.1.2		

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

7.2 Chronogram / implementation calendar

MOZ 09 020 01 - Support to training and management of HRH in Mozambique		CHRONOGRAM						
		YEAR 1				YEAR 2	YEAR 3	YEAR 4
Budget Code	Results / activities	Q1	Q2	Q3	Q4			
A 1	Performance assessment tools implemented							
A 01 01	Implement performance assessment tools							
A 2	HRH managers capacity strengthened in routine processes							
A 02 01	Conduct situation analysis of HR practices and materials							
A 02 02	Implement in-service capacity building programme							
A 02 03	Design in-service capacity building programme							
A 02 04	Submit training package for approval							
A 02 05	Undertake institutional analyses							
A 02 06	Finance and organise basic courses							
A 02 07	Coordinate through technical meetings							
A 3	HRH managers capacity strengthened in planning							
A 03 01	Elaborate / implement guidelines for recruitment plans							
A 03 02	Review existing HR planning tools							
A 03 03	Training managers in use of planning tools							
A 03 04	Support provinces to undertake HRH mapping annually							
A 4	Decentralisation mechanisms developed							
A 04 01	Standardise HRH organigrams in provinces / districts							
A 04 02	Revise and disseminate job descriptions							
A 04 03	Revise and disseminate staffing structure							
A 04 04	Revise staff salary scales							
A 5	Management tools developed and implemented							
A 06 01	Design and implement manual for EGFAE implementation							
A 06 02	Disseminate EGFAE through staff meetings							
A 6	Working conditions of HR staff improved at district level							
A 06 01	Complement office equipment							
A 7	Production and use of HRH evidence strengthened							
A 07 01	Reorganise HRH archive system							
A 07 02	Establish mini-libraries of HRH documents							
A 07 03	Expand SIP system to district level							
A 07 04	Identify best practise in HRH management							

7.3 ToRs for long-term personnel

7.3.1 Technical Advisor on Human Resource Management

MINISTRY OF HEALTH, MOZAMBIQUE

BELGIAN TECHNICAL COOPERATION (BTC) PROJECT: Support to Training and Management of Human Resources in the National Health Service

Terms of Reference

International Technical Adviser in HRH management systems

Draft version 13 July 2010

Context

Institutional capacity continues to be one of the weaknesses of the Mozambican health system. The shortage of human resources (in terms of quantity, quality and efficient management) is one of the main impediments for Mozambique to expand priority health interventions to reach the Millennium Development Goals.

Current systems for HR management within the public health system are weak. Staff recruitment and allocation is slow and inadequate, and once absorbed, staff is unlikely to remain in the system for a long time. Reasons for low staff retention include low remuneration levels, weak management, inadequate career opportunities and low motivation. The current weak HR management at all levels of the system contributes to the lack of human resources for health in terms of staff numbers, quality and motivation.

HR management is weak partly due to the inadequate capacity and performance of HR departments and staff with HR management tasks across the system and due to the lack of adequate HR management tools. HR staff at central, provincial and district levels and in major Health Facilities (HF) are not sufficiently familiar with the current routine procedures for staff recruitment, allocation, rotation, promotion & career development, and retirement.

The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff (of HR and administrative departments) have not been trained in how to implement the new system.

There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement) should contribute to better absorption,

motivation and retention of civil servants in the health sector.

To address the lack in human resources for health (HRH), the Mozambican Ministry of Health (MISAU) has developed the National Plan for Health Human Resources Development (Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde, PNDRH) for 2008 – 2015. Currently MISAU and partners are finalising the Operational Plan and are planning partner support.

The Belgian Government plans to support the PNDHRS through a Project of technical cooperation in the field of HRH management. This will include the provision of long-term Technical Assistance to strengthen institutional management through the secondment to MISAU of an Adviser in HRH management for a period of 4 years.

