FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT
(July 1, 2006 – December 31, 2006)

This publication was produced for the United States Agency for International Development by Chemonics International (prime), JHPIEGO, IT SHOWS, Helen Keller International, Health Alliance International, and Austral Consulting. The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

USAID Contract No. GHS-I-00-03-00025; Order No. GHS-I-06-03-00025-00

Maputo, March 15, 2007

INTRODUCTION

FORTE Saúde (FS) works with five target areas at the central level of the Ministry of Health (MOH). The contract purpose is to improve quality and efficiency of services in Maternal and Child Health (MCH)/Reproductive Health (RH), extended program of immunization, malaria and nutrition. The contract provides technical and financial support to strengthen training, information and communication technologies and systems, capacity building, policy and strategy dialogue, monitoring and evaluation, behavior change communication, community participation, emergency preparedness and operational research. The development of tools and job aids, as well as the provision of equipment, supplies and materials is an additional commitment of the contract.

The contract work includes coordination of four PVOs carrying out USAID-funded health activities in selected districts of the provinces of Nampula (Save the Children), Zambézia (World Vision), Gaza (Project HOPE) and Maputo (Pathfinder). Those PVOs aim to strengthen health service delivery.

The second six months (July 1 – December 31, 2006)

The team forged ahead as best possible given the 2006 work plan was not approved until later during this period and resulted in some delays. Regardless, there were numerous accomplishments during this period including: July-presentation in the SO Partner Meeting and work planning exercise with DSC; August-approval of the 2006 work plan; September-Chemonics/FS contract modification incorporating Avian Influenza (AI), Male Circumcision (MC), and Nurses Training (NT); October-PMEP submitted and follow up work planning with DSC resulting in a highly integrated 2007 operational plan for the Department of Community Health; November-quality activities initiated with Minister's approval of the strategy to improve quality in RH and CH services; December-first coordination meeting with MOH, USAID, PVOs, FS; and 3 candidates selected for post-graduate training. Other accomplishments in this period include: draft curriculum for training of trainers in AI; revision of data forms and tools for RH development of critical policies, namely the sexual and reproductive rights and health policy and the neonatal and child health policy; design of the health information subsystem for neonatal health; and approval of the roadmap for the reduction of maternal and neonatal mortality

The FS staff experienced considerable "stretching" in terms of workload, as there was a substantial increase in the number of unplanned activities and requests for technical and financial assistance. The team felt FS earned the respect of the MOH and partner organizations.
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Sections A and B, which follow, provide a summary of FS's activities (planned and unplanned) and results for the second half of 2006, projections for the first six months of 2007, and the contract performance. Sections C and D address the successes and best practices. *Italics* in the tables refers to activities to be implemented at the provincial level with FS's assistance, in coordination with the MOH central level, provincial directorates and USAID-funded NGO/PVOs working in the provinces.

Section A

Activities/interventions: Summarize activities and interventions carried out in the last six months which were previously reported as "planned activities".
Reported results: Summarize the tangible results.
Performance: For each of the activities/interventions, state if they are on-target or not and comment.

Table 1: Activities and interventions, performance and reported results for planned and unplanned activities

Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
Planned				
Specific objective one: Strengthen information and communication technologies (ICT) and monitoring and evaluation (M&E) in the areas of Reproductive Health (RH), Child Health (CH), Expanded Program of Immunization (EPI), nutrition and malaria, at the central level and *in four target provinces*.				
Perform diagnosis of current situation of ICT and M&E, with focus in the target areas of RH, CH, EPI, nutrition and malaria.	100%	Methodology document elaborated.	Preliminary diagnosis finalized as part of needs assessment. Comprehensive MOH diagnosis to be carried out as part of FS contribution to HIS road map.	1.3.9, 1.6.10, 1.7.7
Determine and rank information needs to support decision making and determine most appropriate data flows in the target areas.	50%	Informational needs and respective flows determined.	Finalized for RH and CH (including neonatal health). Ongoing for Malaria. To be initiated with Nutrition.	1.3.9, 1.6.10, 1.7.7
Review/create tools for data collection, aggregation and reporting and procedures for validation/feedback in target areas.	50%.	RH data forms revised.	Finalized for RH and CH (including neonatal health). Ongoing for Malaria. To be initiated with Nutrition.	1.3.9, 1.6.10, 1.7.7
Assist in compilation/execution of plans to implement revised/compiled tools.	0%	None.	To be initiated. Assistance not provided yet. Support available from FS was communicated to target areas.	1.3.9, 1.6.10, 1.7.7
Work in collaboration with MOH and USAID in selecting indicators, defining the relevant data and performance targets for each indicator and finalizing the PMP for USAID.	100%	IR3 indicators finalized. PIRS revised accordingly. PMP with explicit set of quantitative/qualitative indicators. One-pager on "best practices" approved by PVOs as guideline to document experiences.	Reliable and timely data sent to USAID according to the agreed reporting mechanisms.	1.7.7
Assist MOH in revision/monitoring of health activities financed by USAID; collect and monitor data for MOH and SO8 PMP annual reports.	60%.	PVO 3rd quarter reports consolidated and made available to MOH.	MOH information needs concerning PVO activities being determined. Major inputs provided at December coordination meeting.	1.7.7
Organize conferences to report and review the progress, in line with the formal agreement between USAID and MOH.	100%	None	Ongoing. First meeting held December 13th, with participation of MOH, USAID, NGOs and FS.	1.7.7
Assist in identification and procurement of resources/equipment for target areas	90%	Needs assessment performed and report available. Hiring of consultant to assist DCH finalized.		1.7.7
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation *in the target provinces.*				
Work with MOH in evaluation of current situation of policies, strategic plans and guidelines in the target areas using information available in MOH.	70%	Needs assessment performed and report available.	Workshop to present and discuss preliminary results rescheduled for 2007, first quarter.	1.7.3
Work with the RH Section in development of the	100%	National Sexual and Reproductive Health Policy	Policy document being updated to incorporate inputs from the	1.7.3

Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
RH policy.		available.	Minister of Health. Policy contents discussed/endorsed by a multisectoral and multidisciplinary group.	
Work with the CH Section to develop the neonatal and CH policy.	100%	National Neonatal and Child Health Policy available.	Policy document being updated to incorporate inputs from the Minister of Health. Policy contents discussed/endorsed, plus discussions at provincial level.	1.6.11
Assist with update and dissemination of IMCI clinical flowcharts and guidelines.	70%	Draft IMCI clinical flowcharts and guidelines available.	To be finalized in 2007.	1.6.6
Support development of the local nutrition surveillance system.	30%	USAID approved long distance ST international consultancy.	Transferred to 2007. Documents with details on this activity approved by the Minister of Health.	1.6.5
Assist in development and implementation of system to monitor community nutrition activities carried out by NGOs.	50%	Questionnaire developed, distributed to NGOs through the provincial nutrition technicians.	To be continued in 2007.	1.6.5
Assist the Nutrition Section in review of Maternal Health Program to ensure inclusion of 5 key nutrition messages.	0%	None.	Transferred to 2007.	1.6.5
Support RESP and target areas to strengthen community participation.	80%	Draft curriculum for TOT on AI, which includes communication strategy, available. Draft communication strategy available.	Final document will be available in the first quarter 2007. This activity will include tasks related to other community participation areas.	1.3.10 1.5.5 1.6.11 1.7.6
Support inclusion of contents from the National Policy for Malaria Treatment in training of health staff providing ANC and IMCI.	80%	Training materials on IPT available. Reviewed IMCI flowcharts and guidelines include updates on malaria treatment. Report from field visits.	FS STO participated in the launching of IPT National Strategy and in IPT training in Gaza and Inhambane. Coordination with malaria program M&E for National IPT Strategy, yet to start.	1.3.10
Assist with preparation of policy and strategy to fight epidemics and endemics.	25%	Documents with TOR for a working group to conduct situation analysis and develop national strategic plan for epidemic and emergency response. Minutes of 2 meetings held with head of DEE and team.	FS helped DEE to resend administrative documents to minister. FS assured by DEE that strategy for epidemic preparedness is priority for MOH, thus included in DEE '07 AAP and FS '07 AAP. Shift to support the development of any other MOH priority document to be considered if no progress by February 28, 2007.	1.3.5 1.5.5 1.3.5 1.5.1
Prepare Male Circumcision action plan for MOH approval, share with other partners and donors	100%	Plan shared with MOH, CDC and USAID.		N/A
Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE

