



## Mozambique Primary Health Care Strengthening Program (P163541)

AFRICA EAST | Mozambique | Health, Nutrition & Population Global Practice | Requesting Unit: AECS2 | Responsible Unit: HAEH1  
IBRD/IDA | Program-for-Results Financing | FY 2018 | Team Leader(s): Humberto Albino Cossa, Courtney Price Ivins, Lorena Vinuela

Seq No: 7 | ARCHIVED on 29-Jun-2021 | ISR45960 | Created by: Lorena Vinuela on 12-Mar-2021 | Modified by: Courtney Price Ivins on 25-Jun-2021

### Program Development Objectives

Program Development Objective (from Program Appraisal Document)

The Program Development Objective is to improve the utilization and quality of reproductive, maternal, child and adolescent health and nutrition services, particularly in underserved areas.

### Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Satisfactory
Overall Implementation Progress (IP)	<input type="checkbox"/> Moderately Satisfactory	<input type="checkbox"/> Satisfactory

### Implementation Status and Key Decisions

This ISR reflects findings of the mid-term mission in August 2020, a mission from June 7 to 16, 2021, and regular virtual meetings, which sought to account for and provide additional support to address the impact of COVID-19 on the DLI targets for 2020 and 2021. Results registered in the ISR reflect updated data received for 2018 and 2019. **The preliminary results for 2020, which are currently under verification by the World Bank and the Independent Validation Agents, are indicated in the comments.**

#### COVID-19 and Restructuring to Account for its Impact

Following the August 2020 mid-term review mission's findings and recommendations, a level-two Restructuring was approved. The changes included: (i) simplification of the Results Framework; (ii) modifications to Disbursement Linked Indicators (DLIs); and (iii) streamlining of the Program Action Plan (PAP). The targets were adjusted in light of the severe disruptions caused by the COVID-19 pandemic. Also, several indicators were changed to facilitate the monitoring of program activities and interventions, improve methodologies used to calculate them, and clarify responsibilities for data collection and reporting.

In 2020, the outbreak of COVID-19 put significant pressure on essential health service continuity and resulted in supply chain disruptions for critical inputs. It also increased the demands on the Ministry of Health, already strained by the two cyclones, the electoral cycle, and fiscal austerity measures the previous years. COVID-19 has interrupted or delayed several interventions supported by the Program. For example, during most of the 2020 school year, secondary schools remained closed, interrupting sexual and reproductive health services offered through the school health program. Similarly, the interruption of new community health workers' training and the inability to secure critical commodities delayed the delivery of the community-based nutrition package. Finally, the interruption of several surveys for DLR validation delayed the Program's disbursements. The level-two Restructuring supported the Government to adapt to these challenges and continue to expand key results while strengthening the health system's resilience. In addition to the Restructuring, the team continued to support the Ministry to address challenges associated with the slow pace of technical assistance recruitment and other procurement, especially to support continuity of essential services during the pandemic, and technical assistance required to support provinces to assist in accelerating the implementation of the Program.

#### Achievements and Progress towards the Program Development Objective

Advancement towards the Program Development Objective remains satisfactory and consistent with the Program achieving its end goals. All but one PDO and results indicator has observed progress or continuity despite the impacts of the severe exogenous shocks caused by COVID-19 and the conflict in the North. Among others, key results include the increased access to institutional deliveries in the 42 most disadvantaged districts from an average of 66.1 to 85.4 percent (with 32 districts at or above 85 percent), expansion of the network of trained and active community health workers by 51 percent, from 3,380 to 6,690, and increased technical staff assigned to the primary level by 31 percent from 2017 to 2020. Notably, access to modern contraceptives has expanded substantially, including a new service package for secondary and technical schools. The distribution of a new nutrition intervention package has been initiated in eight provinces with chronic malnutrition above 35 percent of children 0-24 months old, which, despite challenges in implementation, still represents an important achievement for the previously marginalized nutrition



agenda. The Program has also contributed to: (i) rolling out new systems for quality improvements in health facilities through balanced scorecards, performance-based direct facility financing, and new tools for community engagement; (ii) the deployment of a new data management module for civil registration and vital statistics (CRVS); (iii) increasing in domestic financing; and (iv) targeting resources to historically underfunded provinces and districts. Additionally, extensive analytical work and technical assistance for outsourcing non-medical services and strengthening last-mile medicine delivery have been completed.

The Implementation Progress rating for the Program is satisfactory, an upgrade from the Moderately Satisfactory rating in the previous ISR. The Ministry of Health has reported that 13 out of 19 Disbursement Linked Results (DLRs) for 2020 were met (12 fully and one partially), four were not yet met, and two are pending assessment. While three of four DLRs under DLI 6 have not been met yet, the Ministry has reported substantial progress compared to previous years. One additional DLR under DLI 6 is expected to be met in July. The validation of the reported results is underway, and it is expected to be completed by August 2021. The 2020 results add to previous achievements. All but one DLRs for 2018 and 2019 have been met (one partially); the remaining one is still to be assessed.

The three major issues (delays in the procurement for the nutrition program, contracting for the organization in charge of community consultations, and transfer of funds to the subnational level) highlighted in the previous ISR that led to the downgrading of the rating have been addressed. The Ministry hired for the first time an NGO to manage the community consultation process as part of the implementation of hospital and health centers' scorecard and has reported considerable progress in increasing fiscal transfers to disadvantaged provinces. The procurement of micronutrient powder was completed, but the inadequate implementation arrangements to roll out the Nutrition Intervention Package (NIP) continue to be closely monitored.

