



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

FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT **(January 1, 2008 – June 30, 2008)**

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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 (EPI), 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 three PVOs carrying out USAID-funded health activities in selected districts of the provinces of Nampula (Save the Children), Zambézia (World Vision), Gaza (Pathfinder) and Maputo (Pathfinder).

2008: year of implementation and transition – the first six months (January 1 to June 30)

Financial constraints, due to a reduction in the budgeted obligation for FY07, resulted in a reduction of FS staff and severe limitations for the financing of most activities. During the first semester two full time finance and administrative staff were let go and all but one technical staff had their time reduced between 25% and 50%. FS worked diligently (and successfully) to leverage funds from other donors/organizations to keep as many activities going as possible.

Highlights of the semester include under **Objective 1**, the development of an online database to support the quality improvement process, FS involvement in the revision of the health sector strategic plan and the development of a training plan for national M&E training. In **Objective 2**, FS saw significant achievements in the implementation of its 2008 work plan. FS team supported the DNPPS to prepare and hold the Presidential Initiative on Maternal and Child Health, which for the first time voiced government political will in supporting interventions promoting MCH in Mozambique. Support was provided to the National MCH meeting with the aim of discussing and coordinating MCH issues within the National Health Service. This meeting helped ensure the completion (by DNPPS staff and its partners, and approval by the MoH) of several strategic documents, including the Road Map to Reduce MNM launched on March 14, IMCI flowcharts and child health card, Strategy for TBAs, National SRH and CH Partnership Plan, and Guidelines for Mother Waiting Houses. In **Objective 3**, Modulo II of quality improvement training was held in Maputo in March and attended by 56 health staff (from 18 health facilities) from 6 provinces implementing the QI process; A total of 53 health professionals attended two clinical courses on maternal and neonatal health held in Nampula and Beira in April - anatomic models (pelvis, new-born etc.) were used and donated to two nurse training institutes and the MoH for future training activities; and dissemination of pamphlets promoting "Quality care for women and newborns" and " Humanistic Birth Care". Also under **Objective 3**, management and leadership was integrated into the QI standards. In **Objective 4**: FS financial constraints did not allow for the replacement of the Nurses Training Program Project Coordinator nor the Long Term Training Advisor (an HAI position), necessitating existing staff to cover the gap.

Among the challenges faced by FS in the first semester of 2008, we highlight i) continued reduction in MoH personnel (through attrition) at the central level and ii) our financial constraints..

Section A, which follows, provides a summary of FS's activities (planned and unplanned) and results for the first semester of 2008. Section B presents projections for the second semester of 2008, and the expected contract performance. Sections C and D provide a 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 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".

Performance: For each of the activities/interventions, state if they are on-target or not and comment.

Reported results: Summarize the tangible results.

Comments: (E): what was the expectation for the semester, ie, what or % of what results, if not what was the planned result; (W): when the final result is to be achieved; (R): reason(s) for low performance, defined as below 50% or other reason the % is not was anticipated; (O): other very relevant and concise comments.

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

Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
<i>Planned</i>				
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 <i>in four target provinces.</i>				
Include data elements from national health programs in the NHIS.	50%	Neonatal data elements integrated into SIS	E: 50% W: December 2008 R: SRH forms still under revision O: Inclusion of data dependent on finalizing data forms.	1.6.10 1.7.5
Develop a quality assessment database.	100%	Advanced draft web-enabled database, with basic functionalities, available at quality.fortesaude.org.mz.	E: Database with minimal functionality W: December 2008 R: New user needs identified	1.7.1
Support target areas in diagnosis of relevance and operation of current mechanisms for dissemination of information, including website.	25%	MoH webmaster willing to post documents	E: 100% W: December 2008 R: Minimal buy-in from MoH counterparts	1.4.7 1.6.10 1.7.5
Perform diagnosis of current ICT situation with focus on the target areas.	0%	Removed due to FS budget constraints		1.3.9
Provide support to MoH for implementation of roadmap for reorientation/reorganization of NHIS.	100%	NHIS road map implemented.	E: 100% W: This is part of continuous collaboration with DIS	1.6.10 1.7.5
Support MoH develop and implement a plan for dissemination of new/revised data collection/aggregation forms.	25%	Data forms being piloted/rolled out nation-wide.	E: 50% W: December 2008 R: Most data forms not yet finalized	1.6.10 1.7.5
Provide support to the development of M&E plans and tools in the target areas.	100%	Draft of results framework and M&E plan for the target areas	E: 100% W: June 2008 O: Support included other MoH areas besides the FS targets	1.4.7 1.6.10 1.7.5
Organize PVO coordination meetings, follow-up on deliverables.	100%	Minutes from PVO coordination meetings.	E: 100% W: This is an ongoing FS activity O: Meetings to take place every 3 months.	1.3.9 1.6.10 1.7.5
Organize monthly coordination meetings with MoH.	100%	Minutes from MoH coordination meetings.	E: 75% O: Meetings not consistently held	1.3.9 1.6.10 1.7.5

Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
Organize the annual MoH/USAID/PVO coordination meeting.	0%	Minutes from the meetings and tools to support implementation of recommendations.	E: 50% W: Unknown R: MoH and USAID not in sync on this issue O: 2007 meeting postponed until 2008 at MoH request, then not held	1.3.9 1.6.10 1.7.5
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.	1.4.7 1.6.10 1.7.5 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 provinces.				
Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
Provide TA to develop/update/finalize and disseminate policies, strategies and guidelines on SRH ensuring the integration of gender, HIV/AIDS and community participation aspects (2.A.1.a)	100%	-Road map to reduce MNM approved and launched by Minister of Health, May 14	E: Document approved by the Minister	1.7.3
		-National Strategy for Traditional Birth Attendants available (FS provided technical/financial support for a meeting in Catembe with TBAs); National SRH and CH Partnership available; National Strategy for Mother Waiting House available; Communication approach for MCH available	E: Document developed W: To be approved by the Minister by the end of the year	
		Doc of "Repositioning Family Planning" available	E: Document developed W: Family Planning strategy to be finalized by the end of the year	
		Draft of the Integrated Strategic Plan for the achievement of the MDG 4 and 5 available	E: Draft elaborated W: To be finalized by the end of the year	
		Strategic Plan for Neonatal and Child Health 2008-2012 available	E: Document developed W: To be approved by the Minister by the end of the year	
		IMCI flowcharts, and child health card approved by Minister of Health, available	E: Document developed W: Child health card tested and finalized until the end of the year	
		Updated MCH guidelines and training curricula- on track Guidelines developed and available: <ul style="list-style-type: none"> • Certification of Health Facilities in IMCI & EmOC • Standards for Essential Care of the Newborn • Standards of care for managing high risk children • NCH referral care • Newborn postnatal visit 	E: Continue process of updating guidelines W: Update guidelines and training curricula process to be finalized by the end of 2009	
Support start-up implementation of prevention and treatment of cervical cancer services (2.B.1) <ul style="list-style-type: none"> • Provide TA and financial support for 2 trainings and for the development of M&E tools on cervical cancer prevention and treatment (2. B.1. a and b) 	50%	- Portuguese translation of the "Guidelines on cervical cancer prevention and treatment" available. - List of materials and equipment needed for cervical cancer service implementation developed for MOH/UNFPA to start procurement (cryotherapy, colposcopy, LEEP units and instrumentals) - Training materials developed for VIA ,people trained in the April "SRH Clinical Update" course for health workers from 6 provinces in the context of QI process	E: 50 people trained on VIA/Cryotherapy and colposcopy and preliminary version of M&A tools available W: To be finalized Dec 2008 R: dependent on the availability of equipment for VIA, cryotherapy, colposcopy and LEEP to organize sites for prevention and treatment of cervical and breast cancer	1.7.1