Specific objective three: Strengthen MOH capacity in management, leadership and promotion of quality in RH and CH at central level and *in the target provinces*.				
Identify main challenges in management, leadership, supervision and quality in areas of RH and CH.	15%	Instrument for situation analysis available. Partial information obtained by interviewing key MOH informants and reviewing main documents. Report on preliminary results available.	Workshop to present and discuss preliminary results rescheduled for 2007, first quarter.	1.6.12 1.7.7
Provide MOH with technical assistance for revision and development of planning processes.	100%	Improved PES operative 2007 of DSC available.	FS provided TA in organization and evaluation of DSC planning process and provided recommendations on how to improve PES 2007	1.6.11 1.7.6

			exercise. Issues of consistency between objectives, targets, activities and indicators were reduced.	
Develop strategy to improve management and quality in RH/CH services in all NHS levels.	90%	Proposal to improve quality in RH and CH services approved by the Minister of Health, available. Proposal to improve management and leadership submitted to MOH/DSC.	Several workshops on quality held with MOH and partners (Save The Children, World Vision, Pathfinder and HOPE) to develop the proposal/get consensus on implementation. Management proposal shared with DSC management.	1.6.11 1.7.6
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Assist the operation of the Post-graduate Selection Committee (PGC)	Rescheduled	List of selected universities including programs for MPH sent to MOH, available.	Dependent on formal approval of FS 2006 action plan. Committee selected 3 candidates for post-graduate training outside of Mozambique.	1.6.12 1.7.7
Identify potential candidates from MOH and assist in provisions needed to ensure their attendance of national and international post-graduate courses and other relevant programs	100%	3 candidates selected to start MPH overseas. A total of 10 candidates will be selected for the UEM MPH program.	3 candidates have selected schools. Planning initiated to meet application needs. Meetings held with the UEM MPH faculty and MOH personnel to discuss UEM MPH selection process (2007-2008).	1.6.12 1.7.7
Assist MOH in identification of new programs and new funding opportunities	10%		Contacts held with CDC, possible partnership for long-term training in 2007, in areas like institutional development.	1.3.7 1.5.3 1.6.8 1.7.4
Assist Dept of Community Health and Dept of Human Resources in review/update of plan and curricula for training activities in target areas.	0%	No progress.		1.4.8 1.5.5 1.6.11 1.7.6
Support nurses' basic training and strengthen management and pedagogic capacity of nurses training institutions.	90%	Draft MOU with the nurse training institute of Nampula and Zambézia, available Consensus on budget to finance the first (supported by FS) nursing train reached	Contacts underway to get the MOU signed.	1.3.11
Support Nutrition Section in revising training modules and curricula and mapping training needs and trainers gaps in Institute of Health Sciences.	0%		Activity is part of national nutrition activity plan. No progress, other activities received priority and in reporting period nutrition unit staff of reduced dramatically.	1.6.5
Support the Nutrition Section in conducting a training of trainers of nutrition technicians	0%			1.3.11
Unplanned				
Activities/Interventions	**Performance**	**Reported Results (Tangible)**	**Comments**	**PE**
Specific objective one: Strengthen ICT and M&E in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and *in four target provinces*.				
Participation of M&E and IT specialists in technical WG for reorientation and reorganization of the NHIS.	100%	Integration of bottom-up philosophy in NHIS planning and reorientation. Roadmap for NHIS finalized.	Roadmap has been approved by MOH. Some aspects being implemented by MOH, but at a slow pace.	1.3.9 1.5.4 1.6.10 1.7.5
Participation of M&E specialist in a technical working group for the M&E of SWAP activities.	On-going	Revised SWAP TOR. Joint MOH/partners evaluation documents.	Ongoing. FS was requested to represent USAID in this already existing technical group at MOH.	1.3.9 1.5.4 1.6.10 1.7.5