### Procurement Review and Financial Audit Status

Three Procurement Reviews covering the entire health sector (MISAU and CMAM) have been completed for 2016, 2017, and 2018, respectively. The review's sample covered more than 70 percent of the procured value. The reviews are a public good to all partners in the sector as no other sector-wide procurement reviews or audits have been successfully completed before in the health sector. Data collection and field visits are currently underway for the reviews corresponding to 2019 and 2020. It is expected that these reports will be completed by October 2021. The World Bank has advanced the collaboration with Pro-Saude, and the reports have been shared for fiduciary purposes, which substantially reduces the transaction costs for the Ministry and increases the profile of the dialogue on a critical area. A similar collaboration is being structured to have a single financial audit for the sector.

The World Bank has reviewed the Financial Audit report for 2018, and the Government is yet to deliver the revised version incorporating the comments and changes requested. The Bank is following up regularly and continues to provide technical assistance to the Administrative Tribunal that has prepared the report. Considering COVID restrictions in visiting facilities, the Government received an extension to June 30, 2021, to submit the reports corresponding to 2019 and 2020.

### Risks and Additional Actions to Support Grievance Redress Mechanisms

The overall risk rating remains Substantial. The implementation of actions under the Program Action Plan (PAP) requires continued support, particularly for strengthening the health system's grievance redress mechanisms and actions on pharmaceuticals disposal introduced with the Additional Financing. Additional technical assistance is being provided in these areas.

## Data on Financial Performance

### Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed		% Disbursed
P163541	IDA-D2650	Effective	USD	80.00	80.00	0.00	52.09	28.50		65%
P163541	TF-A6152	Effective	USD	25.00	25.00	0.00	10.97	14.03		44%
P163541	TF-A9398	Effective	USD	44.95	44.95	0.00	26.96	17.99		60%
P163541	TF-B3368	Effective	USD	7.00	7.00	0.00	4.09	2.91		58%

### Key Dates (by loan)



Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P163541	IDA-D2650	Effective	20-Dec-2017	02-Mar-2018	18-Apr-2018	31-Dec-2022	31-Dec-2022
P163541	TF-A6152	Effective	20-Dec-2017	02-Mar-2018	18-Apr-2018	31-Dec-2021	31-Dec-2023
P163541	TF-A9398	Effective	28-Feb-2019	21-Mar-2019	21-Mar-2019	31-Dec-2023	31-Dec-2023
P163541	TF-B3368	Effective	01-Oct-2020	16-Oct-2020	16-Oct-2020	31-Dec-2023	31-Dec-2023

### DLI Disbursement

DLI ID	DLI Type	Description	Coc	DLI Amount	Achievement Status	Disbursed amount in Coc	Disbursement % for DLI
<b>Loan: TFA6152-001</b>							
1	Regular	Recipient increase the % of institutiona	USD	3,000,000.00	Partially Achieved	2,000,000.00	67 %
2	Regular	Recipient increased % of secondary schoo	USD	1,200,000.00	Not Achieved	0.00	
3	Regular	Recipient increased couple years of prot	USD	400,000.00	Fully Achieved	400,000.00	100 %
4	Regular	Recipient increased % children between	USD	600,000.00	Fully Achieved	0.00	
5	Regular	Recipient increased Domestic Health Expe	USD	1,900,000.00	Partially Achieved	900,000.00	47 %
6	Regular	Recipient increased health expenditures	USD	1,000,000.00	Not Achieved	0.00	
7	Regular	Recipient increased nr Technical health	USD	400,000.00	Partially Achieved	200,000.00	50 %
8	Regular	Recipient demonstrated district/ rural ho	USD	2,500,000.00	Partially Achieved	1,000,000.00	40 %
9	Regular	Recipient demonstrated rural health cente	USD	1,000,000.00	Partially Achieved	833,333.00	83 %
11	Regular	Recipient increased % of deaths certifie	USD	3,000,000.00	Partially Achieved	1,888,000.00	63 %
<b>Loan: IDAD2650-001</b>							
1	Regular	Recip incrsd no of distr of the 42 laggi	XDR	6,555,000.00	Partially Achieved	4,631,250.00	71 %
2	Regular	Recipient incr % sec&tech sch offerings s	XDR	3,491,250.00	Not Achieved	0.00	
3	Regular	Recip increased couple years of protecti	XDR	2,992,500.00	Partially Achieved	2,280,000.00	76 %
4	Regular	Recipient increased % children 0-24 Mon	XDR	6,768,750.00	Partially Achieved	2,137,500.00	32 %
5	Regular	Recipient increased domestic health exp	XDR	6,127,500.00	Partially Achieved	1,674,375.00	27 %



6	Regular	Recipient increased health expenditures	XDR	6,198,750.00	Not Achieved	0.00			
7	Regular	Recipient increased nr technical health	XDR	6,483,750.00	Partially Achieved	1,923,750.00		30 %	
8	Regular	Recipient district/rural hospitals	XDR	6,555,000.00	Partially Achieved	3,918,750.00		60 %	
9	Regular	Recipient rural health centers in priori	XDR	7,338,750.00	Partially Achieved	3,325,000.00		45 %	
10	Regular	Recipient increased no Trained active CH	XDR	712,500.00	Fully Achieved	712,500.00		100 %	
11	Regular	% of deaths in elig health facilities ce	XDR	3,776,250.00	Partially Achieved	2,174,550.00		58 %	
<b>Loan: TFA9398-001</b>									
1	Regular	Recipient increase the % of institutiona	USD	2,200,000.00	Fully Achieved	2,200,000.00		100 %	
2	Regular	Recipient increased % of secondary schoo	USD	3,800,000.00	Not Achieved	0.00			
3	Regular	Recipient increased couple years of prot	USD	4,900,000.00	Fully Achieved	4,900,000.00		100 %	
4	Regular	Recipient increased % children between	USD	3,400,000.00	Partially Achieved	500,000.00		15 %	
5	Regular	Recipient increased Domestic Health Expe	USD	1,000,000.00	Fully Achieved	500,000.00		50 %	
6	Regular	Recipient increased health expenditures	USD	1,000,000.00	Not Achieved	0.00			
7	Regular	Recipient increased nr Technical health	USD	2,200,000.00	Fully Achieved	600,000.00		27 %	
8	Regular	Recipient demonstrated district/ rural ho	USD	3,000,000.00	Fully Achieved	3,000,000.00		100 %	
9	Regular	Recipient demonstrated rural health cente	USD	4,000,000.00	Partially Achieved	2,833,333.00		71 %	
10	Regular	Recipient increased % of deaths certifie	USD	3,000,000.00	Partially Achieved	2,500,000.00		83 %	
11	Regular	Recipient increased % deaths certified d	USD	2,000,000.00	Partially Achieved	1,552,000.00		78 %	
12	Regular	Recipient increased maternal & rep heat	USD	3,000,000.00	Not Achieved	0.00			
<b>Loan: TFB3368-001</b>									
4	Regular	Recipient increased % of children betwee	USD	4,500,000.00	Not Achieved	0.00			
10	Regular	Recipient increased No. of Active CHWs	USD	15,500,000.00	Partially Achieved	2,342,787.00		15 %	

