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# ENHANCING THE MINISTRY OF HEALTH'S CAPACITY THROUGH INNOVATION AND PARTNERSHIPS

Mozambique's FORTE Saúde Final Report 2005-2009



**MARCH 2009**

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# ENHANCING THE MINISTRY OF HEALTH'S CAPACITY THROUGH INNOVATION AND PARTNERSHIPS

## Mozambique's FORTE Saúde Final Report 2005-2009

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FRONT COVER: Elisângela Vanessa Da Costa Rassul is a project beneficiary who gave birth using the humanistic birth care approach. FORTE Saúde promoted this approach as part of its quality improvement component. FORTE Saúde/Mansir Petrie.

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.



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## ACRONYMS

AI	Avian Influenza
ANC	Antenatal Care
AU	African Union
CH	Child Health
DNPPS	National Directorate of Health Prevention and Promotion
DSC	Department of Community Health
EPI	Expanded Program of Immunization
FP	Family Planning
FS	FORTE Saúde
HAI	Health Alliance International
HKI	Helen Keller International
ICT	Information and Communication Technologies
IMCI	Integrated Management of Childhood Illnesses
MCH	Mother and Child Health
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MINAG	Ministry of Agriculture
MMIS	Making Medical Injections Safer
MoH	Ministry of Health
NHS	National Health Service
NGO	Nongovernmental Organization
PVO	Private Volunteer Organization
QI	Quality Improvement
SRH	Sexual and Reproductive Health
SWAp	Sector Wide Approach
UEM	Eduardo Mondlane University