Provision of TA to integrate IMCI data across monitoring and integrated supervision tools and the database.	5%	Draft layout of data flows finalized and presented to SCH.	Ongoing. Integration was suggested to Section of CH.	1.6.10
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces.				
Provide TA to development of road map to accelerate reduction of maternal and neonatal mortality in Mozambique.	100%	Preliminary version of the road map available.		1.6.11 1.7.3
Provision of TA to develop "tools for needs assessment" in SRH.	100%	Draft tools available.		1.7.6
Provide technical/financial support and participate in the Conference of ministers of health of the AU in Maputo on "universal access to comprehensive SRH services in Africa.	100%	Conference article prepared by Harshad Sanghvi on "Best practices in sexual and RH and Rights Services Delivery" with focus on PPH. Video developed on the situation of Sexual and Reproductive Health in Mozambique. Other materials including conference bags provided.	FS STO was highly involved with the organization of technical logistics as part of MOH and USAID contribution to the conference.	1.7.3 1.7.6
Prepare and publish results/articles from the AU conference.	80%	Preliminary summary of main articles presented available. Compiled CD-ROM with English and Portuguese materials including photos is half way done.	Final materials will be available by January 2007.	1.7.6

Section B

Planned Activities and Interventions: List future activities and interventions planned to be implemented within the next six months (JAN - JUN).
Expected Future Results: Summarize tangible results expected at conclusion of next month period and whether expectation is still reasonable.
Performance: State if on-target or not and comment.

Table 2: Planned Activities and Interventions, Expected Future Results, and Performance

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Specific objective one: Strengthen information and communication systems and technologies, monitoring and evaluation in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and *in four target provinces*.				
Provide TA to target areas/MOH to identify information needs (minimum datasets).	Minimum datasets for target areas determined.	On-track.	Achievable but dependent on availability/flexibility of target areas/MOH personnel.	1.3.9 1.6.10 1.7.5
Assist Child Health Section finalize revision of data collection, aggregation and reporting tools.	Data collection, aggregation and reporting tools developed/integrated with NHIS.	On-track.	Achievable but dependent on availability/flexibility of CH personnel.	1.6.10
Assist MOH in conducting assessment of NHIS evaluations and respective recommendations.	Level, challenges and opportunities of implementation of recommendations included in evaluation report.	To be initiated.	Achievable but dependent on ST TA.	1.3.9 1.6.10 1.7.5