**Program Action Plan**



<b>Action Description</b>	The Program Operations Manual shall be adopted by the Recipient in a manner satisfactory to the Association.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical		Ministry of Health (MOH) - DPC	Due Date	30-Jun-2019	Completed
<b>Completion Measurement</b>	Approved POM				
<b>Comments</b>					

<b>Action Description</b>	The Program Management Unit (PMU) shall be assembled with a Terms of Reference and composition satisfactory to the Association (including experienced fiduciary personnel).				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical		MOH - DPC	Due Date	29-Jun-2018	Completed
<b>Completion Measurement</b>	PMU ToR				
<b>Comments</b>					

<b>Action Description</b>	IC/PES Alignment: (i) Annual discussions on the analysis of spending alignment with the Investment Case's priorities led by MISAU's focal point.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		MISAU (DAF and DPC)	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	Analysis and discussions held on IC spending alignment as part of the Balanço do PES in Q1 annually.				
<b>Comments</b>	Audit report submitted to WB with a delay in January 2020.				

<b>Action Description</b>	IC/PES Alignment: (ii) Provincial Program Contracts reviewed and updated annually with PES, including disaggregated DLI and results framework indicators.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		DPC	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	(i) Provincial Program Contracts updated annually.				
<b>Comments</b>	The 2018 procurement review is being finalized. Procurement reviews were also conducted for 2016 and 2017.				

<b>Action Description</b>	Annual accounts of the health Economic and Social Plan (PES) audited within 12 months after the end of the fiscal year by the Administrative Tribunal; Resulting action plan produced, implemented, and reported on annually.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		MOH -DAF	Recurrent	Yearly	In Progress



<b>Completion Measurement</b>	(i) Audit Report (ii) Report on Action Plan implementation
<b>Comments</b>	Appointment of accounting technicians in lacking districts is underway. Training was conducted in 18 districts that benefit from performance-based allocations through DLIs 8 and 9. Additional training will occur once official travel resumes.

<b>Action Description</b>	Annual procurement review of PES within 12 months of the FY's end by an independent firm, covering regulatory compliance, performance, and VFM; Action plans implemented and reported on; Remedies against ineligible expenditures and misprocurement.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		MISAU & WB	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	(i) Audit Report (n-1) (ii) Report on Action Plan implementation				
<b>Comments</b>	An updated plan was shared.				

<b>Action Description</b>	Annual updates on the implementation of the medium-term capacity development plan for the fiduciary staff at central, provincial, and district levels, including for ADUS.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems		MISAU (DAF)	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	Annual report on the implementation of the capacity development plan.				
<b>Comments</b>					

<b>Action Description</b>	A roll-out plan developed to implement direct facility financing (ADUS), including training on the Financial Management Manual and disbursement method for each facility.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Fiduciary Systems	DLI 8	MISAU	Due Date	31-Jan-2021	Not Yet Due
<b>Completion Measurement</b>	Roll-out plan for ADUS implementation.				
<b>Comments</b>	SBDs reviewed following Decree 5/2018 and shared with the Bank on 18 December 2019				

<b>Action Description</b>	An Environmental Health Training Plan (including the EIA process, Waste Management, and Infection Prevention and Control) and a monitoring tool developed and updated semi-annually.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		DSA	Recurrent	Semi-Annually	Not Yet Due



<b>Completion Measurement</b>	Semi-annual updates on the implementation of the Environmental Health Training Plan and Monitoring Tool, including semi-annual scorecard results, submitted to the World Bank.
<b>Comments</b>	

<b>Action Description</b>	Gender and socio-cultural responsiveness (I): Engagement of a social development specialist to: (i) provide oversight for gender and socio-cultural sensitivity in the sector; (ii) lead the review and enhancement of complaint handling mechanisms				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		MISAU	Due Date	29-Mar-2019	Completed
<b>Completion Measurement</b>	PAP IR ToR developed and agreed with the Bank Social Development Specialist engaged				
<b>Comments</b>	Training curricula still being revised. ToR for trainers have been developed but course delivery is delayed.				

<b>Action Description</b>	Gender and socio-cultural responsiveness (II): Ensure approaches to gender and socio-cultural sensitivity are reflected in the curriculum and training of community health workers and health staff and supported by appropriate materials.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		MISAU DRH, DSNP and MOH's Gender Unit	Due Date	31-Dec-2021	Not Yet Due
<b>Completion Measurement</b>	PAP IR; Curriculum; Training materials available at health centers and district/rural hospitals; and Number of trained staff in general and per province.				
<b>Comments</b>	First of 3 phases of the Directives on Engagement of Men in Health Care reported as complete (national promotion of friendly services for men and couples in health facilities and workplaces). Subsequent phases set to launch this year.				

<b>Action Description</b>	A three-year plan identifying and addressing gaps and needs for improving the health system's GRM developed and implemented, including clear flows of information, accountability, and triage mechanisms.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		MOH (DNSP, DNAM)	Recurrent	Yearly	In Progress
<b>Completion Measurement</b>	PAP IR Annual reporting on GRM strengthening and results on nature and number of complaints registered and resolved.				