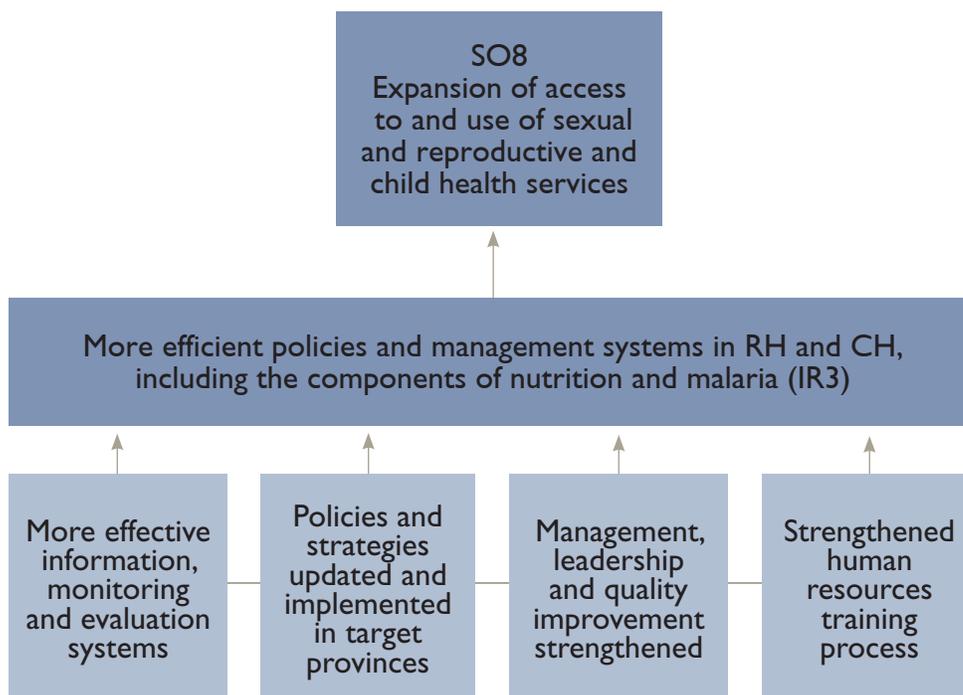


## OVERVIEW

The FORTE Saúde project – **F**ostering **O**ptimization of **R**esources and **T**echnical **E**xcellence – has provided technical assistance and funding to Mozambique’s MoH and its provincial health departments since 2005. The project has strengthened delivery services in reproductive and child health, disease prevention and control, and nutrition services, led by Chemonics International and the FORTE Saúde consortium with Jhpiego, Helen Keller International, Health Alliance International, IT Shows, and Austral Consultoria. Together with local and international partners, they have helped to strengthen capacity in policy development and application, quality assurance, data management, and leadership, in adherence to USAID’s Strategic Objective (SO) 8, an “*increased use of child survival and reproductive health services in target areas by directly strengthening and supporting health systems at the central level and lower levels.*”

FORTE Saúde worked originally in four provinces – Maputo, Gaza, Zambézia, and Nampula – and eventually extended some of its activities throughout all 11 provinces. The contract ends March 31, 2009.

Below is a graphical representation of how FORTE Saúde has contributed to USAID’s SO8’s Intermediate Result 3.



## MOZAMBIQUE'S CURRENT SITUATION

Despite considerable achievements in access to and coverage of health services, estimates of Mozambicans covered by the public health care delivery system range from a mere 50 to 60 percent. Maternal and child mortality rates remain among the highest in the world at 408/100,000 live births and 125/1,000 live births, respectively. Many children are born underweight and many more face malnutrition in all its forms. Intestinal parasites, food taboos, and inadequately trained personnel compound this problem. Most deaths among children under five are from malnutrition and diseases that could be prevented by immunization.

In response, the Government of Mozambique's Five-Year Plan 2005-2009 called for the need to increase and optimize MoH resources and improve the performance of health facilities that would make quality services more broadly available at all branches of the national health system. This meant the introduction of quality control measures, quality improvement teams, and a change in health care workers' attitude.

To achieve MoH institutional development, the government's plan called for more strategic and more integrated planning, improvement in MoH communication with local and international partners and communities, and the strengthening of health information systems.

In keeping with this national plan and the MoH's Strategic Five-Year Plan 2007-2012, FORTE Saúde's technical assistance and financial support has significantly helped the MoH respond to the epidemiological situation, notwithstanding its institutional challenges, shortage of qualified staff, and a policy framework still under development.

### MAJOR PROGRAM ELEMENTS

FORTE Saúde provided technical support and assistance at the central level to build capacity in reproductive and child health and family planning with the MoH National Directorate of Public Health and in conjunction with the MoH directorates charged with planning and human resources training and management. The project also worked at this central level to assist in health care policy development and the improvement of health care delivery service systems. At the provincial health department level, the project team and partners worked in assisting health professionals in the application of the newly developed MoH policies and in training health facility personnel in data management, quality health care service delivery, and disease prevention and control. These collaborative efforts with the MoH led to significant strides in the following target areas:

1. Information systems and technology, monitoring and evaluation in reproductive health, child health, and expanded program of immunization, nutrition, and disease prevention and control.
2. Policies and strategies developed or updated, adopted, disseminated, and implemented.
3. Capacity strengthened in quality improvement, management, and leadership.

4. Training for health professionals is bringing new practices and perspectives from advanced study in Mozambique and abroad to the MoH.

