COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment*, Dar-es-Salaam, Tanzania, February 13-15, 2012

MOZAMBIQUE

Policy Context	Situation Analysis
Global strategy on women and children/ commitment	Mozambique commits to increase the percentage of children immunized aged under 1, from 69 to 90 percent by 2012 and to increase the number of HIV+ children receiving ARTs from 11, 900 to 31,000 by 2012. Mozambique will also increase contraceptive prevalence from 24 to 34 % by 2015 and will increase institutional deliveries from a level of 49% to 66% by 2015. Mozambique also commits to establish a centre for the treatment of obstetric fistula in each province by 2015.
National Health policy/National Health Plan/Strategies	Mozambique has a national health plan entitled, "Plano Estrategico do Sector Saude 2007-2010" (PESS). It was extended to 2012. No mid term review has been done or scheduled. The new health strategy / plan to be done in 2012 will be based on the health policies and reforms developed from the comprehensive assessment (Health Sector Review). The strategy will include a strong M&E component that meets global standards with country adaptations as appropriate. The M&E will form the basis for country reviews during the implementation of the national health strategy as well as be the basis for all major global health reporting. The M&E plan yet to finalized and published identifies major data gaps and M&E system areas that need special attention. This includes a mid to long term perspective on institutional capacity strengthening and performance reviews to allow strong M&E of the national health plan, including the disease components.
M&E platform	M&E has been under development and is about to be finalized; health sector strategic plan will be developed in 2012 for 2012-2017. The Mozambique Ministry of Health is working with key stakeholders to support the development of a strong comprehensive national monitoring and evaluation that serves the need of health sector reviews, disease programmes and global health partnerships. The M&E plan, linked to the national strategic plan “Plano Estrategico do Sector Saude 2007-2010” (PESS), also forms the basis for international reporting, and will link and form the basis to a comprehensive health progress and systems performance assessment that will inform the next health sector strategic plan and new policies.

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment*, Dar-es-Salaam, Tanzania, February 13-15, 2012

MOZAMBIQUE

Country team present at the Tanzania Accountability Workshop, Feb 13-15, 2012

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Civil registration & vital statistics systems	Situation Analysis	Possible actions
Assessment Plan Coordinating Mechanism Commitment Hospital reporting Community reporting Vital statistics Local studies	Plan developed by ministries of women and social affairs, justice, health with Justice, Health, and national health service (NHS) but not costed. There is a coordination committee. There are civil registration mobile brigades but not sufficient investment in them. Only central and provincial hospitals use ICD. Nationally representative and functioning health and demographic surveillance site (HDSS)	1. Conduct civil registration and vital statistics (CRVS) assessment 2. Review and cost CRVS plan and mobilize funds 3. Operationalize interagency coordinating committee involving all key stakeholders and give it powers to introduce changes to CRVS system where needed 4. Training of doctors and other health staff in ICD10, conduct quality control of certification 5. Develop community reporting of birth and death through community health workers (CHW), test new approaches (e.g. cell phones), develop use of VA by CHWs 6. Strengthen capacity for production of annual sub-national vital statistics

Draft

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Monitoring of results	Situation Analysis	Possible actions
National M&E Plan M&E Coordination Health Surveys Facility data (HMIS) Data sharing Analytical capacity Equity MNCH indicators	While there are monitoring and evaluation (M&E) components in the national health strategy, it is not often adequate. It needs strengthening and improvements. There is perfect alignment of the 11 core indicators	1. Strengthen & institutionalize use of M&E framework at all level 2. Improve stakeholders' representation (civil society, academia, etc.) 3. Advocacy with statistics bureau to develop 5-years health survey plan and include it in their agenda 4. Capacity building to improve data quality 5. Advocacy with decision makers to allow public access to health data 6. Strengthen analytical and reporting capacity, involve key institutions; 7. Strengthen equity focus of reviews using survey data 8. Review plans and expand to all 11 maternal neonatal and child health (MNCH) core indicators

Draft

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Maternal death surveillance & response	Situation Analysis	Possible actions
Notification Capacity to review and act Hospitals / facilities Quality of care Community reporting & feedback Review of the system	There is enough capacity to review maternal death, but not for perinatal and neonatal death review. There are on-going efforts to improve maternal death reporting at all levels. Currently, there is no maternal death surveillance and response at private hospitals. A quality of care assessment in 5 Maternity Model was carried out in 2011. A needs assessment for maternal and newborn health was carried out in 2007. There is a community gap in reporting and feedback. Reviews take place less frequently but reports are not publicly available.	1. Advocate for national policy on maternal death (MD) notifications 2. Strengthen capacity through training in MDSR 3. Improve hospital reporting and use of ICD 4. Support quality of care (QofC) assessments 5. Strengthen community reporting of MD, through information and communication technology (ICT) and verbal autopsies (VA) 6. Strengthen the review system with dissemination /use of reports