Responsibilities and scope of work

The **HRH Management Adviser** will be placed within and report technically to the Directorate of Human Resources of MISAU (DHR) in Maputo. (S)he will be counterpart to the Deputy National Director for the Management of Human Resources and will be part of the DRH team. The Adviser will work in coordination with the team of Advisers for the Monitoring and Implementation of the PNDHRS.

The HMA will contribute to the systems, institutional and individual capacity development of MISAU at all levels with regard to Human Resource management. Initial emphasis will be placed on training of HR staff at provincial and district level to better carry out routine HR management tasks and on addressing urgent bottlenecks in the system.

The responsibilities of the Adviser will include, but not necessarily be limited to, the following areas:

- a. To work with the DRH in implementing the PNDHRS and its Operational Plan in areas related to the management of Human Resources,
- b. To work with the DRH to achieve the objectives of the BTC Project, through supporting the implementation of Project activities including:
 - i. Development HRH management tools,
 - ii. Design the programme of on-the-job capacity building of HRH administrators and departments at all levels in the system,
 - iii. Support the decentralisation of HRH management and financing competencies to the provinces, districts, municipalities and autonomous institutions in the health sector,
 - iv. Finance and organise basic training courses for HR staff,
 - v. Organise and monitor short-term technical assistance for the project,
 - vi. Coordinate the implementation of the project with provincial authorities and with partner agencies supporting management capacity building and HRH (incl. the Italian Cooperation, European Commission, CDC, JICA, JHPIEGO, I-TECH and Danish Cooperation),
 - vii. In coordination with the Advisers Team for the Implementation of the PNDHRS, guarantee the continuous updating of the PNDHRS and its components, on the basis of new information which emerges, of the results of the Plan's implementation and the resources mobilized in the area of HRH management,

- viii. Coordinate and support the activities of capacity building in management and administration in accordance with the current public service reforms and the decentralization process,
 - ix. In coordination with the Advisers Team for the Implementation of the PNDHRS, regularly prepare progress reports on PNDHRS activities in the area of HRH management.
- c. To support the provincial health authorities in the implementation of the PNDHRS and its Operational Plan in areas related to the management of Human Resources, particularly in the decentralisation of HRH management and the implementation of capacity building programmes,
 - d. Act as BTC Project Manager in the management of the project, including:
 - i. Supervision of the project support staff in the management of the project's financial resources and the preparation of financial reports,
 - ii. Preparation of the narrative and financial reports for the project Steering Committee.
 - e. Function as a member of the DRH team.

Office space will be made available within DRH.

The Adviser will develop individual annual work plans with clear measurable targets, which will be approved by the MISAU DRH Director, and shared with BTC and DRH management. The plans will form part of the annual performance assessment of the HMA by MISAU and BTC.

Duration of the contract

BTC will support the position of the HRH Management Adviser during the 4 years of the project.

The ITA will be contracted by BTC for the duration of the project, with a 12 months probation period.

Qualifications

The ITA will have the following qualifications:

- A University degree in human resource management or equivalent experience.
- At least 10 years experience in working in improving human resource management, preferably in public institutions.
- At least 5 years experience in project management in developing countries.
- At least 10 years experience in working as Technical Adviser or expert to counterpart agencies, including Government Agencies, of which 5 years in developing countries.
- Experience in the health sector is an advantage,
- Experience in the management and monitoring of short-term / medium-term Technical Assistance missions is an advantage,
- Demonstrated experience in capacity building of individuals and teams.
- Strong skill set in management and leadership development improvements and crafting organisational development capacity building plans and technical assistance approaches and tools.
- Excellent planning, management and organisational skills.

- Proven, effective leadership skills and the ability to develop effective interpersonal relationships; teamwork, negotiate and manage conflict.
- Excellent communication and report writing skills.
- A high level of computer literacy, including Word, Excel, Internet, E-mail, Power Point.
- Fluency in spoken and written English and Portuguese is essential.
- Willingness to undertake travel within the country.