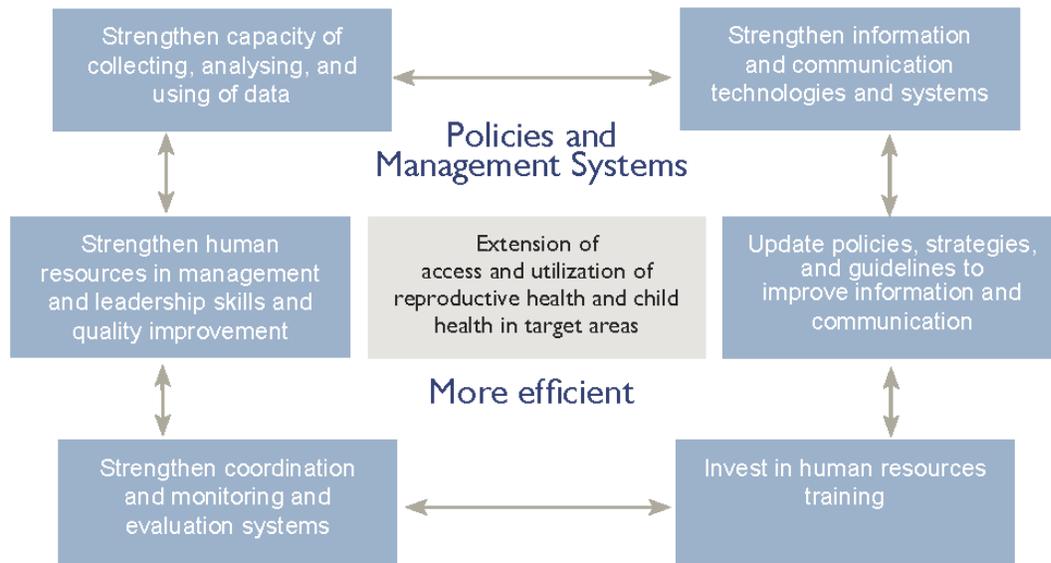
**PARTNERSHIPS AND INNOVATION**

FORTE Saúde has developed partnerships with local organizations in the introduction of new ideas for better health care and disease prevention. While these innovations are not new elsewhere, they are new to Mozambique. Humanistic birth experience, cervical cancer prevention, and using results frameworks for quality improvement are gathering momentum, and, as FORTE Saúde closes out, champions have emerged at the MoH and from among local organizations who will guide and support their institutionalization.

Partnerships with private volunteer organizations – Pathfinder International, Project HOPE, World Vision International, and Save the Children – in Maputo, Gaza, Zambézia, and Nampula, as well as other international and nongovernmental organizations and projects have made a remarkable contribution to the achievement of USAID and FORTE Saúde’s objectives.

**FORTE SAÚDE’S APPROACH**

The illustration depicts the breadth of FORTE Saúde’s interventions, starting from the SO8 to the various expected results.



To achieve its objectives, FORTE Saúde approached the work with the MoH, partners, and stakeholders, through coordinated and integrated planning activities with active participation and input at the central and provincial levels. Communication was key to collaboration and maximum use of limited technical and financial resources, as highlighted below:

**Integration:** A challenge for FORTE Saúde was logically integrating all the project components (see chart on previous page) into the MoH system given that the ministry’s organizational culture was still in the process of strengthening dialogue, joint planning, and implementation. Often officers across the hall from one another held minimal consultations together on technical or policy issues. To minimize parallel, independent planning, and inefficient use of resources, FORTE Saúde brought together different departments to discuss and prepare their annual plans and activities, thereby fostering more effective coordination and communication at the central and provincial levels (Annex J). See the map of provinces under the project’s mandate in Annex A.

**Partnerships:** Four USAID-funded private volunteer organizations – Pathfinder International, Project HOPE, World Vision International, and Save the Children – provided the MoH with logistical support for quality improvement and management and leadership workshops held in Maputo, Gaza, and Zambézia. These organizations coordinated with local authorities, assisted with transportation and administrative tasks, and helped provide a more concentrated and coherent response to government health priorities. These collaborative efforts eliminated fragmentation and redundancy, and resulted in more unified support for the MoH and provincial health services. Several partners and MoH staff commented on the effectiveness of this cohesive approach.

**Coordination, Collaboration, Communication:** USAID incorporated into FORTE Saúde’s contract the role of coordination with the USAID-funded private volunteer organizations to work in Maputo, Gaza, Zambézia, and Nampula and with other projects and organizations receiving USAID funding for health activities.