<b>Comments</b>	Activity in progress by CMAM with support from a WB consultant, an implementation plan will be presented in October.
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<b>Action Description</b>	CMAM to retain a Pharmaceutical Waste Management specialist at all times during the duration of the program.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		CMAM	Recurrent	Continuous	In Progress
<b>Completion Measurement</b>	Pharmaceutical Waste Management Specialist hired and retained.				
<b>Comments</b>	Pharmaceutical waste disposal plan under review, CMAM and WB consultant initiated planning, by October an implementation plan will be presented.				

<b>Action Description</b>	An annual national report on pharmaceutical waste management produced by CMAM based on terms of reference agreed with the World Bank				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		CMAM	Recurrent	Yearly	Not Yet Due
<b>Completion Measurement</b>	Annual reports on pharmaceutical waste management.				
<b>Comments</b>	Review of the Pharmaceutical Waste Disposal Report Template in preparation.				

<b>Action Description</b>	Develop and implement a Stakeholder Engagement Plan on Pharmaceutical Waste Disposal for district, provincial, and central hospitals and medical stores, identifying key players' roles from identification and preparation to monitoring.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Environmental and Social Systems		CMAM	Due Date	31-Dec-2021	Revised Date
<b>Completion Measurement</b>	Stakeholder Engagement Plan completed and monitored.				
<b>Comments</b>					

<b>Action Description</b>	Establish, implement, and regularly monitor of an action plan to improve eSIP, including the integration of community health workers.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical	DLI 7	MISAU - DHR	Recurrent	Semi-Annually	Not Yet Due
<b>Completion Measurement</b>	Semi-annual updates on the action plan for eSIP improvement.				
<b>Comments</b>					





<b>Action Description</b>	Develop a plan to gradually incorporate contracted personnel to the civil service and regularly report reductions in contracted staff (fora do quadro) in primary health care facilities.				
<b>Source</b>	<b>DLI#</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Timing Value</b>	<b>Status</b>
Technical	DLI 7	MISAU - DHR	Recurrent	Semi-Annually	Not Yet Due
<b>Completion Measurement</b>	Semiannual reports on fora do quadro personnel in primary health care facilities.				
<b>Comments</b>					

## Risks

### Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Macroeconomic	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Sector Strategies and Policies	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Technical Design of Project or Program	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
Institutional Capacity for Implementation and Sustainability	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Fiduciary	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Environment and Social	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Stakeholders	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial
Other	--	--	--
Overall	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial	<input type="checkbox"/> Substantial

## Results

### PDO Indicators by Objectives / Outcomes

Improve utilization of RMNCAH and Nutrition in underserved areas				
▶ Number of districts, out of the 42 identified as lagging in the Investment Case, with at least 85 percent institutional deliveries (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	28.00	82.10	28.00	37.00
Date	31-Dec-2019	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments	In the last ISR, the figure provided was based on preliminary data of institutional deliveries over a 5 month period, in relation to the annual target group. This update provides the corrected figure reported by MISAU for 2018. For 2019, MISAU reported a result of 86% for this indicator. This will be recorded in the subsequent ISR. This data is pending validation.			



► Number of Couple Years of Protection (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	1,722,692.00	3,431,660.00	3,164,607.00	3,450,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments	Source: MISAU data from SISMA. Data pending validation, targets and data quality are under review.			
► Percentage of children aged 0-24 months receiving a Nutrition Intervention Package in eight priority provinces (with the prevalence of stunting of above 35 percent) (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	80.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments	The 2018 DLI 4 target (key staff identified and trained on the Nutrition Intervention Package (NIP) and M&E system finalized) was reported as achieved. For 2019, 943 Nutrition Sites were reported as established, and some NIP services are being provided. However due to the delay in procuring micronutrient powder and scales, no children were covered with the complete package. Therefore the progress against the target for 2019 will be reported at 0%.			
Improve the quality of RMNCAH-N in underserved areas				
► Number of lagging districts (as defined in the IC) that provide four doses of intermittent preventive treatment of malaria to at least 70 percent of pregnant women (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	11.00	--	11.00	30.00
Date	31-Dec-2019	--	31-Dec-2019	31-Dec-2023
Comments				

### Intermediate Results Indicators by Results Areas

Service Delivery outputs				
► Percentage of women who had at least four antenatal visits during their pregnancy (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	42.00	49.00	53.00	66.30
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments	The initial baseline was derived from a survey (54.6%, IMASIDA, 2015). The methodology for routine collection of this indicator differs and is based on cohorts, the baseline was thus revised for consistency using SISMA data. The team will consider revising this indicator during the mid-term review.			



▶ People who have received essential health, nutrition, and population (HNP) services (Number, Corporate)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	6,292,274.00	12,047,384.00	19,760,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments	For this cumulative, composite indicator, MISAU reported that in 2019, an additional: (i) 1,050,790 children were immunized; (ii) 3,572,579 children 12-59 months of age received deworming tablets (basic nutrition services); and (iii) 1,118,480 deliveries occurred in health facilities. These figures are added to those attained in 2018 below for a cumulative annual result.			
□ Number of children immunized (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	1,016,175.00	2,066,965.00	5,100,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
□ Number of women and children who have received basic nutrition services (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	4,184,468.00	7,770,308.00	9,720,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
□ Number of deliveries attended by skilled health personnel (Number, Corporate Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	1,091,631.00	2,210,111.00	4,940,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
▶ Number of provinces meeting annual Couple Years of Protection growth targets (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	7.00	--	7.00	11.00
Date	31-Dec-2019	--	31-Dec-2019	30-Dec-2023
Comments				
Service readiness and availability				
▶ Number of health facilities providing Basic Emergency Obstetric and Newborn Care (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target