7.3.2 Project Administrator

MINISTRY OF HEALTH, MOZAMBIQUE

BELGIAN TECHNICAL COOPERATION (BTC) PROJECT: Support to Training and Management of Human Resources in the National Health Service

Terms of Reference

Project Administrator

Draft version 13 July 2010

Context

Institutional capacity continues to be one of the weaknesses of the Mozambican health system. The shortage of human resources (in terms of quantity, quality and efficient management) is one of the main impediments for Mozambique to expand priority health interventions to reach the Millennium Development Goals.

Current systems for HR management within the public health system are weak. Staff recruitment and allocation is slow and inadequate, and once absorbed, staff is unlikely to remain in the system for a long time. Reasons for low staff retention include low remuneration levels, weak management, inadequate career opportunities and low motivation. The current weak HR management at all levels of the system contributes to the lack of human resources for health in terms of staff numbers, quality and motivation.

HR management is weak partly due to the inadequate capacity and performance of HR departments and staff with HR management tasks across the system and due to the lack of adequate HR management tools. HR staff at central, provincial and district levels and in major Health Facilities (HF) are not sufficiently familiar with the current routine procedures for staff recruitment, allocation, rotation, promotion & career development, and retirement.

The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff (of HR and administrative departments) have not been trained in how to implement the new system.

There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement) should contribute to better absorption, motivation and retention of civil servants in the health sector.

To address the lack in human resources for health (HRH), the Mozambican Ministry of Health (MISAU) has developed the National Plan for Health Human Resources Development (Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde, PNDRH) for 2008 – 2015. Currently MISAU and partners are finalising the Operational Plan and are planning partner support.

The Belgian Government plans to support the PNDRHS through a Project of technical cooperation in the field of HRH management.

On behalf of the project, BTC will recruit staff for the project support team. This will include a Project Administrator.

Responsibilities and scope of work

The Project Administrator will report to the project manager (the International Technical Adviser on HR management).

The main responsibilities of the Project Administrator will include supporting the project management in the following areas:

- a. Ensure the daily financial management of the project activities, including accounting, public procurement, etc. according to BTC procedures.
- b. Hold final responsibility for timely production of FIT statements and provide guidance and supervision to the administrative assistant who produces the FIT statements.,
- c. Produce financial reports whenever requested using the BTC reporting template,
- d. Provide administrative and logistical support to the project activities.
- e. Ensure the monitoring of the project,
- f. Report on project performance to the Technical Adviser, the BTC representation and to the project Steering Committee. This will include preparation of the quarterly financial reports as well as the six-monthly narrative and financial reports,
- g. Prepare the minutes of the Steering Committee meetings and their circulation,
- h. Oversee the project support staff,
- i. Communicate with BTC, MISAU and with partner agencies,
- j. Support the project manager in any other issues.

The Project Administrator will develop individual annual work plans with clear measurable targets, which will be approved by the International Technical Adviser, shared with BTC and DRH management. The plans will form part of the annual performance assessment of the PA by MISAU and BTC.

Qualifications

- A University degree in social science, economics or related competence
- At least 5 years work experience in the management and administration of development projects,
- Experience in working within the Mozambican Government System,
- Work experience in the Mozambican health sector is an advantage,
- Demonstrated ability in coordination with partner agencies, administration of projects, financial management and budgeting of projects, and reporting to donor agencies,

- Demonstrated ability to manage other national staff,
- Excellent communication skills,
- A high level of computer literacy, including Word, Excel, Internet, E-mail, Power Point,
- Familiar with the use of accountancy programmes,
- Fluency in spoken and written Portuguese as well as good working knowledge of English is essential.
- Willingness to undertake travel within the country.

7.3.3 Project Administrative Assistant

MINISTRY OF HEALTH, MOZAMBIQUE

BELGIAN TECHNICAL COOPERATION (BTC) PROJECT: Support to Training and Management of Human Resources in the National Health Service

Terms of Reference

Project Administrative Assistant

Draft version 13 July 2010

Context

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There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement) should contribute to better absorption, motivation and retention of civil servants in the health sector.