FORTE Saúde monitored and supported USAID health activities and provided information to the MoH on organizations’ activities in these health areas. The project established bimonthly meetings with the organizations to discuss progress and recommend solutions to address challenges. This mechanism was deemed effective in achieving objectives, and a sense of camaraderie has developed among these different organizations and projects. Throughout the project’s three years, this strong sense of collaboration has led to more successful work in those provinces.

**IN THIS REPORT:**

Part I highlights FORTE Saúde’s investments and achievements and Part II explains how innovation and partnerships made these achievements possible.

Part III summarizes the lessons learned and makes recommendations for next steps based on what the project has accomplished and what needs to be done.

With the brief recounting of the FORTE Saúde story, Chemonics hopes this report will serve as a guide for building on the work begun and the accomplishments achieved.

## PART I ACCOMPLISHMENTS AND RESULTS

At the MoH change was on the horizon. While many recognized the need for change, few were able to lead the process.

With FORTE Saúde technical and financial support, the MoH invested in better preparation of its health care personnel for the changes and the challenges in Mozambique's national health system. The objectives for this three-year project are detailed here along with a description of the project's interventions, activities, and achievements:

- Improvement of health care information technologies and systems and monitoring and evaluation systems to enable MoH management to access updated information and improve the status and performance of health programs.
- Support for development of health care policies, strategies, plans, and guidelines for sexual and reproductive health and child health that provided an effective scope of operation for health care and disease prevention and control programs.
- Capacity building of central level health care managers in effective management, leadership, and supervision and support for improvement in the quality of service delivery in sexual and reproductive health and child health.
- Capacity building support for MoH health personnel through pre- and in-service training.

### IMPROVING INFORMATION TECHNOLOGIES AND SYSTEMS

The MoH manages a nationwide health information system that gathers and communicates data from health facilities to distribute at the district, provincial, and central levels. This system is paper-based at the health facility level. Most districts and provincial headquarters use computers to aggregate, process, and report health data.

*Constraints of the nationwide health information system.* Health personnel have limited skills in data collection, analysis, and management, which results in inadequate reporting and information dissemination, as well as inaccuracies in health information. Most data forms are outdated and do not correspond to information needs at the service management and provision levels. Also contributing to the lack of timely and correct data is the absence or minimal use of communication technologies and minimal diffusion of information. Other inefficiencies interrupt the flow of information as with the excess or duplication of health forms and parallel subsystems.

*Intervention.* The project established processes for data collection, processing, analysis, use, and dissemination across different programs of health care delivery and decision-making, with a focus on sexual reproductive health and child health. These activities entailed advocacy and development of information systems to provide reliable data to managers and stakeholders, including a proposal to update content in the MoH Web portal.

*Results.* FORTE Saúde succeeded in strengthening the nationwide health information system by supporting its restructuring and training MoH staff in information systems. The project installed



Project staff handing over IT equipment to support MoH SRH and CH activities.

FORTE Saúde

new information and communications equipment (Annex C and photo to the left) to upgrade working conditions and improve sharing of information. These upgrades and reorganization enabled personnel to track more efficiently morbidity and mortality rates.

FORTE Saúde revised data collection and aggregation forms for the expanded program of immunization. These new forms are more reliable and provide a better understanding of gender data and gender related issues. They also address malaria prevention such as presumptive intermittent prophylaxis and bed net usage

in the maternal and child health information subsystem. They are more responsive to information needs of the MoH, its provincial health department managers and service providers, and, the new information subsystem for neonatal health will, for the first time, provide insight into causes of newborns' morbidity and mortality. The newly designed data collection and aggregation tools for the hospital information subsystem have also contributed to more reliable and more regularly reported data.

FORTE Saúde supported the development of a database, data processing, and compilation of a report on the rapid assessment of sexual reproductive health and child health needs as part of support for development of a global partnership to reduce maternal and child mortality. A second, more comprehensive assessment was performed later with FORTE Saúde support, both assessments providing much needed data on the nationwide status of service delivery infrastructure.

The project surveyed the use of information technology in health departments and the provision of computers and training for users. Results indicated departmental limitations in communications via e-mail and that access to the MoH Web portal was compromised.