		- Aspects of cervical cancer M&E introduced in SRH and CH national needs assessment and SRH revised forms.		
Support for SRH and CH needs assessment	100%	Data collection and data entry completed		17.5
Support national TOT on updated MCH, FP, PMTC guidelines according to QI standards (2.B.2a)	0%	Removed due to FS budget reduction		17.6
Support update TOT on post training follow up on IMCI and essential care for newborn updated guidelines (2.B.2b)	0%	Removed due to FS budget reduction		16.3
Support the incorporation of practices on "parto humanizado/ humanistic birth care": a) study tour to Brazil to observe and share experiences on "parto humanizado" (2.B.3a) b) TA for services (2B.3b)	0%	Removed due to FS budget reduction	O: Support for the incorporation of practices on "humanistic birth care" has been included in the QI process	16.1
Provide continuous update sessions on RH, CH and related areas.	50%	Update sessions reports available.	O: This activity was discontinued due to budget/personnel reduction	16.11 17.6
Support the implementation of sentinel sites for nutritional surveillance (2.C.1)	100%	Training of central level personnel completed	O: MoH to advance with training at provincial and district levels. HKI planned tasks completed.	16.5
Develop DPSEC (national strategy for health promotion and training guide for APE's) (2.D.1.a)	0%	Removed due to FS budget reduction	O: MOH approval for initiating the development of national strategy for prevention and control of meningitis and cholera available	17.2
Develop DEE (Strategy for prevention and control of meningitis and cholera (2.D.1.b)	0%	Removed due to FS budget reduction		15.1
Support DPSEC national training on health promotion and education, and participatory methodologies (2.D.1.c)	0%	Removed due to FS budget reduction		17.2
Support development and implementation of training to prepare provincial/district staff to implement AI communication strategy. (AA1)	10%	Discussions held; decisions made regarding next training location and types of communication materials that would be most appropriate.	C: Refresher training done in Zambézia will provide info to finalize curriculum and developing communication materials. O: Delays in getting feedback and approvals; minimal progress made	14.8

Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
<i>Planned</i>				
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.				
Provide TA to train 25 health professionals from central and provincial levels involved with the implementation and follow-up of QI activities, in aspects of M&L (3.A.1)	100%	25 health staff trained in selected aspects of M&L - Report available from Module II training	E: 50% in Module II, 50% in Module III W: In Module II completed; Module III Training second semester. R: FS financial constraints, new director for DNPPS O: Decision to incorporate M&L into QI efforts in Module II and III	16.12 17.7
Provide TA for Directors and other relevant health staff from provincial directorates (DPS) and health facilities involved in QI activities to develop M&L specific action plans (in PMR#4)	50% 0%	-Negotiations underway with Zambézia for finalizing content and dates. -Continued uncertainty for TA/training in Gaza	E: TA (prep 100%;course 100%) provided to Gaza and Zambézia DPSS W: Gaza in the 1 st quarter; Zambézia in the 2 nd quarter R: FS financial constraints.	16.12 17.7
Support Gaza DPS to develop quarterly and annual plans and implement coordination and M&L activities (3.C.1)	0%	Activity not carried; management advisor was not hired.	E: Support provided through a Gaza Management Advisor; 100% W: N/A R: Financial constraints O: Management Advisor was not hired	16.10 17.5