To address the lack in human resources for health (HRH), the Mozambican Ministry of Health (MISAU) has developed the National Plan for Health Human Resources Development (Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde, PNDRH) for 2008 – 2015. Currently MISAU and partners are finalising the Operational Plan and are planning partner support.

The Belgian Government plans to support the PNDRHS through a Project of technical cooperation in the field of HRH management.

On behalf of the project, BTC will recruit staff for the project support team. This will include a Project Administrative Assistant.

Responsibilities and scope of work

The Project Administrative Assistant will report to the Project Administrator.

The main responsibilities of the Project Administrative Assistant will include:

- a. administration of the project, including secretarial / clerical duties,
- b. procurement,
- c. management of the inventory and stock of project goods,
- d. accounting of project activities, including FIT accounting statements, FIT activity reporting, and banking / cheque / cash management.
- e. communicate within MISAU, with BTC and with the institutions involved in the implementation of the project,
- f. to support the Project Administrator in any other issues.

The Administrative Assistant will develop individual annual work plans with clear measurable targets, which will be approved by the Project Administrator, and shared with BTC and DRH management. The plans will form part of the annual performance assessment of the PAA by MISAU and BTC.

Qualifications

- A degree in administration and accounting,
- At least 5 years work experience in the administration and accounting of development projects,
- Experience in working within the Mozambican Government System is an advantage,
- Demonstrated ability in taking on administrative tasks and accounting,
- Demonstrated ability in the use of accountancy programmes,
- Excellent communication skills,
- A high level of computer literacy, including Word, Excel, Internet, E-mail, Power Point,
- Fluency in spoken and written Portuguese as well as good working knowledge of English is essential.
- Willingness to undertake travel within the country.

7.3.4 Project Driver

MINISTRY OF HEALTH, MOZAMBIQUE

BELGIAN TECHNICAL COOPERATION (BTC) PROJECT: Support to Training and Management of Human Resources in the National Health Service

Terms of Reference

Driver

Draft version 13 July 2010

Context

Institutional capacity continues to be one of the weaknesses of the Mozambican health system. The shortage of human resources (in terms of quantity, quality and efficient management) is one of the main impediments for Mozambique to expand priority health interventions to reach the Millennium Development Goals.

Current systems for HR management within the public health system are weak. Staff recruitment and allocation is slow and inadequate, and once absorbed, staff is unlikely to remain in the system for a long time. Reasons for low staff retention include low remuneration levels, weak management, inadequate career opportunities and low motivation. The current weak HR management at all levels of the system contributes to the lack of human resources for health in terms of staff numbers, quality and motivation.

HR management is weak partly due to the inadequate capacity and performance of HR departments and staff with HR management tasks across the system and due to the lack of adequate HR management tools. HR staff at central, provincial and district levels and in major Health Facilities (HF) are not sufficiently familiar with the current routine procedures for staff recruitment, allocation, rotation, promotion & career development, and retirement.

The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff (of HR and administrative departments) have not been trained in how to implement the new system.

There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement) should contribute to better absorption,

motivation and retention of civil servants in the health sector.

To address the lack in human resources for health (HRH), the Mozambican Ministry of Health (MISAU) has developed the National Plan for Health Human Resources Development (Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde, PNDRH) for 2008 – 2015. Currently MISAU and partners are finalising the Operational Plan and are planning partner support.

The Belgian Government plans to support the PNDRHS through a Project of technical cooperation in the field of HRH management.

On behalf of the project, BTC will recruit staff for the project support team. This will include a Project Driver.

Responsibilities and scope of work

The **Project Driver** will report to the Project Administrator.

The main responsibilities of the Project Driver will include to assist the project support staff in:

- a. The logistics of the project, including deliveries, procurement, stock keeping, inventory,
- b. Transport of project staff and goods,
- c. Maintenance of the project vehicle,
- d. Support the Project Administrator and Administrative Assistant in any issues.