At this time, there is only modest information posted on the MoH Web portal. As the sexual and reproductive health department moves toward the use of the portal to disseminate policy and strategic information, more health professionals can access updates on the MoH's strategic directives through this new communications vehicle.

## **IMPROVING MONITORING AND EVALUATION SYSTEMS**

During the last eight years, the MoH has intended to establish a monitoring and evaluation (M&E) unit to oversee the development and use of M&E tools as well as to train health professionals in their use.

*“We can hardly talk about M&E in a situation where there are important issues related to the planning process, namely the lack of well defined planning tools, goals, objectives and targets”.*

*B. Chilundo, former M&E Specialist,  
FORTE Saúde*

*Constraints.* Implementing M&E systems in the FORTE Saúde target areas at the MoH faced considerable hurdles. M&E had been reduced to mere routine reporting, thus barely seen as a practice that helped health officers understand and improve their performance or justify their use and demand of resources. The organizational environment was minimally favorable to the practice of monitoring the performance and evaluation of program implementation, and few incentives

were in place for management to support this practice. M&E structures were not well developed, and without the proper tools, knowledge, or training, it was difficult to bring the standards for technical supervision and accountability up to par.

*Interventions in establishing M&E systems.* FORTE Saúde revised the MoH’s Strategic Five-Year Plan 2007-2012 to lay the groundwork for developing M&E plans to include staff training. The project held a workshop at the MoH for an M&E self-assessment to examine child health, malaria, tuberculosis, and the HIV/AIDS programs. Participants identified the MoH’s M&E challenges and asked the project team to develop a plan to train MoH health professionals. For the first time, MoH officers now have M&E plans to help them envision, measure, and adapt their work toward MoH goals for the national malaria control program, the expanded program of immunization, the Reaching Every District strategy, the community involvement strategy, and the strategic plan for non-communicable diseases.

MoH officers now have a robust and user-friendly tool – the results framework – for the sections of nutrition and adolescent and school health, and leprosy and pharmaceutical departments. These frameworks have translated often complex strategic objectives into manageable units that can be transformed into results. Its consistent use provided MoH officers with a solid understanding of the steps and outputs needed to develop high-quality M&E plans (see photo to the right).

Assisting with the development of M&E training materials were FORTE Saúde partners – MEASURE, the World Bank, the Foundation for Community Development, the World Food Program, Centers for Disease Control, World Vision, and UNICEF. These partners also signed a memorandum of understanding to support M&E capacity building in the MoH and the Ministry of Women and Social Action.

M&E training materials were developed for an event in the Tete Provincial Health Directorate, which served as a testing site for nationwide training to gather feedback on quality and complexity of the materials.



FORTE Saúde

Health worker developing a results framework. This kind of tool enabled quick mastery of monitoring and evaluation principles.

*Results.* FORTE Saúde introduced simple steps to enable MoH staff to understand M&E concepts and use the tools effectively. This national M&E training plan was implemented throughout all 11 provinces with the support of international partners and will improve the monitoring and reporting skills of Mozambican health care workers and management.

*“Thank you and your team for the excellent facilitation of the [PVO coordination] meeting. The outcome was exactly what we were hoping for.”*  
*V. Coelho, USAID officer*

Among the staff to readily embrace the M&E system were personnel from the expanded program of immunization. This success story, presented in Annex H, describes how the results framework tool helps scrutinize the effectiveness of the MoH’s activities.

## DEVELOPING POLICIES, STRATEGIES, PLANS, AND GUIDELINES

The FORTE Saúde strategy to support the MoH in updating and implementing policies used participatory approaches to gather input from communities, partners, civil society groups, universities, and the private sector. FORTE Saúde, and stakeholders such as the WHO, UNFPA, and UNICEF, supported the MoH directorates, (see Annexes E and F) particularly the National Directorate of Public Health, in formulating policy and guidelines, establishing priorities, with a focus on primary health care, and implementation.

