



USAID | **FORTE Saúde**
FROM THE AMERICAN PEOPLE

FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT **(January 1, 2007 – June 30, 2007)**

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INTRODUCTION

FORTE Saúde (FS) works with five target areas at the central level of the Ministry of Health (MOH) 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 in a variety of areas, from information and communication technologies and systems to capacity building to policy and strategy formulation.

The contract work includes coordination and collaboration with 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).

The first six months of 2007 (January 1 - June 30)

2007, the year of coordination: FS was involved in numerous coordination activities with a variety of partners, including the PVOs, WHO, UNFPA, UNICEF, CDC, I-TECH, DELIVER. This coordination paved the way for FS and others to work more effectively with the MOH by reducing competition for scarce resources and building common responses.

A highlight of these first 6 months was MOH submission of the Sexual and Reproductive Health and Neonatal and Child Health policies to the Minister for approval. Major accomplishments in **objective 1** include: IT procurement and training for target areas staff; advanced drafts of M&E plans for community involvement, ongoing M&E work in EPI and malaria; data forms for hospital information systems; and consolidation of PVO reports; **objective 2**: a national action plan to prevent and manage cervical cancer; an advanced draft of the national neonatal and child health strategy; approval of IMCI flowcharts; training of 4 local trainers on VIA (visual inspection with acetic acid) and cryotherapy; a clinical update course for 60 health professionals, including managers, focusing on several clinical areas of maternal and child health; **objective 3**: action plan to improve quality in SRH and CH service delivery; quality performance standards to improve quality on SRH and CH; the provision of technical support to 6 provinces (18 health units or 3/province) to get their baseline data on quality; and technical support resulting in an advanced draft of the MOH 2008 workplan. Other accomplishments in this period include: draft curriculum for training of trainers in AI as well as the ToT in the three major regions of the country (Gaza, Chimoio and Nampula); revision of data forms and tools for RH; approval of the roadmap for the reduction of maternal and neonatal mortality; approval and signature of a memorandum of understanding with the MOH on nurses training (NT); payments of the first and subsequent installments made and on track, first field visit to Nampula and Zambezia NT programs; selection of 14 candidates for postgraduate training, with eight starting their masters program at UEM in August (the remaining six will be studying at various universities abroad).

Despite the complex and challenging management environment of the national health services, FS staff benefited from establishing excellent coordination with different partners and the MOH, resulting in invitations to provincial quarterly meetings, participation in various technical support sessions, and requests for assistance in work planning at the MOH central level among others.

Section A, which follows, provides a summary of FS's activities (planned and unplanned) and results for the first semester of 2007. Section B presents projections for the second half of 2007, and the expected contract performance. Sections C and D provide a success story and an example of a best practice. *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 those 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
<i>Planned</i>				
<u>Specific objective one:</u> 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 <i>in four target provinces</i> .				
Provide TA to target areas/MOH to identify information needs (minimum datasets).	25%	Minimum indicator set developed for Child Health.	FS is mostly advocating the relevance of such sets, no tangible commitment from other target areas yet.	1.3.9 1.6.10 1.7.5
Assist Child Health Section finalize revision of data collection, aggregation and reporting tools.	100%	Data forms finalized and shared with Maputo Central Hospital (pediatricians), DPS/DIS.	Process temporarily stopped by DIS.	1.6.10
Assist MOH in conducting assessment of NHIS evaluations and respective recommendations.	Removed	Removed	DIS indicated not interested. Funds to be reassigned.	1.3.9 1.6.10 1.7.5
Provide TA to target areas in collecting information on NHIS data elements and indicators.	Removed	Removed	DIS indicated not interested. Funds to be reassigned.	1.3.9 1.6.10 1.7.5
Support target areas document computer-based tools used to process NHIS health data.	20%	ToR compiled and submitted to MOH for Minister's approval	Will be part of IT assessment of the NHIS, due to start second semester.	1.3.9 1.6.10 1.7.5
Identify target areas ICT needs and provide financial support to purchase hardware/software.	100%	Target areas better equipped in terms of IT.	First round finalized, remaining funds for 2007 communicated to DNPPS. Continuous needs identification process is in place.	1.3.9 1.6.10 1.7.5
Improve DNPPS ICT capacity, including the use of electronic means, maintenance, backup routines.	100%	Target areas using/relying on electronic means (email, collaboration tools) to share information.		1.6.10 1.7.5
Include data elements from national health programs in the NHIS.	0%	Consensus of the target area that program reports should be generated from NHIS.	Inclusion of data dependent on finalizing data forms. DIS extensively involved.	1.4.7 1.6.10 1.7.5
Assist MOH in regular revision/monitoring of all USAID financed health activities; collect/monitor data for MOH and SOB PMP annual reports.	100%	M&E reports available in a timely manner and based on the approved PMP.	Reports were not always timely but received within reasonable and justified periods.	1.4.7 1.6.10 1.7.5

Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
Organize conferences to report and review progress (MOH, USAID, PVOs, FS).	100%	Minutes of annual coordination conference and monthly coordination meetings (FS, MOH, USAID).	Decision to have annual coordination meeting and monthly coordination meetings.	1.4.7 1.6.10 1.7.5
Perform diagnosis of ICT and M&E current situation with focus on the target areas.	10%	TOR elaborated. Bidding documents drafted.	Consultancy for comprehensive MOH diagnosis due next semester.	1.3.9 1.6.10 1.7.7
Determine/rank decision making information need and appropriate data flows in 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/implement data collection tools, aggregation, reporting, validation in target areas.	100% (CH and RH)	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
Work with MOH/USAID to select indicators, define relevant data, and performance targets for each indicator.	100%	FS compiled, translated, facilitated discussion of data collection and aggregation for the new IR3 indicators. Established collaboration with DELIVER.	Ongoing activity, repeated each semester. 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.	75%	Consensus obtained with the PVOs regarding responsibilities in consolidating PVO reports. PVO consolidated reports.	This is a quarterly activity. FS initiated consolidation of PVO 1 st quarter reports consolidated and shared with originating PVOs for comments. The PVOs will consolidate all quarterly reports to come.	1.7.7
Assist in identification and procurement of IT resources/equipment for target areas.	100%	List of IT resources. Consultant report of activities.	DNPPS is contacted regularly to update list of IT needs.	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 <i>in the target provinces.</i>				
Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
Present/Discuss RH/CH policy situation analysis results	70%	Report on RH/CH policy situation analysis available	Report to be sent to MOH/USAID key personal for comments before dissemination.	1.6.11 1.7.3
Provide TA for dissemination/implementation of RH National Policy and African Union action plan ..	50%	Portuguese document summarizing main articles presented at AU. CD-ROM being disseminated.	Technical support for provinces to implement policies postponed, since the RH National Policy was not yet approved by the Minister.	1.7.3
Review/update/integrate gender, HIV/AIDS, community participation into: FP & Midwifery strategy, SRH guidelines.	0%	None	MOH -DNPPS reviewed its 2007 PES and this activity was rescheduled for second semester 2007.	1.6.11 1.7.2
Support participation of 4 Mozambican trainers in the VIA/Cryotherapy for TOT in Thailand.	100%	5 local trainers (4 MOH, 1 FS) trained in VIA course in February 2007. Report available.	MOH participants from HP Manica, HC de Maputo, MISAU, and FORTE Saúde. Group began Mozambique cervical cancer action plan	1.6.11 1.7.6
Provide TA for development of action plan and guidelines on cervical cancer integrating aspects of gender, HIV/AIDS, community participation.	50%	Action plan on cervical cancer prevention and treatment available.	Under MOH approval - after consensus with main stakeholders	1.7.3
Provide update course on RH for 30 professionals involved in defining quality standards for SRH,	100%	38 health professionals updated on SRH matters in National seminar supported by FS; report available.	Training conducted in Maputo, February involving doctors and nurses from 6 provinces, MISAU and main partners.	1.7.7
Provide technical support to implement other activities such as needs assessment, road map development, and integrated supervision.	50%	Final version of the road map available Technical support provided to review and carry out MOH Needs assessment - Global Partnership and national needs assessment on SRH/CH.		1.6.11 1.7.6

Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
Support national meeting to disseminate and implement the CH policy at the national level.	0%	None	Agreement made with DNPPS to use November 07 National SRH/CH meeting to disseminate policy documents, including National CH policy	1.6.3 to 1.6.6 1.6.12
Develop CH strategy.	80%	Preliminary version of the CH strategy under discussion and improvement.	Final version expected to be presented in November 07 meeting.	1.6.3 to .6 1.6.12
3 day course for 25 professionals updating CH technical guidelines/definition of quality stds.	100%	Professionals working in CH were updated on Neonatal care, in February. Draft report available	This was part of the National seminar on RH held in February.	1.6.12
Review and adapt IMCI clinical flowcharts and guideline to integrate newborn care, PMTCT, HIV/AIDS and malaria management in < 5 yr olds.	100%	Approved IMCI flowcharts and guidelines available Breastfeeding guideline - preliminary version available.	Logistics for reproduction of IMCI flowcharts on-going.	1.6.6
Support integration of newborn care in emergency obstetric care, antenatal, delivery and postnatal care, and community IMCI guidelines.	40%	Newborn care integrated into RH Quality Standards	MOH postponed integration of the other material to 2008.	1.6.5
Support finalization of Nutrition Action Plan 2006-2010 based on MOH approved strategy.	70%	Nutrition Action Plan 2006-2010 available.	Draft Plan available, needs one last revision before send for approval to Ministry of Health.	1.6.5
Support participation of 2 MOH professionals in Forum on Micronutrients in April 2007.	0%	Trip reports documenting acquisition of experience/networking. Contacts initiated.	The R/Nutrition did not respond in time, to be able to register before the extended deadline of the registration of the meeting;	1.6.5 1.6.12
Provide technical assistance to monitor MINPAK implementation at provincial/district levels.	0%	Monitoring and Supervision tool developed	This is forwarded to the next half of 2007.	1.6.5
Assist in development and implementation of system to monitor community nutrition activities carried out by NGOs.	50%	Nutrition Activities monitored	Questionnaire circulated as preparation for planned national nutrition meeting. National nutrition meeting not likely to take place.; discussion will be held to collect the data and monitor the activities.	1.6.5
Provide technical/financial support to MOH to develop materials for training and implementation of 51 sentinel sites for nutritional surveillance.	80%	51 functional sentinel sites for nutritional surveillance.	The training manuals and the statistical database have been developed.	1.6.5
Assist Nutrition Section review SM approach.	0%	Safe motherhood approach with nutrition inputs.	No chance yet given to the nutrition sector to review the package.	1.6.5
Work with MOH to evaluate current policies, strategic plans, guidelines using MOH information	90%	Needs assessment performed in target areas ; report on preliminary results available	Meeting to present and discuss preliminary results rescheduled for September	1.7.3
Work with the RH Section to review RH policy.	100%	National SRH Policy reviewed and available.	Policy document awaiting Minister's approval.	1.7.3
Work with CH Section to develop NN/CH policy.	100%	National Neonatal and Child Health Policy available.	Policy document awaiting Minister's approval.	1.6.11
Support development of the national nutrition surveillance system.	100%	Database and manual available.	Consultant hired to set up statistical database and manuals for the use and collection of the data. Finished in March 07.	1.6.5
Assist Nutrition Section review Maternal Health Policy; ensure 5 key nutrition messages included.	0%	5 key nutrition messages included in the Maternal Health Policy	Although revisions of the policy were ongoing, no opportunities were given to the nutrition sector to review and include key messages.	1.6.5
Support RESP and target areas to strengthen community participation.	80%	Draft curriculum for TOT on AI, which includes community mobilization component, available.	Revision of draft curriculum pending bringing consultant on. Community participation component to be strengthened.	1.3.10 1.5.5 1.6.11 1.7.6
Provide technical assistance to develop RESP ToR and organizational structure within MOH reforms	100%	Terms of reference and organizational structure developed. See consultant report.	Technical support provided by international consultant. Consensus on RESP ToRs and Structure was reached in a half day meeting with key stakeholders.	1.3.10 1.5.5 1.6.11 1.7.6