Conduct QI Module II and provide TA for the preparation of QI Module III (3.D.1.a)	100%	-Modulo II held in Maputo, February 2008. 56 health professionals trained- report available Modulo III preparation- On track -Letters, budget and program for Modulo III developed and sent to DNPPS. Head of DNPPS postponed Modulo III for August, 18 to 22. PVOs have been contacted.	E: 42 health professionals trained on QI Module II W: Module III held on the second semester of 2008	1.6.11 1.7.6
TA for subsequent measurement and implementation of QI plans (3.D.1.b) and monitoring the QI process (3.D.1.c)	75%	Records on TA to QI process and progress reports available First version of the online QI Data base available	E: Quality baseline finalized, Health facilities QI Plans elaborated, first progress evaluation conducted and QI Data base finalized. W: It's a continuous activity until the end of 2009 O: TA/follow up provided by phone calls to DPS and health facility staff, and through PVOs. Provincial visits cancelled - no budget.	1.6.10 1.7.5
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 (3.D.2)	100%	-Clinical courses held in Sofala and Nampula- April 2008. 53 health professionals trained - report available -Anatomic models (pelvic, breast, newborn) purchased, used for practice in clinical courses and offered to MOH and Nursing institutes of Nampula and Beira.	E: 48 Health professionals from DPS and health facilities implementing QI standards updated on Maternal and Neonatal Health matters. W: activity finalized	1.6.11 1.7.6
Define mechanisms to acknowledge progress in QI process (3.D.3)	100%	FS discussing this subject with head of DNPPS and his team. Meeting report available. Proposal of criteria to acknowledge progress in QI process available.	E: Process yet to be implemented W: Complete this process by the end of 2008	1.6.12 1.7.1
Scale up QI process to remaining 5 provinces (2 health facilities/province)	25%	Updated version of SRH and CH QI Plan for 2008-2009 available	E: Updated version of SRH and CH QI Plan for 2008-2009 developed including agreements with MOH and other partners to scale up the QI process R: The scale up of QI to the remaining 5 provinces will be removed due to FS budget reduction	1.7.1
Provide TA to MOH for revision and development of planning processes (3.E.1)	100%	Draft of the DNPPS 2009 annual plan available	E: 100%	1.7.4
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Finance English course for post-graduate candidates (4.A.1)	100%	3 candidates passed English course and now studying abroad	E: 3 candidates will begin studies at Pretoria University in Jan 2008	1.6.12 1.7.7
Provide logistics support to candidates for payment of fees, transport, materials and living allowance (4.A.2)	75%	FS financial support of 8 students at UEM plus 6 students abroad (originally planned)	E: 8 students at UEM plus 6 students abroad W: through 2009 R: Only 3 students abroad. 1 student failed GRE/TOEFL tests, other gave up after failing TOFEL test, third did not reach minimum score for English language tests; Third waiting for admission to UP.	1.6.12 1.7.7
Monitoring students academic progress (4.A.3)	75%	Academic report received for 8 students (UEM) out of 11	E: Academic reports for 8 (UEM) students. W: June 2008 for 1 st semester UEM. R: Pretoria University provides academic reports annually. O: Phone, email, in person contact with students at UEM/UP	1.6.12 1.7.7
Strengthen management (1 course) and pedagogic capacity of nurse training institutes (NTI) (3 courses 1 by region) (4.B.1.); Finance management course for the nurse training institutes (4.B.2).	0%	Improved capacity of supervisors and other training institute staff.	E: No progress. Activity was under consideration to eliminate W: Proposed elimination given other MOH priorities (kits/uniform) R: Financial constraints push this activity to be eliminated O: Funds available used for nurse kits/uniforms per MOH indication	1.6.12 1.7.7

Finance 2 nursing basic courses in Nampula (4.C.1)	0%	60 people started the 1 st of three semesters training financed by FS.	E: 60 people started 1 st semester course financed by FS W: June 2009 R: FS did not finance these courses as planned due to financial constraints. Activity passed to HAI June 2008 per USAID request.	1.6.12 1.7.7
Finance 2 nursing promotion courses in Zambézia (4.C.2.).	0%	30 people started the 1 st of three semesters training financed by FS.	E: 30 people started 1 st semester course financed by FS W: June 2009 R: FS did not finance the courses due to financial constraints. O: Activity passed to HAI June 2008 per USAID request.	1.6.12 1.7.7
Unplanned				
Objective 2				
Support the launch of the President Initiative and National Meeting for MCH	100%	Several technical documents and presentations developed, presented and disseminated. Note: FS provided support for printing and reproduced some of the documents distributed during the events.	President Initiative and National Meeting for MCH were held in February 2008.	1.6.11 1.7.6
TA for development of national strategic plan for prevention and control of non-communicable diseases, including cervical cancer prevention and treatment (NEPNCD)	100%	Final version of NEPNCD including an M&E plan and budget submitted for the Minister's approval	The plan was finalized and presented to the Minister of Health and members of his Council and it was approved.	1.5.2
Objective 3				
Prepare technical materials, based on the QI standards, regard the incorporation of practices on "humanistic birth care":	100%	Pamphlets on " Humanistic birth care" and Quality Care for Women and Newborns produced and disseminated	Produced pamphlets on " Humanistic birth care" and Quality Care for Women and Newborns to disseminate during Presidential Initiative / National Meeting for MCH and other relevant events.	1.6.11 1.7.6
Objective 4				
Supply NTI students with educational materials, supplies, equipment. (in last PMR not in WP2008)	100%	Purchase of items related to NT components such as: equipment, and students kits.	Completed. Nampula kits delivered in May 2008 to MOH	1.6.12 1.7.7
Transfer NT Institute financial support to HAI	100%	Transfer of paperwork to HAI	Completed. Documentation/ information sent to HAI June 2008.	N/A

Section B

Planned Activities and Interventions: List future activities and interventions planned to be implemented within the next six months (Jul -Dec 2008).