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Provide TA to target areas in collecting information on NHIS data elements and indicators.	Document/report with information about all data collection/aggregation/reporting tools and indicators of the NHIS developed.	To be initiated.	Achievable but dependent on ST TA.	1.3.9 1.6.10 1.7.5
Support target areas document computer-based tools used to process NHIS health data.	Document/report describing all formal computer-based tools that process health data and their technical characteristics.	To be initiated.	Achievable but dependent on ST TA.	1.3.9 1.6.10 1.7.5
Identify ICT needs of target areas and provide financial support to purchase hardware/software.	Target areas better equipped in terms of IT.	On-track.	Achievable but dependent on ST TA.	1.3.9 1.6.10 1.7.5
Improve ICT capacity of Department of Community Health, including the use of electronic means, maintenance, backup routines.	Target areas using/relying on electronic means (email, collaboration tools) to share information.	To be initiated.	Achievable but dependent on ST TA.	1.6.10 1.7.5
Support target areas in conducting interdepartmental meetings for better coordination and integration.	Documents/reports or action plans elaborated. Improved coordination in the target areas.	To be initiated.	Achievable but dependent on availability/flexibility of target areas/MOH personnel.	1.6.12 1.7.7
Follow process of inclusion of data elements of national health programs in the NHIS.	Target area reports generated from NHIS.	On-track.	Achievable but dependent on availability/flexibility of target areas/MOH personnel.	1.4.7 1.6.10 1.7.5
Assist MOH in regular revision and monitoring of all health activities financed by USAID, and collect and monitor data for the MOH and SO8 PMP annual reports.	M&E reports available in a timely manner and based on the approved PMP.	On-track.	Achievable.	1.4.7 1.6.10 1.7.5
Organize conferences to report and review progress, in line with the formal agreement between USAID and MOH.	Semi-annual activity plans of MOH partners and USAID revised, highlighting progress and main outcomes of M&E.	On-track.	Achievable. Meetings tentatively scheduled for May and November 2007.	1.4.7 1.6.10 1.7.5
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces.				
Hold 1 day meeting to present/discuss preliminary results on RH/CH policy situation analysis.	Preliminary results on RH/CH policies, consensus on strategies/guidelines.	On-track.	Workshop to present/discuss preliminary results scheduled for first quarter, 2007.	1.6.11 1.7.3
Provide TA for dissemination and implementation of RH policy and African Union action plan at national and provincial levels (Nampula, Zambézia, Gaza e Maputo).	Aspects of RH policy and UA action plan incorporated/implemented in 2007 provincial AAPs.	On-track..		1.7.3
Review/update and integrate aspects of gender, HIV/AIDS and community participation the following documents: FP strategy, Midwifery strategy, SRH guidelines.	Draft FP strategy available. Draft Midwifery strategy available. TA to develop RH guidelines began.	On-track.		1.6.11 1.7.2
Support participation of 5 Mozambican trainers in the VIA/Cryotherapy for cervical cancer Training of Trainers course to be held in Thailand.	Full participation of local trainers in VIA course. Training courses on cervical cancer prevention/ treatment taught by trained local professionals.	On-track.	VIA/Cryotherapy TOT course planned for February 2007 in Thailand.	1.6.11 1.7.6
Provide TA for development of action plan and guidelines on cervical cancer integrating aspects of gender, HIV/AIDS and community participation.	Action plan on cervical cancer prevention and treatment available.	On-track.	Action plan (draft for discussion) on prevention and management of cervical cancer in Mozambique under development.	1.7.3

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Provide continuous/update learning courses on RH through updating course for 30 professionals involved in the updating of technical guidelines and definition of quality standards for RH,	30 health professionals, program managers from MOH and NGOs updated on SRH matters.	On-track.	National seminar supported technically and financially by FORTE Saúde scheduled for February in Maputo.	1.7.7
Provide technical support to the implementation of other activities such as needs assessment, road map development, and integrated supervisions.	Road map implemented in USAID target provinces (Nampula, Zambézia, Gaza and Maputo) with FS support. Reports of DSC integrated supervision in the target provinces.	On-track.		1.6.11 1.7.6
Support a national meeting for the dissemination and implementation of the CH policy at the national level.	Policy document shared and disseminated in the national meeting.	On-track.		1.6.3 to .6 1.6.12
Develop CH strategy.	Preliminary version of the CH strategy under discussion and subsequently improved.	50% done.	Workshop to discuss fist draft of strategy to be held in February with FS lead.	1.6.3 to .6 1.6.12
Run 3 day course to update 25 professionals involved in updating CH technical guidelines and definition of quality standards.	Draft document of Performance Standards for CH available.	Preparations initiated.	Workshop to develop 1st draft of performance standards for CH with FS technical and financial support in February and/or March at MOH.	1.612
Review, and adapt IMCI clinical flowcharts and guideline to integrate newborn care, PMTCT, management of HIV/AIDS and malaria in children under 5 years old.	IMCI flowcharts and guidelines available and including new born care, PMTCT, HIV/AIDS and malaria management in children under 5 years	30% done.	Clinical flowcharts for newborn and child care to be updated with significant FS technical support.	1.6.6
Support integration of newborn care in emergency obstetric care, antenatal, delivery and postnatal care, and community IMCI guidelines.	Maternal health guidelines include newborn care.	On-track.		1.6.5
Support finalization of Nutrition Action Plan 2006-2010 based on nutrition strategy approved by MOH.	Nutrition Action Plan 2006-2010 available.	On-track.		1.6.5
Support participation of 2 MOH professionals in Forum on Micronutrients in April 2007.	Trip reports documenting acquisition of experience/networking.	On-track.	Preparatory contacts initiated.	1.6.5 1.6.12
Provide technical assistance in supervising and monitoring the implementation of MINPAK at the provincial and district levels.	MINPAK implemented with FS support.	On-track.		1.6.5
Provide technical support to MOH nutrition sector to monitor nutrition activities at community, government and NGOs.	Nutrition activities financially and technically supported by FS.	On-track.		1.6.5
Provide technical and financial support to MOH nutrition sector to set and implement 51 sentinel sites for nutritional surveillance.	51 functional sentinel sites for nutritional surveillance.	On-track.		1.6.5
Assist Nutrition Section in review of safe motherhood approach.	Safe motherhood approach including nutrition inputs.	To be initiated.		1.6.5
Specific objective three: Strengthen MOH capacity in management, leadership and promotion of quality in RH and CH at central level *and in the target provinces.*				
Identify main challenges on management, leadership, supervision and quality in the areas of RH and CH.	Main challenges for management, leadership, supervision and quality identified.	On-track.	Achievable.	1.6.11 1.7.6
Develop strategy for management improvement in RH and CH at different levels of the NHS.	Proposal for the M&L strategy under development.	To be initiated.	Achievable	1.6.11 1.7.6