Value	68.00	68.00	68.00	300.00
Date	30-Dec-2014	30-Dec-2014	30-Dec-2014	30-Dec-2023
Comments	The baseline was obtained from the 2014 Service Delivery Indicators survey. MISAU reported data from Provincial accreditation processes that requires further verification.			
<b>► Number of health facilities providing Comprehensive Emergency Obstetric and Newborn Care (Number, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	33.00	33.00	33.00	60.00
Date	30-Dec-2014	30-Dec-2014	30-Dec-2014	30-Dec-2023
Comments	The baseline was obtained from the 2014 Service Delivery Indicators survey. MISAU reported data from Provincial accreditation processes that requires further verification.			
<b>► Percentage of secondary and technical schools offering sexual and reproductive health services (information and contraceptive methods) (Percentage, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	80.00
Date	31-Dec-2018	31-Dec-2018	31-Dec-2018	30-Dec-2023
Comments	DLI 2 reported by MISAU as achieved in 2019, but this data is pending validation. There was no target for 2018. MISAU reported that the full package of services under the DLI was delivered in 233 (32%) of 710 secondary and technical schools in 2019. This includes the provision of contraceptive methods, counseling, community engagement through school councils, and monitoring.			
<b>► Average availability of tracer essential maternal and reproductive health medicines at primary health care facilities (Percentage, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	62.00	62.00	62.00	85.00
Date	31-Dec-2018	31-Dec-2018	31-Dec-2018	29-Dec-2023
Comments	Updated survey data for this indicator (DLI 12) is not yet available.			

<b>Health Human Resources (HRH)</b>				
<b>► Number of active community health workers (Number, Custom)</b>				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	3,380.00	5,033.00	5,094.00	8,800.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments				
<b>► Number of technical health personnel assigned to the primary health care network (Number, Custom)</b>				



	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	11,970.00	13,666.00	14,402.00	18,163.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments				
<input type="checkbox"/> Number of technical staff assigned to type II rural health centers (Number, Custom Breakdown)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	3,787.00	3,787.00	5,802.00	6,325.00
Date	29-Dec-2017	29-Dec-2017	31-Dec-2019	30-Dec-2023
<input type="checkbox"/> Number of primary health care facilities that have at least two maternal child health nurses (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	638.00	638.00	679.00	838.00
Date	31-Dec-2018	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments				

Quality				
<input type="checkbox"/> Number of district and rural hospitals that received performance-based allocations in accordance with a minimum of one scorecard assessment in the previous fiscal year (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	14.00	0.00	44.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2017	30-Dec-2023
Comments In 2018, MISAU reported that six (6) district/rural hospitals received PBA based on the pilot scorecard assessment (14% of 44 total district/rural hospitals). In 2019, MISAU reported that 15 district and rural hospitals (34% of 44 total ) received PBA based on two scorecard assessments.				
<input type="checkbox"/> Number of health centers in priority districts that received performance-based allocations in accordance with at least one scorecard assessment with community consultations in the previous FY (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	64.00	138.00	391.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2019	30-Dec-2023
Comments In 2018, MISAU reported that 64 Rural Health Centers received a scorecard evaluation, including community consultations, and received the respective PBA. MISAU reported that in 2019, a total of 186 health centers, 138 of which were Rural Health Centers, received PBA based on two scorecard evaluations. However, the community consultations component did not take place due to the delay in contracting the non-governmental organization in charge of organizing them.				



► Percentage of pregnant women who receive four doses of intermittent preventive treatment of malaria during their pregnancy (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	60.00	--	60.00	70.00
Date	31-Dec-2019	--	31-Dec-2019	30-Dec-2023
Comments				

Health Financing				
► Domestic health expenditures as a percentage of total domestic government expenditures (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	7.90	8.87	8.87	9.50
Date	29-Dec-2017	31-Dec-2018	31-Dec-2018	30-Dec-2022
Comments				
► Health sub-account expenditures in 3 historically underserved provinces (Nampula, Zambezia, and Tete) (Amount(USD), Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	348,830.26	348,830.26	36,000,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2018	30-Dec-2023
Comments	Data is pending verification, but reports indicate that the target for 2019 was not met.			
► Health sub-account expenditures in 28 historically underserved districts (Amount(USD), Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	16,000,000.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2017	30-Dec-2023
Comments	Data is pending verification, but reports indicate that the target for 2019 and 2020 were not met.			

Information for decision making				
► Percentage of deaths in eligible health facilities certified by a doctor or qualified clinician with cause of death coded using ICD10, and the death record captured in the SISMA MGDH (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	90.00
Date	29-Dec-2017	31-Dec-2018	31-Dec-2018	30-Dec-2023
Comments	Indicator will be measured starting in 2020.			



► Percentage of deaths registered, certified and captured in the civil registration system (SiRCEV) within one year of their occurrence (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	70.00
Date	31-Dec-2017	31-Dec-2018	31-Dec-2018	30-Dec-2023
Comments	Indicator will be measured starting in 2020.			

#### Disbursement Linked Indicators

► DLI 1 The Recipient has increased the number of districts, out of the 42 identified as lagging in the Investment Case, with at least 85 percent institutional deliveries (Intermediate Outcome, 11,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	28.00	--	28.00	--
Date	--	--	31-Dec-2019	--
Comments	<p><b>2018 Target Achieved.</b> The percentage of institutional deliveries in the 42 districts was reported as 82.1.</p> <p><b>2019 Target Achieved.</b> The percentage of institutional deliveries in the 42 districts was reported as 86.</p> <p><b>2020 Target Achieved.</b> The formulation of the indicator was revised from the average percentage of institutional deliveries in the 42 lagging districts to the number of districts, out of the 42 identified as lagging in the Investment Case, with at least 85 percent institutional deliveries. The Ministry reported that the target of 29 districts was achieved, with 32 districts meeting the threshold of 85 percent. Validation of this result is pending.</p>			
□ DLI 1.1 The Recipient has increased the percentage of institutional deliveries in the 42 lagging districts defined in the Investment Case (Outcome, 10,700,000.00, 0%)				
Unit of Measure: Number				
Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	66.10	--	85.43	--
Date	--	--	31-Dec-2019	--
Comments	<p>This indicator is the previous DLI 1, which was discontinued and revised from 2020 on.</p> <p><b>2018 Target Achieved.</b> The percentage of institutional deliveries was 86.23.</p> <p><b>2019 Target Achieved.</b> The percentage of institutional deliveries was 85.43.</p>			