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> .				
Support DIS technically in the implementation of the roadmap for the reorientation/reorganization of the NHIS (1A1a)	DIS implementing most of the roadmap interventions	Follow-up		1.6.10 1.7.5
Support DIS technically in revising national list of monitoring indicators (1A1b)	Document of the national list of monitoring indicators	Initiated	Agreement reached with DIS that it will be called "bank" of indicators in use in the health sector. Support will be discontinued.	1.6.10 1.7.5

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Develop and maintain a database for the QI process, including training of users from the facility and provincial levels (1B1)	Database fully functional and deployed	On track	Need to ensure that QI data is exported seamlessly into Excel	16.10 17.5
Assist in development and implementation of data collection, aggregation and reporting, including inclusion of data elements in the NHIS (1C1)	Revised data forms for most FS target areas	On-track	Support will be discontinued.	16.10 17.5
Support DNPPS in the selection and availability of information in the MOH website (1D1)	Information on DNPPS activities available online	On-track	Contacts already initiated with webmaster and MoH spokesperson	16.10 17.5
Support MOH in the development of a general, national M&E plan (1E1).	National MOH M&E plan submitted for approval	Pending	Dependent on PESS 2007-2012 approval	16.10 17.5
Support the MOH in the development and implementation of a M&E national training plan (1E3)	Reports from M&E trainings DPS with capacity to carry out basic M&E functions	Initiated		16.11 17.6
Organize bimonthly meetings with PVOs to coordinate activities and share information (1F1)	Reports from PVO meetings	On-track		16.8 17.4
Support the KPC surveys carried out by the PVOs (1F3)	Consolidated KPC data and final KPC report	Pending	Support will be discontinued because of funding limitations	16.10 17.5
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.				
Provide TA to finalize/disseminate SRH&CH strategies and guidelines (2.A.1.A): - Road Map to reduce MNM - National Strategy for Traditional Birth Attendants - National SRH and CH Partnership - National Strategy for Mother Waiting House - Communication approach for MCH - Strategic Plan for Neonatal and Child Health 2008-2012 - IMCI flowcharts, and child health card - Certification of Health Facilities in IMCI and EmOC - Standards for Essential Care of the Newborn - Standards of care for managing high risk children - Guidelines for NCH referral care and Newborn postnatal visit	Road Map to reduce MNM disseminated on the target provinces and final versions of these strategies/guidelines available	On track		17.3
Provide TA to develop and follow up on approval for: (2.A.1.B): - Strategies for Family Planning - SRH&CH Commodity Security Strategy - Integrated Strategic Plan for the achievement of the MDG 4&5 - Training curricula and guidelines for IMCI integrating HIV/AIDS and PMTCT prevention aspects - Strategies for Meningitis and Cholera,	-Final versions of Strategies for Family Planning, SRH&CH Commodity Security and Integrated Strategic Plan for the achievement of the MDG 4&5 available- -Draft of training curricula and guidelines for IMCI and Strategies for Meningitis and Cholera available	On track		17.3
Development/update of SRH guidelines/training materials (2.A.1.C)	Draft of updated SSR guidelines available	To be initiated		16.11 17.6
Finalize the translation and adaptation of training materials for	Materials for prevention and treatment of	To be initiated		16.11