Draft

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Innovation and eHealth	Situation Analysis	Possible actions
Policy Infrastructure Services Standards Governance Protection	There is an existence of roadmap to develop e-Health national policy. All district capitals have internet access. There are only pilot projects in ICT. There are no standards and there is an enabling environment for eHealth. Country adopted international standards related to data protection, legislation, and regulatory frameworks	1. Review status of roadmap and policy; 2. Improve connectivity of districts; 3. Develop standards ensuring interoperability 4. Support effective coordination mechanisms 5. Re-enforce compliance with standards
Monitoring of resources	**Situation Analysis**	**Possible actions**
National health accounts Compact and coordination Production capacities Data use	National health accounts (NHA) framework based on international guidelines exists. The country has NHA experience. The next NHA is planned for 2012. There is a compact that was signed in 2008. There is also a functional sector-wide approach (SWAp). There is high turn over of trained staff. Database is accessible on request. Budget was allocated in 2009 and implementation started in 2010. There is growing use of NHA data for expenditure progress report	1. Revitalize system under MoH leadership, ensure inclusion of health account specific indicators; involve MNCH focal group/point 2. Review/update compact and include new signatories members 3. Capacity building is needed at all levels on NHA methodology (including reproductive, maternal, neonatal and child health (RMNCH) subaccounts) and on use of budget and expenditure tracking tools. Need to improve the information technology (IT) infrastructure 4. Advocate for systematic utilization of NHA data in policy making. Identify policy makers needs and help them integrate NHA data in policy decisions

Draft

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Accountability processes	Situation Analysis	Possible actions
Annual reviews Synthesis informs reviews From review to planning Compacts or equivalent	Mozambique has established accountability mechanisms to monitor the implementation of development plans (poverty reduction) as well as sectoral ets, including MDGs. These include the Joint Annual Review and development observatories, where stakeholders engage in a process to review performance basis for the next fiscal year commitments. These dialogue processes appear be more development partners and government with weak participation of Civil Society organizations.	1. Align priority indicators of all programmes to fit into a performance assessment framework (PAF) matrix. Schedule programme specific reviews to feed into the national health sector review (NHSR). Involve more stakeholders during preparations (including enhanced civil society, women organizations, and parliamentarians participation). Strengthen the use of M&E plan during NHSR 2. Strengthen health management information system (HMIS) at all levels. Strengthen capacity to prepare analytical reports. Re-activate annual summaries of the health sector. Develop a compilation mechanism for policy and qualitative information 3. Strengthen use of NHSR results for planning. Ensure involvement and accountability of all stakeholders; 4. Update/review compact, increase partners' buy-in and ensure use of results

Draft

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COUNTRY ACCOUNTABILITY FRAMEWORK: Assessment/Scorecard*

MOZAMBIQUE

Advocacy & outreach	Situation Analysis	Possible actions
Parliament active in RMNCH Active RMNCH civil society RMNCH progress report/review Media role National Countdown meeting	There is a commission for women, health and related issues but there is no parliamentary body to track RMNCH indicators. There are many civil society coalitions but they only address sexual reproductive health. There is no coordination for RMNCH. Sexual and reproductive health information, education and communication (IEC) materials are produced and disseminated. Reports exists but quality needs improvement. There is existence of a national MNCH partnership and a plan of action was developed after the national 2010 meeting	1. Encourage parliamentarians to discuss and engage in RMNCH accountability. Advocate for creation of budget line for RMNCH. Support public hearings for RMNCH issues 2. Strengthen & ensure participation of all civil society groups, include all components of RMNCH. Develop an agenda for stakeholders, parliamentarians, multi-sector decisions makers, and media; 3. Improve report quality and dissemination. Align RMNCH programme reviews with NHSR. Advocate for continued inclusion of RMNCH in NHSR; 4. Work with media to strengthen capacity to report on health issues; and improve information flows 5. Plan follow up meeting to review implementation of national partnership plan of actions

KEY:
- Needs to be developed/done
- Needs a lot of strengthening
- Needs some strengthening
- Already present/no action neede

Draft

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