The Driver will develop individual annual work plans with clear measurable targets, which will be approved by the Project Administrator, and shared with BTC and DRH management. The plans will form part of the annual performance assessment of the PAA by MISAU and BTC.

Qualifications

- Secondary school diploma (12º Ano),
- At least 2 years work experience in basic project logistics,
- At least 5 years work experience as project driver and mechanic,
- Demonstrated ability in logistics, including procurement, stock keeping and inventory,
- Demonstrated ability in driving vehicles and in vehicle maintenance,
- Good communication skills,
- Computer literacy, including Word, Excel, Internet, E-mail, are an advantage,
- Fluency in spoken and written Portuguese,
- Working knowledge of English,
- Willingness to undertake travel within the country.

7.4 ToRs for missions at the start of the project

7.4.1 Situation analysis of HR practices at all levels

MINISTRY OF HEALTH, MOZAMBIQUE

BELGIAN TECHNICAL COOPERATION (BTC) PROJECT: Support to Training and Management of Human Resources in the National Health Service

Terms of Reference

Situation analysis of current practices in the HR management system in the health sector

*Draft version 13 July 2010
to be finalised and approved by MISAU*

Context

Institutional capacity continues to be one of the weaknesses of the Mozambican health system. The shortage of human resources (in terms of quantity, quality and efficient management) is one of the main impediments for Mozambique to expand priority health interventions to reach the Millennium Development Goals.

Current systems for HR management within the public health system are weak. Staff recruitment and allocation is slow and inadequate, and once absorbed, staff is unlikely to remain in the system for a long time. Reasons for low staff retention include low remuneration levels, weak management, inadequate career opportunities and low motivation. The current weak HR management at all levels of the system contributes to the lack of human resources for health in terms of staff numbers, quality and motivation.

HR management is weak partly due to the inadequate capacity and performance of HR

departments and staff with HR management tasks across the system and due to the lack of adequate HR management tools. HR staff at central, provincial and district levels and in major Health Facilities (HF) are not sufficiently familiar with the current routine procedures for staff recruitment, allocation, rotation, promotion & career development, and retirement.

The decentralisation process has started with the introduction of legal reforms for decentralising responsibilities for recruitment and management of HR to provincial and district levels. However, the provincial and district staff (of HR and administrative departments) have not been trained in how to implement the new system.

There is therefore an urgent need to strengthen HR management in the public health system. Strengthening the HR management system (incl. planning, recruitment, allocation, rotation, promotion and training / career development and retirement) should contribute to better absorption, motivation and retention of civil servants in the health sector.

To address the lack in human resources for health (HRH), the Mozambican Ministry of Health (MISAU) has developed the National Plan for Health Human Resources Development (Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde, PNDRH) for 2008 – 2015. Currently MISAU and partners are finalising the Operational Plan and are planning partner support.

MISAU intends to contract a consultancy to assist the Directorate for Human Resources (DRH) to undertake a situation analysis of current practices in HR management and of existing HR management training programmes developed by partner agencies.

Overall objective

The overall objective of the situation analysis is to:

Conduct a situation analysis of current practices in HR management at central / provincial / district / HR level and an inventory of existing capacity building programmes in HR management.

The situation analysis will feed into the design of the programme for individual, institutional and systems capacity building for HR management.

Specific objectives

5. Identify strengths and weaknesses of the current HRH management system at central, provincial, district level, in hospital and large Health facility and in training institutions, in terms of norms and regulations, staff knowledge and practice, tools and working environment,
6. Identify bottlenecks, issues and challenges in HRH management,
7. Identify recommendations for how the issues and bottlenecks could be solved,
8. Collect training materials in HR management developed by partners working at provincial and district levels.