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
prevention and treatment of cervical cancer (2.B.1.a)	cervical cancer available			17.6
Provide TA for trainings on prevention and treatment of cervical and breast cancer (2.B.1.b)	Professionals trained on prevention and treatment of cervical and breast cancer	To be initiated		17.6
Support development of communication materials to be used in training to prepare provincial/district staff to implement AI communication strategy. (AA)	Communication materials for provincial and district trainers to use in communities and target audiences, available.	Initiated	Collaboration among MINAG, MoH, and FS, and others involved such as AI.COMM, FAO, is necessary.	14.4 14.8
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.				
Finalize the preparation and facilitate the QI module III (3.A.1.a)	Module III conducted and report available	On track		17.1
Monitor QI process (3.A.1.b)	Progress report on QI process available QI data base finalized and on implementation	On track		16.10 17.5
Follow up on "clinical update training on SRH and NH"; provide technical support for implementation of the health facilities QI plans (3.A.2)	Follow up and TA support available	On track		16.11 17.6
Define mechanisms to acknowledge progress in the QI process (3.A.3)	Mechanisms for acknowledging progresses in QI process defined	On track		16.11 17.6
Develop a package of guidelines to support the scaling up of QI strategy at the provincial level (3.A.4)	Package of guidelines to support scaling up of QI strategy available	On track		16.11 17.6
Provide TA to DNPPS/MISAU to finalize the development of its PES/POA 2009 (3.B.1)	Final version of PES/POA 2009 available	On track		16.8 17.4
Conduct 3 day M&L training course during Module III (3.A.1)	Training delivered to at least 25 participants; materials and report available	On track	Programmed for September	16.11 17.6
Conduct 3 day M&L DPS training course in Zambézia	Training delivered to Zambézia DPS; materials and report available	On track	Programmed for September	16.11 17.6
Conduct 3 day M&L DPS training course in Gaza	Training delivered to Gaza DPS; materials and report available	Negotiations in progress (PI)	Considered for November	16.11 17.6
Redesign M&L approach for Central Level; develop training package	Redesign completed	To initiate	E: 100%	16.11 17.6
Provide TA to MOH for revision and development of planning processes (3.E.1)	DNPPS PES 2009 revised and available	On track	E: 100% W: December 2008	16.11 17.6
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Provide logistical support to candidates to get access to the university, including payment of fees, transport, materials and living allowance (4.A.2)	FS financial support of 8 students at UEM plus 3 students abroad; admission of 4 th student abroad	On track	Anticipated 4 th student will be accepted to University of Pretoria by December 2008	16.12 17.7
Monitoring students academic progress (4.A.3)	Academic report received from UP and UEM for all (11) students for previous semester.	On track	Meetings with UP and UEM students; other means as needed (telephone/emails).	16.12 17.7
NTI support suspended until further notice; HAI supporting	N/A (carried out as per USAID's request)	N/A		N/A

Section C

6. Compelling individual level success story: **Strengthening Inter-Departmental Collaboration for Nutrition Surveillance** - Postos Sentinela: a story of MOH inter-departmental collaboration for better results



MISAU Inter-Departmental Working Group working on the Postos Sentinela program.

Photos: Courtesy of Helen Keller International

In 2005, a vulnerability assessment was conducted in drought affected areas in Mozambique to determine the food security situation. Findings led to a rapid nutritional assessment, among the 54 affected districts (covering over four million people) to determine the actual nutritional status for children under five years of age, and to identify adequate nutritional interventions. As a result of these surveys, the Ministry of Health decided to establish a continuous monitoring system for the nutritional status of the population through sentinel sites (Postos Sentinela) and selected the sites that would provide this service. The Postos Sentinela program is an integrated part of the existing nutrition surveillance system.

HKI, as part of the FORTE Saúde consortium, was able to provide the necessary technical assistance with the statistical component of the proposal and the MOH's Nutrition Department began planning for the first nation-wide introduction of Postos Sentinela. A one-day training was held for MOH staff from the Nutrition Department, the Health Science Institute, the Health Statistics Department, and others who were interested. This would be the key step in sustaining this program. As Dra Avone Pedro, head of the Nutrition Department said "How can we implement programs and train our provincial nutrition staff if we at the central level do not know how the program is supposed to work?" During the training one of the most important issues that surfaced was the integration of all health statistics into the MOH health information system. The Nutrition Department agreed. The first meeting led to a continued interdepartmental collaboration between the Nutrition Department and the Health Information Systems team. Now a program is being implemented by an inter-departmental team, led by the Nutrition Department, which is ready to be absorbed by the Health Information Systems following their reorganization.

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.

Using collaboration as a tool to achieve more, better, together. The success story related to sustainable nutritional surveillance is a showcase of collaboration. This approach resulted in collaboration between different departments that assured fast and hopefully sustainable results. Collaboration in the FS context meant giving people a voice in making decisions that affect them, which leads to more/better buy-in which in turn reduces resistance to [a] change. Consensus in what could be achieved with less duplication of efforts and maximum sharing is critical to fruitful collaboration.