<b>International Health Care Events Supported</b>
Preventing Postpartum Hemorrhage, Uganda, April 2006
African Union Conference of Ministers of Health, Maputo, September 2006
Cervical Cancer Prevention, Thailand, February 2007
National Sexual Reproductive Health and Child Health Meetings, 2006 and 2008
National Launch of the Presidential Initiative for Maternal and Child Health in Maputo, February 2008

*Constraints.* FORTE Saúde’s qualitative and quantitative analysis of policies and strategies revealed numerous limitations to the MoH’s skills in policy and strategy development. Training in developing and implementing effective policy was limited as well. Plans and strategic matrices were incomplete or did not adequately express intended results of the different health programs. Policies, strategies, norms, and guidelines were nonexistent, incomplete, or out of date, and services lacked a quality improvement methodology. Finally, in a country with limited resources, national and provincial annual health program plans were inadequately integrated for maximum use of professional staff and finances.

*Interventions.* FORTE Saúde worked with the MoH to ensure that policies and strategies were up to date and to improve the process of development and dissemination. The project team helped develop some of the Ministry’s most critical documents, many of which were approved by the MoH. Some documents are being submitted in March before the project closes, and others that are nearly completed will be left with the MoH for final review. FORTE Saúde’s main contribution to the policy development and application process was the support to decision makers in the analysis of the challenges of the health care delivery system and advocacy for change. The project team helped facilitate participatory discussion and feedback from implementers and beneficiaries for annual work planning (see story in Annex G), and assisted in organizing national and international events (see box above). FORTE Saúde supported an MoH-approved protocol for a study on surgical capacity, including male circumcision, and translated these materials into

Portuguese in 2007. No further activities on male circumcision continued owing to financial restrictions.

*Results.* The evidence-based policy and strategy framework (see photo below) raised the MoH's central and provincial levels' awareness and redirected efforts and resources toward achieving objectives and goals in priority areas.

*Development of the National Cancer Prevention Plan.* Cervical cancer is the primary cause of cancer deaths in Mozambican women;<sup>1</sup> however, despite the WHO recommendation for countries to adopt a strategy to prevent this disease, none was in place in Mozambique. FORTE Saúde thus worked with the MoH to develop a national plan to combat this preventable illness. The project began a two-year process of financing training of a Mozambican team in cervical cancer prevention delivered by Jhpiego in Thailand in February 2007. This team developed the first draft of the Mozambique National Plan for Cervical Cancer Prevention submitted for MoH approval that May. The Minister then requested that a Non-Communicable Diseases National Plan include all cancers, hence this plan was expanded with FORTE Saúde support and approved in 2008.



Strategy and technical documents developed with FORTE Saúde support.

With its National Cervical Cancer Prevention Plan, Mozambique adopted the innovative and simple approach of screening for cervical cancer using the “visual inspection of the cervix using acetic acid” (VIA) technique and treating initial lesions with cryotherapy. All this was possible in a single visit of the woman to the health unit, as recommended by the WHO for developing countries.

Since early 2008, the MoH made multiple advances in cervical and breast cancer prevention, with FORTE Saúde's technical and financial support. Cervical cancer standards have been defined and included in the quality improvement standards, Jhpiego's cervical cancer clinical manual and training materials have been translated into Portuguese, and development of national norms for cervical and breast cancer prevention is currently underway. Cervical cancer prevention information was included in the newly revised data collection forms, and equipment

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<sup>1</sup> *Cancer prevention and control in the WHO African Region (AFR/RC57/RT/1)*, Brazzaville, WHO, Regional Office for Africa, 2007.

and supplies to provide prevention services have been procured. Now women can be screened by trained health workers (55 at this time).