Outputs

The outputs of the consultancy will include:

1. A report on the situation analysis, containing:
 - a. Strengths and weaknesses of the current system, including:
 - i. Management tools available (EGFAE, norms and procedures),
 - ii. Organisational charts of HRH departments and job descriptions of HR staff,

- iii. Individual and institutional practices in HR management,
 - iv. Coordination, cooperation and communication within the system and externally (with Ministry of Public Service) and partners,
 - v. Working environment in terms of equipment (furniture, computers, supplies) and ambiance,
- b. Bottlenecks and issues around the implementation of routine HR management procedures,
 - c. Recommendations on how to improve the system and address the issues and bottlenecks,
2. A report summarising the existing capacity building programmes in HR management undertaken by partner agencies, including:
- a. Description of training courses,
 - b. Examples of training programmes and materials.

Methodology

The consultancy will be coordinated by MISAU DRH.

The methodology for the situation analysis includes:

- Desk review of background documents,
- Meetings with MISAU, BTC, other Mozambique government institutions (Ministry of Public Service) and partners agencies in Maputo,
- Visits to MISAU central level and to provinces - with 3 districts in each province – in order to interview key stakeholders including:
 - Central level: Directors, Heads of Departments and Heads of Units of the DRH, DAF, DPC, Ministry of Public Service (Ministério da Função Pública), UTRESP, partners of the HR Working Group (particularly WHO, Italian Cooperation, European Commission, Irish Aid, CDC, JHPIEGO, I-TECH) and health sector partners who support management in provinces and districts (Spanish Cooperation, French Cooperation, HAI, etc.), national training institutions,
 - Provincial and district level: provincial and district health Directors, Heads of HR Departments and provincial / district departments, HR managers of Central / Provincial / District / Rural Hospitals, managers of health facilities, managers of training institutions, HR staff, health professionals and partner agencies,
- Presentation of the preliminary results to MISAU and partners in a debriefing workshop,
- Production of the reports.

The situation analysis team will consist of two consultants, one of whom will be the team leader, accompanied by representatives from DRH and partner agencies.

The team will visit 4 provinces, spending 5 days in each province, during which the provincial level will be visited as well as 3 districts.

The 4 provinces to be visited during the situation analysis will be confirmed by MISAU and will

include:

- One province which has benefited from support in the area of HR management,
- One province which has not benefited from partner support.

Duration

The consultancy will take place over 8 calendar weeks (50 calendar days), with 6 weeks in Mozambique:

- Week 1: desk review of documents and introductory meetings with MISAU, institutions and partners, development of the methodology for the field visits,
- Week 2: visit to central level MISAU and start of provincial visits,
- Weeks 3 – 4 - 5: visits to 4 provinces and 3 districts in each province,
- Week 6: verification of information and results at central level; presentation of preliminary results to MISAU and partners in a workshop, development of draft report,
- Weeks 7 - 8: development of the final report.

The consultants will submit the draft report 7 calendar days after the end of the mission. MISAU and BTC will submit comments after 7 calendar days. The consultants will submit the final report after 7 calendar days.

Qualification of the consultants

The team of experts will have the following qualifications:

International expert (and team leader?):

- Expertise in HR management in the public sector in developing countries,
- Expertise in systems / institutional and individual capacity building,
- Work experience in Mozambique and/or in management of human resources for health is an advantage,
- Working knowledge of both Portuguese and English,
- Excellent communication skills,
- Excellent analytical writing skills.

National expert:

- Expertise in systems / institutional and individual capacity building,
- Work experience within the public health system in Mozambique, if possible in the area of HR management or administration,
- Work experience in HR management development in the public sector is an advantage,
- Working knowledge of both Portuguese and English,
- Good communication skills,
- Good analytical writing skills.

Funding

BTC will fund the situation analysis. Thus BTC will contract the consultants and will provide

resources for the project visits. This will include the participation of two persons from DRH (one DRH staff member and one Adviser of the PNDRHS Monitoring and Implementation Team).