Activities/Interventions	Performance	Reported Results (Tangible)	Comments	PE
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 of field visits.	FS participated in launching of IPT National Strategy and 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 to conduct situation analysis and develop national strategic plan for epidemic and emergency response.	The new head of the neglected diseases department said this activity is MOH priority. FORTE Saúde provided copies of all related documents developed in 2006	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 waiting for Minister comments.		N/A
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 the areas of RH and CH.	100%	Main challenges for management, leadership, supervision and quality identified. Instrument for situation analysis available. Report on preliminary results available. Workshop to present/discuss preliminary results rescheduled for 2007.	Partial information obtained by interviewing key MOH informants and reviewing main documents. Focus Groups held at central and provincial levels. Two strategies were developed - one for M&L and another one for Quality.	1.6.11 1.7.6
Create Focus Groups at national and provincial levels.	65%	Created 5 Focus Groups, 1 at national level and 4 at provincial level: 2 in Gaza and 2 in Zambézia. Three others will be created: 1 more at national level and 2 at provincial level in Nampula	Focus Groups are a form of qualitative research in which a group of people are asked about their attitude towards a determined issue.	1.3.9 1.6.10 1.7.5
Develop strategy for management and leadership improvement in RH/ CH at NHS levels.	100%	Proposal for the M&L strategy. Document submitted to MOH; waiting for MOH approval.	Comments from MOH and USAID included in document; final version pending Minister's approval. Institutional home for M&L Strategy to be DRH, activities will take place in the DNPPSCD in a pilot phase.	1.6.11 1.7.6
Define/update standards of management and quality for various levels of NHS and develop action plan to implement quality standards.	100%	Final QPS instruments available. Action plan to implement quality standards available.	Defined by national multisectoral/multidisciplinary group including community representatives (5 day meeting at MOH for 58 people), QPS instruments implemented by selected facilities in 6 provinces.	1.6.11 1.7.6
Train people and give support for implementation of quality improvement strategy in 6 provinces.	60%	"Quality Improvement Strategy: Module One", report available. TA to provincial level document available.	"Quality Improvement Strategy: Module One" conducted May 7-9, in Maputo, 69 participants from 6 provinces. Support for the Baseline on selected health facilities in 6 provinces provided with PVOs.	1.3.9 1.6.10 1.7.5
Compile a comprehensive curriculum on management and leadership,	15%	Collection of management and leadership curricula begun.	Models of curricula and materials for M&L activities were collected. Meetings with partners to determine possible collaboration and share materials and experience. Approval of M&L Strategy pending.	1.6.11 1.7.6
Assist with revision, updating/development of materials on management and quality standards.	50%	Training materials on quality developed/adapted.		1.6.11 1.7.6
Provide MOH with technical assistance for revision and development of their annual planning processes.	100%	Advanced PES operative 2008 of DNPPS available	FS provided technical support for development of DNPPS 2008 PES /POA from scratch.	1.6.11 1.7.6
Develop strategy to improve management and quality in RH/CH services in all NHS levels.	0%	None	Rescheduled for second semester	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.	100%	Committee formed by MOH. Advertising and selection of 14 candidates carried out by MOH.		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.	80%	8 candidates will study at the UEM while six will study abroad in various universities.	Candidates to study at the UEM are expected to start their course in early August. Two of the candidates are from the Provinces. Gaza and Zambézia respectively.	1.3.11 1.6.12 1.7.7
Assist MOH in identifying new programs and new funding opportunities.	0%	No plans of yet. FS will maintain contacts with current and prospective providers of programs and funding.	Meetings held with CDC, I-TECH, preliminary discussions about possible collaboration.	1.3.7 1.5.3 1.6.8 1.7.4
Assist DNPPS/HR Department review/update plan & curricula for target area training activities	0%	Target areas with plan and curricula for training. 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.	70%	Funding provided by FS. MOU finalized and signed now on implementation with the nurse training institutes of Nampula and Zambézia.	FS is supporting financially two basic courses in Nampula and one promotional in Zambézia. These courses will end on December 2007 and one basic (MCH) programmed to end February 2008	1.3.9 1.6.10 1.7.5
Support Nutrition Section revise training modules and curricula and map training needs and trainers' gaps in the Institute of Health Sciences.	10%	Nutrition training needs/trainers gaps identified. Training modules/curricula revised.	Approval for starting the process of updating the curriculum.	1.6.5 1.7.6
Support the Nutrition Section in conducting a training of trainers of nutrition technicians.	0%	TOT conducted		1.3.11
Assist the operation of the Post-graduate Committee (PGC).	0%	Activity to be removed from FS plan.	Unfortunately FS was not involved in any of this committees meeting either to define criteria's or on selection of candidates.	1.6.12 1.7.7
<i>Unplanned</i>				
Support the Department of Health Information in the development of a hospital information system.	100%	Hospital data forms developed.	FS responded to a request from DIS to provide technical guidance for the establishment of hospital HIS. FS also reviewed for DIS a consultant report on this subject.	1.3.9 1.6.10 1.7.5
Provide support to RH and CS for the adaptation, revision and translation of questionnaires and guidelines for the RH/CS needs assessment.	100%	Revised guidelines and questionnaire modules available.	The RH/CS needs assessment was considered a priority activity for 2007 in the MOH.	1.6.10 1.7.5
Provide support to the restructuring of the Section for Health Education.	100%	Proposal for restructuring; see consultant's trip report	The restructuring of the MOH is a major priority activity in the MOH, despite minimal capacity in organization development.	1.3.10 1.4.8 1.6.11 1.7.6
Provide direct support and guidance to the process of restructuring the National Directorate of Health Protection and Promotion	100%	Restructuring proposals in different development stages	The restructuring of the MOH is a major priority activity in the MOH, despite minimal capacity in organization development	1.3.10 1.6.11 1.7.6
Supply the nurse training (NT) students with educational materials, supplies. Equipment.	80%	Purchase of items related to the NT components such as: equipments, uniforms and now on process of purchasing the students kits.		1.6.12 1.7.7