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Develop a strategy for quality improvement in RH and CH at different levels of the NHS.	Proposal for the quality strategy developed.	Advanced.	Achievable	1.6.11 1.7.6
Define/update standards of management and quality for various levels of NHS.	Management/quality performance standards defined for the selected areas.	To be initiated.	Achievable	1.6.11 1.7.6
Compile a comprehensive curriculum on management, leadership, supervision and quality at the relevant levels.	Training on management, leadership, supervision and quality strengthened in the target areas.	To be initiated.	May be re-scheduled	1.6.11 1.7.6
Assist with revision, updating and development of educational materials on management and quality standards.	Training materials produced/adapted.	To be initiated.	May be re-scheduled	1.6.11 1.7.6
Provide MOH with TA for revision and development of planning processes.	Planning processes strengthened.	On-track.	Achievable	1.6.11 1.7.6
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Assist the operation of the Post-graduate Selection Committee.	Launch 2nd competition for selecting 2 candidates for MPH programs abroad, and 10 students for UEM MPH program.	On-track.	The PGC will need to meet twice during this period to select the appropriate candidates.	1.3.10 1.6.11 1.7.6
Identify potential candidates from MOH and assist in the provisions needed to ensure their attendance of national and international post-graduate courses and other relevant programs.	Arrangements for 3 candidates selected to study outside of Mozambique (contact with schools, TOEFL and GRE preparation, application processes, etc). In addition, contact will be made with the 2 candidates to be selected in February, as well as the 10 students who will study at UEM, to prepare them for studies.	On-track.		1.3.11 1.6.12 1.7.7
Assist MOH in identifying new programs and new funding opportunities.	No plans of yet.	On-track.	FS will maintain contacts with current and prospective providers of programs and funding.	1.3.7 1.5.3 1.6.8 1.7.4
Assist Department of Community Health and Department of Human Resources in review/update of a plan and curricula for training activities in target areas.	Target areas with plan and curricula for training.	To be initiated.	This activity may be revised.	1.3.11 1.6.12 1.7.7
Support nursing basic training and strengthen management and pedagogic capacity of nursing training institutions.	Funding provided by FS.	On-track.	MOU under discussion.	1.6.11 1.7.6
Support Nutrition Section in revising training modules and curricula and mapping training needs and trainers' gaps in the Institute of Health Sciences.	Nutrition training needs/trainers gaps identified. Training modules/curricula revised.	On-track.		1.6.5 1.7.6
Assist with strengthening of management capacity of the nurse training institutes.	Funding provided by FS.	On-track.	MOU under discussion.	1.6.11 1.7.6