► DLI 2 The Recipient has increased the percentage of secondary and technical schools offering sexual and reproductive health services (information and contraceptive methods) (Intermediate Outcome, 11,500,000.00, 0%)				
--	--	--	--	--



	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	80.00
Date	--	--	31-Dec-2018	--
<b>Comments</b>	<p><b>No 2018 Target.</b></p> <p><b>2019 Target Not Achieved.</b> The Ministry reported that 32 percent of schools were offering SRH, but there was not sufficient information to validate the indicator, which is thus reported as zero for 2019.</p> <p><b>No 2020 Target.</b></p>			
<p><input type="checkbox"/> DLI 2.1 The Recipient has increased the percentage of technical schools offering sexual and reproductive health services (information and contraceptive methods) (Intermediate Outcome, 4,000,000.00, 0%)</p> <p>Unit of Measure: Percentage</p> <p>Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	--
Date	--	--	31-Dec-2018	--
<b>Comments</b>	<p><b>No 2018 Target.</b></p> <p><b>No 2019 Target.</b></p> <p><b>2020 Target Not Achieved.</b> The Ministry reported that 20 percent of secondary schools were covered with the modified SRH package, but only 5 percent of technical schools. However, the total number of schools providing services exceeds the target for technical schools. This result is pending validation.</p>			
<p><input type="checkbox"/> DLI 2.2 The Recipient has completed an identification of gaps in training materials (Process, 1,000,000.00, 0%)</p> <p>Unit of Measure: Yes/No</p> <p>Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--
<b>Comments</b>	<p><b>No 2018 Target.</b></p> <p><b>No 2019 Target.</b></p>			





**2020 Target Achieved.** The Ministry reported that the gap analysis was completed. This result is pending validation.

DLI 2.3 The Recipient has finalized the harmonization of monitoring and evaluation tools (Process, 1,000,000.00, 0%)

Unit of Measure: Yes/No

Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--

**No 2018 Target.**

**No 2019 Target.**

**Comments**

**2020 Target Achieved.** The Ministry reported that the harmonization of M&E tools was completed. This result is pending validation.

DLI 2.4 The Recipient has approved updated training materials (Process, 1,000,000.00, 0%)

Unit of Measure: Yes/No

Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--

**No 2018 Target.**

**No 2019 Target.**

**Comments**

**No 2020 Target.**

DLI 2.5 The Recipient has approved updated Adolescent- and Youth-friendly Services Guidelines (Process, 1,500,000.00, 0%)



Unit of Measure: Yes/No				
Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<b>No 2020 Target.</b>			
<input type="checkbox"/> DLI 2.6 The Recipient has completed training for health providers using new training materials (Process, 1,000,000.00, 0%)				
Unit of Measure: Yes/No				
Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<b>No 2020 Target.</b>			
<input type="checkbox"/> DLI 2.7 The Recipient has trained health providers and focal points on improved monitoring and evaluation tools (Process, 1,500,000.00, 0%)				
Unit of Measure: Yes/No				
Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2019	--



Comments	<b>No 2018 Target.</b>
	<b>No 2019 Target.</b>
	<b>No 2020 Target.</b>

<b>► DLI 3 The Recipient has increased Couple Years of Protection (Intermediate Outcome, 20,500,000.00, 0%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	1,722,692.00	--	3,164,607.00	--
Date	--	--	31-Dec-2019	--
Comments	<b>2018 Target Achieved.</b> The number of CYP reported exceeded the target.			
	<b>2019 Target Achieved.</b> The number of CYP reported exceeded the target.			
	<b>2020 Target Achieved.</b> The indicator is preliminary considered achieved as the difference is less than 2.5 percent from the target, and there are lags in data recording. The Ministry reported 3,111,723 CYP for 2020, just below the target of 3,190,000. This result is pending validation.			

<b>► DLI 4 The Recipient has increased the percentage of children between 0-24 months of age receiving the Nutrition Intervention Package in the eight provinces with a prevalence of stunting above 35 percent (Intermediate Outcome, 15,750,000.00, 0%)</b>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	80.00
Date	--	--	31-Dec-2018	--
Comments	<input type="checkbox"/> <b>DLI 4.1 The Recipient has trained at least 6 trainers, 100% of district nutrition representatives, and 30% of Community Health Workers, and identified 30% of volunteers, in 6 of the 8 targeted provinces (Output, 2,500,000.00, 0%)</b> Unit of Measure: Yes/No Indicator Type:			
		Baseline	Actual (Previous)	Actual (Current)
Value	No	Yes	Yes	--
Date	--	31-Dec-2018	31-Dec-2018	--



<b>2018 Target Achieved.</b> MISAU reported that the training of key personnel was completed.				
<b>Comments</b>				
<input type="checkbox"/> DLI 4.2 The Recipient has finalized the Monitoring and Evaluation System (Process, 1,000,000.00, 0%) Unit of Measure: Yes/No Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	Yes	Yes	--
Date	--	31-Dec-2018	31-Dec-2018	--
<b>2018 Target Achieved.</b> MISAU reported that the Monitoring and Evaluation System has been developed.				
<b>Comments</b>				
<input type="checkbox"/> DLI 4.3 The Recipient has increased the percentage of nutrition sites meeting the minimum quality standards (Intermediate Outcome, 4,750,000.00, 0%) Unit of Measure: Percentage Indicator Type:				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	90.00
Date	--	--	31-Dec-2018	--
<b>No 2018 Target.</b>				
<b>No 2019 Target.</b>				
<b>No 2020 Target.</b>				
<b>Comments</b>				

<input checked="" type="checkbox"/> DLI 5 The Recipient has increased the Domestic Health Expenditures as a percentage of total Domestic Government Expenditures. (Process, 13,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	7.90	8.87	8.87	--
Date	--	31-Dec-2018	31-Dec-2019	--
<b>Comments</b>				
The baseline is the average of the three-year period 2014-2016.				
<b>2018 Target Achieved.</b> MISAU reported that health sector expenditure exceeded the target of 8.5, reaching 8.87 of the actual government domestic expenditure.				