Section B

Planned Activities and Interventions: List future activities and interventions planned to be implemented within the next six months (JUL - DEC).

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.

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 <i>in four target provinces</i> .				
Provide support to the development of M&E plans and tools in the target areas.	M&E plans in each target area.	On-track	Slow response from some MOH areas, particularly SRH and CH.	1.3.9 1.6.10 1.7.5
Monitor a consultancy on current mechanisms for the dissemination of information in the target areas.	Consultant report with a plan to address the gaps.	On-track	ToR being drafted. Three potential consultants with experience of working with MOH identified.	1.3.9 1.6.10 1.7.5
Support the target areas in the diagnosis of the relevance and operation of current mechanisms for the dissemination of information in the target areas, including website.	Consultant report with diagnosis and plan for improvement.	On-track	Mechanisms for information dissemination include the establishment of a knowledge corner in the DNPPS.	1.3.9 1.6.10 1.7.5
Provide technical support to the target areas for the development of a plan to disseminate information in accordance with identified gaps.	Dissemination plan implemented.	To be initiated	Planned to start in the second semester of 2007.	1.3.9 1.6.10 1.7.5
Provide technical support to the Department of Environmental Health (DSA) for definition of norms/mechanisms for coordination, monitoring, and evaluation of the environmental health strategy.	M&E plan for of the environmental health strategy.	To be initiated	DSA was contacted and complained of minimal availability of staff. In addition, DSA lacks strategic documents to serve as guides for M&E development.	1.5.4
Coordinate data collection for the SO8 indicators for IR 1,2, and 3, on a quarterly basis, in agreement with the PIRS.	Data collection collected on a regular basis by the PVOs.	On-track	The expectation is to run quality checks on PVO data in the second semester of 2007.	1.3.9 1.6.10 1.7.5
Organize coordination meetings with the PVOs funded by USAID, follow-up on deliverables.	Minutes from PVO coordination meetings.	On-track	Meetings take place every two months.	1.3.9 1.6.10 1.7.5
Organize coordination meetings with the MOH	Minutes from MOH coordination meetings.	On-track	Meetings are monthly.	1.3.9 1.6.10 1.7.5
Organize the annual MOH/USAID/PVO coordination meeting	Minutes from MOH coordination meetings and tools to support implementation of the recommendations from the meeting.	On-track	2007 meeting is scheduled for November.	1.3.9 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 discussed and consensus reached.	On-track	Preliminary report to be circulated to MISAU/USAID for inputs; 1 day meeting.	1.6.11 1.7.5 1.7.6
Provide continuous TA for dissemination and implementation of RH	Disseminated/implemented 2008 provincial plans	On-track	CD-ROM and brochures from UA	1.7.3