Section C

6. Compelling individual-level success story

Teamwork and good planning gets the job done and builds capacity

"I got to a point of being able to lead because I had FORTE Saúde support", said Dr. Benedita Silva, Head of the Child Health Section of the MOH. Working on developing the National Child and Neonatal Health Policy, since 2005, has been no easy task for Dr. Silva. Organizations had collaborated with the MOH but the policy was still never finished. "National policies should not be created by partners. We have to create capacity within the MOH itself so that we can do it, so that we can take the lead, so that we can walk alone." With so much going on and limited staff, Dr. Benedita knew it would be a challenge. She turned to FS for the support she needed but was still unsure if she could do this; she needed reassurance. The FS technical team knew that Dr. Benedita was ready to take the lead.

Working together, Dr. Benedita and the FS technical team created a timeline and agreed to use the participative methodology FS introduced to develop the Reproductive Health Policy and the DSC 2007 workplan. Dr. Benedita participated actively in these efforts and was familiar with the methodology. Now was her opportunity to apply what she had learned. She took the lead, coordinating the activities and bringing together the right people from the MOH, the partners and collaborating organizations. FS accompanied Dr. Benedita throughout the process, acting as a coach, providing technical assistance when needed.

The National Child and Neonatal Policy was completed in December 2006. Everyone involved was proud of their accomplishment. They had done it! Dr. Benedita said she learned that it is possible to take on such a big task and be successful if you bring together everyone's experience and abilities and you respect one another's contributions. Teamwork and good planning created a motivating environment for everyone to participate and learn while doing.

Today Dr. Benedita is a champion for good planning and active participation. She knows that the first time out can be tough but anything is possible when you work with people who believe in you.

Section D

7. Documentation of better practices that can be replicated or taken to scale: Activities that have worked well in USAID/Mozambique's geographic focus area that can be replicated in other provinces.

Integrated Work Planning

FORTE Saúde has now completed its first year (the year of building bridges). The bridge that was built at the end of last year was a formatting and consolidating/reconciling process for DSC work planning. In June, Dr. Jamisse requested FS assistance for formatting and reconciling the DSC 2007 work plan. FS began working with the DSC team in July. The first step was a meeting to look at what needed to be accomplished, by when, with whom, and how it would be done. Second step, a thorough review of the existing documents; third step, ensuring everyone was using the correct template; fourth step, determining what was the immediate priority and the mid term

priority to accomplish. The fifth step was reviewing each component's section (one FS person with the MOH component) so that consistency, duplication, and presentation issues were addressed across the board. What was important was that in the beginning the group looked at what had to be accomplished. Then they went to work. At the end they reflected on the work and made recommendations for the next time.
The methodology was very participative, followed a well organized series of steps, and documentation was prepared so that there is a clear record of what took place. The recommendations made by the group were considered pertinent by the Department of Planning and changes were made to the structure of the document. As a result, it was necessary for other MOH sectors to revise what they had previously done.

In the subsequent months the DSC worked on revisions to their 2007 work plan. Dr. Jamisse requested FS review the work, now in the new template, ensuring consistency and integration of the work of the different DSC areas. Once again, the FS team used good planning practices, and started out with an assessment of the situation, a review of what the DSC had accomplished, and decided on priorities for getting this next phase completed. They worked in pairs and teams according to the need and people's availability. The result was a much more realistic and integrated document. There were also many lessons learned discussed. The evaluation of the second workshop indicated that the DSC staff supports this participative methodology and structured process.

The criteria for the best practice "Integrated Work Planning" were met:

1. Quantitative and qualitative evidence of success – the feedback from the participants and subsequently from outside reviewers was very positive. Dimitri Peffer, USAID Health Sector Specialist and CTO for FS said "I am having a look at the MOH POA and could not wait to comment: The DSC one is, by far, the best!"
2. The ability to be replicated – what we did in July we basically repeated in October.
3. The potential to be adapted and transferred - We are hearing of other instances where the basics of planning are being applied in other areas such as preparation of some of the Reproductive Health Policy and the Child Health Policy.