**2019 Target Achieved.** MISAU reported that health sector expenditure exceeded the target of 8.5, reaching 9.6 of the actual government domestic expenditure. This is still under validation.

**2020 Target Achieved.** MISAU reported that health sector expenditure exceeded the target of 9.5, reaching 11.1 of the actual government domestic expenditure. This is still under validation.

► DLI 6 The Recipient has increased health expenditures from the Sub-Account Resources in underserved provinces (Nampula, Zambezia, Tete) (Process, 4,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	36,000,000.00
Date	--	--	31-Dec-2017	--

**Comments**

**No 2018 Target.**

**No 2019 Target.**

**2020 Target Achieved.** MISAU reported that US\$9.1 million of resources from the Program's Sub-Account have been executed by the three underserved provinces. The verification is pending.

□ DLI 6.1 The Recipient has increased health expenditures from the Sub-Account Resources in the 28 underserved districts in the three underserved provinces (Process, 4,000,000.00, 0%)

Unit of Measure: Amount(USD)

Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	16,000,000.00
Date	--	--	31-Dec-2017	--

**Comments**

**No 2018 Target.**

**No 2019 Target.**

**2020 Target Not Achieved.** MISAU reported that US\$1.09 million of resources from the Program's Sub-Account have been executed by the 28 underserved districts. The verification is pending.

□ DLI 6.2 The Recipient has maintained Domestic Health Expenditures for the three underserved provinces (Nampula, Zambezia, Tete) as a share of provincial expenditures (Process, 2,000,000.00, 0%)

Unit of Measure: Amount(USD)

Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
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Value	36.60	--	36.60	36.60
Date	--	--	31-Dec-2015	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<b>2020 Target Not Achieved.</b>			
<p><input type="checkbox"/> DLI 6.3 The Recipient has maintained Domestic Health Expenditures for the 28 underserved districts in the three underserved provinces as a share of district expenditures (Process, 2,000,000.00, 0%)  Unit of Measure: Amount(USD)  Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	19.50	--	19.50	19.50
Date	--	--	31-Dec-2015	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<b>2020 Target Not Achieved.</b>			
<p><input type="checkbox"/> DLI 6.4 The Recipient has increased the number of provinces with Program Contracts (Process, 1,000,000.00, 0%)  Unit of Measure: Number  Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	--
Date	--	--	31-Dec-2019	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			



**2020 Target Not Achieved.** The Ministry has reported that the process of preparation of the contracts is advanced, with a draft being reviewed by their Legal Department, but not yet completed.

► DLI 7 The Recipient has increased the number of technical health personnel assigned to the primary health care network (Process, 12,000,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	11,970.00	--	15,702.00	18,163.00
Date	--	--	31-Dec-2020	--
<b>Comments</b>	<p><b>2018 Target Achieved.</b> The number of technical personnel assigned to the primary network was 13,666 (from a total of 14,367 assigned, deducting 701 on long-term leave). The source of the data was the SARA census of facilities conducted in August 2018.</p> <p><b>2019 Target Retroactively Achieved.</b> 14,402 technical health personnel were identified in the eSIP database for 2019 (excluding personnel on long-term leave or suspended), below the target of 15,432, enabling partial disbursement. However, the target was surpassed in 2020. The verification is pending.</p> <p><b>2020 Target Achieved.</b> 15,702 technical health personnel were mapped to primary care facilities in the eSIP database for 2020 (excluding personnel on long-term leave or suspended), superseding the target of 15,566. The verification is pending.</p>			

□ DLI 7.1 The Recipient has increased the number of health care facilities in the primary care network with at least two active Maternal Child Health Nurses (Process, 6,000,000.00, 0%)  
Unit of Measure: Number  
Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	638.00	--	678.00	838.00
Date	--	--	31-Dec-2019	--
<b>Comments</b>	<p><b>No 2018 Target.</b></p> <p><b>2019 Target Retroactively Achieved.</b> 678 facilities were listed as having two or more MCH nurses in the SIP database for 2019. below the target of 688, enabling partial disbursement. However, the target was surpassed in 2020. The verification is pending.</p> <p><b>2020 Target Partially Achieved.</b> 704 facilities were listed as having two or more MCH nurses in the SIP database for 2020. below the target of 688, enabling partial disbursement. However, the target was surpassed in 2020. The verification is pending.</p>			

► DLI 8 Number of district and rural hospitals that received performance-based allocations in accordance with a minimum of one scorecard assessment in the previous fiscal year (Process, 18,000,000.00, 0%)



	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	15.00	--
Date	--	--	31-Dec-2019	--
<b>Comments</b>	<p><b>2018 Target Achieved.</b> MISAU reported that six (6) hospitals received PBA based on the pilot scorecard.</p> <p><b>2019 Target Achieved.</b> MISAU reported that 15 district and rural hospitals (36% of 42 total) received PBA based on two score-card assessments.</p> <p><b>No 2020 Target.</b></p>			
<p>□DLI 8.1 The Recipient has increased the number of district and rural hospitals that receive allocations based on prioritized action plans that respond to scorecard evaluations (Process, 5,500,000.00, 0%)</p> <p>Unit of Measure: Number</p> <p>Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	--
Date	--	--	31-Dec-2020	--
<b>Comments</b>	<p><b>No 2018 Target.</b></p> <p><b>No 2019 Target.</b></p> <p><b>2020 Target Achieved.</b> MISAU reported that 15 (30 percent) district and rural hospitals received allocations based on prioritized action plans responding to scorecard evaluations was achieved. This result is pending verification.</p>			