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
policy and African Union action plan at national and provincial levels (Nampula, Zambézia, Gaza e Maputo).	incorporating key aspects of the National SRH policy and African Union action plan		conference being disseminated.	
Review/update and integrate aspects of gender, HIV/AIDS and community participation into the FP strategy and Midwifery strategy.	Updated drafts of FP and Midwifery strategies available	On-track	Preparatory meetings are taking place with MOH and other partners	1.7.3
Provide TA for implementation of action plan and guidelines on cervical cancer integrating aspects of gender, HIV/AIDS and community participation.	Draft guidelines on cervical cancer available; Procurement process for equipment/essential material completed	On-track	Selection of technical/educational material and elaborate list of equipment/essential material.	1.7.3 1.7.6
Provide continuous updating session on RH, CH and related areas.	Updating session report available	On-track		1.6.11 1.7.6
Support a national meeting on SRH and Child Health.	Assessment of main progress implementing SRH and CH interventions; National policy documents on SRH/CH presented and disseminated	On-track	Technical materials being prepared for SRH and CH national meeting - rescheduled for November	1.6.11 1.7.5 1.7.6
Provide technical support to the implementation of other activities such as needs assessment (NA), road map to reduce maternal and neonatal mortality, and integrated supervisions.	Rapid NA report available; National NA on SRH and CH; Improved protocol and data collection instruments available; Field data collection at provincial level supported by FS; Draft needs assessment report on SRH and Neonatal health. Final version of Road Map available	On-track	Continued provision of technical support to national needs assessment on SRH and CH; Finish analysis and elaborate Rapid needs assessment report; Define resource necessary for the Road Map implementation and coordinate with MOH and WHO for cost estimate.	1.6.10 1.7.5
Develop CH strategy.	Final CH national strategy available	On-track	Draft CH national strategy under discussion.	1.6.11
Support finalization of Nutrition Action Plan 2006-2010.	Operational Plan submitted for approval	On-track	Plan based on strategy approved by MOH.	1.6.5 1.6.11
Provide technical assistance in supervising and monitoring the implementation of MINPAK at the provincial and district levels.	Monitoring and Supervision tool developed	On-track	Tool to be developed.	1.6.5
Assist in development and implementation of system to monitor community nutrition activities carried out by NGOs.	Monitoring and Supervision tool drafted and ready for pre-testing by the Nutrition section	On-track	Pending feedback on the tool to finalize it.	1.6.5
Support the Nutrition section technically and financially to conduct a TOT training for the Provincial Nutrition Staff.	TOT training materials and report	On-track	The TOT is related to the implementation of 21 sentinel sites in October 2007	1.6.5
Financially support the process and participate in the working group to review and update the curriculum of the nutrition technicians.	Curriculum reviewed and updated	On-track		1.6.12
Support the development and implementation of training to prepare provincial and district staff to implement the AI communication strategy for prevention.	Curriculum developed, educational materials and messages prepared	On-track	This effort is slated for the second semester of 2007.	1.4.9
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.				
Develop the FS Capacity Building strategy.	A FS Capacity Building strategy in place under which falls related objective activities	On-track	Global strategy for capacity building for the coming years is being developed.	1.3.11 1.4.9 1.6.12 1.7.7
Create 3 M&L focus groups, 1 at national level, 2 at provincial level	Gather more inputs on the paths to follow in the	On-Track	Initial plan for 8 focus groups. 5 done; 3 to	1.3.11