The project was instrumental in developing documents critical to improved health care policy, among them, the National Plan to Prevent and Control Non-Communicable Diseases, including Breast and Cervical Cancer, Sexual and Reproductive Health and Child Health Policies, Global Partnership Plan for Maternal and Child Health, Proposal of Health Facilities Accreditation in Integrated Management of Childhood Illnesses (IMCI) and Emergency Obstetric Care, and IMCI and Neonatal Guidelines. In addition, FORTE Saúde supported the MoH in conducting an assessment of the capacity and needs of health facilities to perform small surgeries, including male circumcision.

Annex B provides the status and dates for documents that FORTE Saúde supported or helped to coordinate in development or updating.

FORTE Saúde/ Mansir Petrie



## IMPROVING THE QUALITY OF HEALTH SERVICES

*Quality* within FORTE Saúde’s context is defined as the improvement of clinical diagnosis and treatment, the assurance that M&E systems produce reliable information, the improvement of interpersonal communication, information, and education within the facilities, greater community involvement, and stronger facility management and system infrastructure.

*Constraint.* The MoH considered quality a priority, however, when FORTE Saúde began, there was no particular quality improvement methodology or strategy for health services.

*Intervention.* FORTE Saúde thus supported the MoH in developing a Sexual Reproductive Health and Child Health National Quality Improvement Work Plan, which the ministry approved in 2006. The MoH adopted the quality improvement methodology, based on Jhpiego’s approach to standard-based management and recognition of services. The methodology is built around internal processes that use standard tools and practices to identify, assess, and improve the quality of service delivery and calls for continuous learning, self-assessments, internal and external evaluation, and recognition of progress. The methodology involves four main steps:

Government of Mozambique  
Five-Year Plan 2005-2009

*“Improving the quality of health services, their effectiveness and efficiency, is even more critical than the goal of expanding access to health services.”*

1. Define desired performance standards based on national norms/context and international references.
2. Implement standards, measure the actual performance, identify the gap, find root causes, define and implement interventions.
3. Measure progress.
4. Recognize progress.

The first step in implementing the quality improvement work plan was to define its standards. FORTE Saúde led the development of national standards through a fully participative process, involving different levels of the MoH and numerous partners, including the WHO, UNICEF, UNFPA, and private volunteer organizations. Performance standards were developed in multiple areas (see box to the right).

<b>Quality Performance Standards Developed for These Health Services</b>	
1.	Family planning
2.	Antenatal and postnatal care
3.	Birth and neonatal care
4.	Immediate postpartum care
5.	Emergency obstetric care
6.	Integrated management of childhood illnesses
7.	Information, education, and communication
8.	Human and material resources
9.	Health and at risk child care
10.	Post abortion care
11.	Management systems

Following the development of the standards, FORTE Saúde supported the MoH in developing materials and carrying out trainings to address quality in sexual and reproductive and child health services. Trainings covered application of quality standards (assessment and promotion), technical refreshers, latest concepts, procedures, and guidelines (see photo below).

The quality improvement standards, based on the national and global policies and guidelines, are now being implemented in six provinces – Nampula, Zambézia, Sofala, Manica, Gaza, and Maputo – with plans for future expansion.

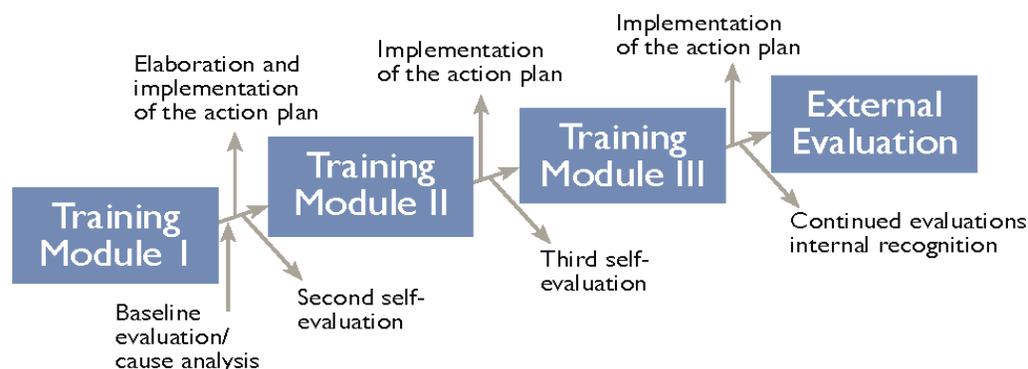


A health worker shows how to care for a newborn in line with quality improvement standards.