<p>►DLI 9 The Recipient has increased the number of health centers in priority districts receiving PBA according to one scorecard assessment with community consultations in the previous fiscal year (Process, 21,000,000.00, 0%)</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	138.00	--
Date	--	--	31-Dec-2019	--
<b>Comments</b>	<p><b>2018 Target Achieved.</b> 64 Rural Health Centers received a scorecard evaluation, including community consultations, and received the respective PBA.</p> <p><b>2019 Target Retroactively Achieved.</b> 186 Health Centers (138 Rural Health Centers) received PBA based on two scorecard assessments. However, the community consultations did not take place in 2019 due to a delay in contracting the non-government organization in charge of organizing them. The community consultations were completed in 2020.</p> <p><b>No 2020 Target.</b></p>			





□DLI 9.1 The Recipient has increased the number of health centers in priority districts that received allocations to implement prioritized action plans responding to scorecards evaluations (Process, 6,000,000.00, 0%)  
Unit of Measure: Number  
Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	--
Date	--	--	31-Dec-2020	--
Comments	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<b>2020 Target Achieved.</b> MISAU reported that 186 health centers received allocations based on prioritized action plans responding to scorecard evaluations was achieved. This result is pending verification.			

►DLI 10 The Recipient has increased the number of active Community Health Workers (Process, 15,500,000.00, 0%)

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	3,380.00	--	5,094.00	--
Date	--	--	31-Dec-2019	--
Comments	<b>2018 Target Achieved.</b> MISAU corrected their previous report, indicating that 5,033 APEs were trained and active by the end of 2018, surpassing the target of 4,723.			
	<b>2019 Target Retroactively Achieved.</b> 5,094 APEs were trained and active by the end of 2019, representing partial achievement in relation to the annual target of 6,523 of 2019.			
	<b>2020 Target Achieved.</b> MISAU reported that 6,690 APEs were active by the end of 2020. This result is pending verification.			

□DLI 10.1 The Recipient has increased the percentage of Community Health Workers that deliver services according to minimum quality standards (Intermediate Outcome, 7,500,000.00, 0%)  
Unit of Measure: Percentage  
Indicator Type:

	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	28.00	--	28.00	--
Date	--	--	31-Jan-2020	--
Comments	<b>No 2018 Target.</b>			



<b>No 2019 Target.</b>				
<b>No 2020 Target.</b>				
<p><input type="checkbox"/> DLI 10.2 The Recipient has approved a Decree recognizing Community Health Workers as state agents of the National Health System (Process, 3,500,000.00, 0%) Unit of Measure: Yes/No Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	No	--	No	--
Date	--	--	31-Dec-2020	--
<b>No 2018 Target.</b>				
<b>Comments</b>	<b>No 2019 Target.</b>			
	<b>No 2020 Target.</b>			

<p><input type="checkbox"/> DLI 11 The Recipient has increased the percentage of deaths in eligible health facilities certified by a qualified clinician with the cause of death coded using ICD10, and the death record captured in SISMA (Process, 10,240,000.00, 0%)</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	90.00
Date	--	--	31-Dec-2019	--
<b>Comments</b>	<b>No 2018 Target.</b>			
	<b>No 2019 Target.</b>			
	<p><b>2020 Target Achieved.</b> MISAU reported an achievement of 48 percent of deaths in eligible health facilities certified with the cause of death coded using ICD10, and the death record captured in the SISMA MGDH in 2020. The verification is still pending.</p>			
<p><input type="checkbox"/> DLI 11.1 The Recipient has increased the percentage of hospitals using the Hospital Data Management Module (MGDH) to generate information on causes of deaths (Process, 1,500,000.00, 0%) Unit of Measure: Percentage Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023



Value	70.00	100.00	100.00	--
Date	--	31-Dec-2018	31-Dec-2018	--
Comments	<b>2018 Target Achieved.</b>			
	<b>No 2019 Target.</b>			
	<b>No 2020 Target.</b>			
<p>□DLI 11.2 The Recipient has increased the percentage of health centers using the Hospital Data Management Module (MGDH) to generate information on causes of deaths (Process, 6,000,000.00, 0%) Unit of Measure: Percentage Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	50.00	77.60	--
Date	--	31-Dec-2018	31-Dec-2019	--
Comments	<b>No 2018 Target.</b>			
	<b>2018 Target Achieved.</b>			
	<p><b>2019 Target Partially Achieved</b> The Independent Verification Agent reported that 97 health centers are using MGDH to generate information on causes of death. MISAU confirmed that there are 125 health centers in the national health system with internment.</p>			
<b>No 2020 Target.</b>				
<p>□DLI 11.3 The Recipient has increased the percentage of deaths registered, certified and captured in the civil registration system (SiRCEV) within one year of their occurrence (Intermediate Outcome, 2,060,000.00, 0%) Unit of Measure: Percentage Indicator Type:</p>				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	0.00	--	0.00	70.00
Date	--	--	31-Dec-2019	--



Comments	<b>No 2018 Target.</b>
	<b>2019 Target Not Yet Assessed.</b>
	<b>2020 Target Not Yet Assessed.</b>

▶ DLI 12 The Recipient has increased the average availability of tracer essential maternal and reproductive health medicines at primary health care facilities (Outcome, 10,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	December 2023
Value	62.00	62.00	62.00	--
Date	--	31-Dec-2018	31-Dec-2018	--
Comments	<b>No 2018 Target.</b>			
	<b>2019 Target Not Yet Assessed.</b>			
	<b>2020 Target Not Yet Assessed.</b>			