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
(Nampula)	implementation and monitoring M&L activities		be conducted.	1.4.9 1.6.12 1.7.7
Create/Adapt M&L didactic materials for thematic sessions	Curriculum created; set of didactic materials (to be used in the M&L sessions)	On-track	Based on a diversity of sources and experience from other groups. Development of the curriculum pending Minister's approval of M&L strategy.	1.3.11 1.4.9 1.6.12 1.7.7
Finalize compilation of comprehensive M&L curriculum.	Comprehensive curriculum compiled	On-Track	M&L activities to be built on this curriculum	1.3.11 1.4.9 1.6.12 1.7.7
Develop quality improvement strategy in RH/CH services in all NHS levels.	Draft strategy on quality improvement in RH/CH services in all NHS levels available	On-track	Develop quality improvement strategy based on the 2007 quality improvement Plan.	1.6.11 1.7.6
Support health facilities to collect baseline data on quality of services.	Baseline on SRH/CH services established by health facility - baseline report available	On-track	FS team continues technical support to health facility to finalize baseline	1.6.11 1.7.6
Support health facilities developing and implementing their specific action plans to improve quality on SRH/CH services based on baseline.	Specific health facilities action plans on quality available and being implemented	On-track	FS continues providing technical support to health facility to improve quality.	1.6.11 1.7.6
Provide theoretical/practical update on RH and neonatal health; 2 courses, one week each for 24 professionals involved in SRH and CH service delivery in health facilities implementing quality standards.	48 health professionals from health facilities updated on SRH and NH clinical issues	On-track	Letter and course proposal were developed and delivered for MOH approval.	1.6.12 1.7.7
Present quality performance evaluation results, share progress of health facility implementation. Define ways to acknowledge progress.	Quality performance evaluation information and action plans shared. Progress acknowledged	On-track	Support in preparation of materials to be presented on National RH and CH meeting.	1.7.7
TA to MOH for planning processes revision and development.	DNPPS 2008 action plan revised and available	On-track		1.3.10 1.4.8 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.				
Identify potential candidates from MOH and assist with support needed to ensure their attendance at national and international post-graduate courses and other relevant programs.	Distribution of scholarship terms/conditions for all candidates. Candidates enrolled respective Masters degree programs. Progress monitored.	On-track	Ensure all candidates are enrolled, placed and start classes on time. Ensure fees payments.	1.3.11 1.4.9 1.6.12 1.7.7
Support financially 2 nursing basic courses and 1 promotional training.	Nurses training courses running as planned.	On-track	2 basic Nampula;1 promotional Zambézia.	1.6.12 1.7.7
Strengthen management (1 course) and pedagogic capacity of nursing training institutions (3 courses 1 by region)	Improved capacity of the supervisors and other training institute staff.	MOH to determine dates	There is a possibility of changing these courses for other related activities.	1.6.12 1.7.7
Buy uniforms for Quelimane students; buy students kits for Nampula.	Purchase of items related to the NT component.	On-track		1.6.12 1.7.7

Section C

6. Compelling individual-level success story: USING A RESULTS FRAMEWORK

The timing was perfect when Dr. Nuno Gaspar and Dr. Baltazar Chilundo met in June 2007. As the new head of the Ministry of Health's EPI program, Dr. Gaspar was embarking on the Ministry's work planning for 2008 and was looking for ways to conceptualize the process for himself and for his new team. Work planning in the Ministry of Health is challenging, he noted, as the breadth of its activities is extensive; he is also charged with integrating the planning with the department's own multi-year country plan.



Dr. Chilundo, FORTE Saúde's Monitoring and Evaluation Specialist, suggested the use of a results framework to help Dr. Gaspar organize the process. Over the next few days, the two worked alongside FORTE Saúde's Senior Monitoring and Evaluation Advisor, Dr. Humberto Muquingue, to conceptualize, tailor and finalize an EPI results framework. The process of defining, organizing and clarifying objectives ensured that the tool was useful and applicable to Dr. Gaspar's work. "It is a tool that helps identify and scrutinize all the parts of a program or project," he said. "The main message is that it brought clarity to the planning."

Dr. Gaspar quickly recognized the value of the new tool, using it to introduce his work plan to various audiences, and as a long-term management tool for the department's activities. "As a manager, it is very helpful to have a clear picture of what needs to be done." Dr. Gaspar now proposes sharing his knowledge and experience of the results framework process with other departments within the Ministry, including the national directorate. He also sees the framework as a building block for more detailed planning and is currently developing indicators to measure progress towards the result areas as the basis for a monitoring and evaluation plan.

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.

THE RESULTS FRAMEWORK is a tool to streamline the process of integrating program strategic and operational information into monitoring and evaluation plans. Developed by USAID and refined by Chemonics International, it has the advantage of providing a very explicit layout of the strategic and sometimes operational layout of a program or institution.

Background: There was need to introduce the available staff to something that would not require major investment in training and would have a chance to succeed.

Process: FS staff enticed professionals from the target areas to start creating simple and useful M&E plans. The M&E effort is in compliance with the government stance towards the need to better monitor and demonstrate performance. Then, the work with the National Malaria Program, presented at a Malaria Roll-back workshop in Maputo, revealed the potential of the results framework. Now, work is underway with the Sections for Health Education and EPI. Contacts and interest has been shown by the Department of Environmental Health and the Department of Health Information.

Conclusion: The development of results frameworks helped create awareness of the MOH staff concerning the difficult tasks and responsibilities implicit in strategic documents of their own programs. The frameworks are simple, replicable tools that support the notion that results need to be stated and assessed properly.