The figure to the left shows essential activities within the quality improvement process led by FORTE Saúde.

Good communication, coordination, and collaboration were essential to keeping the quality improvement effort on track. It was necessary to maintain open and ongoing dialogue and reassure the MoH that this was not “just another” initiative, but rather a process that complemented quality promotion for prevention and control.

### Essential activities in the quality improvement process at the MoH



*Results.* The table below explains the health facility quality improvement process detailed in the figure above. In this process 203 sexual reproductive and child health performance standards were defined. The numbers in the table indicate that, following training, each health facility staff began applying their new quality improvement skills and progressively improved with each new follow-up self-assessment as indicated by the percentages. Facilities in the six provinces more than doubled their quality performance in the first six months of implementation of the new standards, and nearly tripled the quality of their performance over the baseline after one year. Those health facilities will now operate on a higher level, adhering to updated, approved, and evidence-based standards. The anticipated result is an increase in access and demand of sexual and reproductive and child health services while decreasing morbidity and mortality rates.

**Table 1. Results of Baseline and Subsequent Self-Assessments by Health Facility and Province**

Province	Health Facility	Baseline, % (Jun-Sep 2007)	2nd assessment, % (Jan-Mar 2008)	3rd assessment, % (Jun-Jul 2008)
Zambézia	HC 17 Setembro, Quelimane	16	67	68
	Rural Hosp Mocuba	32	60	79
	HC Ile	47	61	70
Nampula	HC 25 de Setembro, Nampula	24	55	65
	Rural Hosp. Monapo	26	38	-
	General Hosp. Nacala Porto	24	50	60
Gaza	HC Patrice Lumumba	32	55	71
	Rural Hosp. Chicumbane	21	41	62
	Rural Hosp. Manjacaze	20	62	84
Maputo	HC Manhiça	38	50	62
	HC Matola II	31	52	72
	HC Moamba	14	85	66
Manica	Rural Hosp. Catandica	11	36	49
	HC Chitobe, Machaze	21	36	50

Province	Health Facility	Baseline, % (Jun-Sep 2007)	2nd assessment, % (Jan-Mar 2008)	3rd assessment, % (Jun-Jul 2008)
	HC 1 de Maio, Chimoio	6	43	58
Sofala	HC Macurrungo	27	39	66
	Rural Hosp. Muxungue	23	33	67
	HC Caia	17	39	54

During this process, FORTE Saúde supported the MoH in the introduction of local innovative practices to increase the quality of health care and promote maternal and child health, namely:

- The active management of the third stage of labor to prevent postpartum hemorrhage.
- The early contact of the newborn with the mother immediately after the birth.
- Consultations for the newborn in the first week of post partum.
- Humanistic birth care.

The humanistic birth care approach is revolutionary in Mozambique. The woman has a say concerning how and with whom she will deliver and she is allowed to choose the most comfortable and more physiological positions during labor. The presence of the partner throughout the delivery is encouraged and immediately after birth the baby is placed on the mother's chest. These and other measures and procedures eliminate the tradition that turned the delivery into an event for the health professional instead of a celebration for the woman and her family. We believe that this approach will help increase the number of deliveries of babies at the health facilities and consequently help to decrease maternal and neonatal mortality.

FORTE Saúde also developed an online database as part of the quality improvement process to allow managers to keep track of information and to access it easily so they can make better decisions to improve the quality of services in their facilities.

#### **STRENGTHENING MANAGEMENT, LEADERSHIP, AND SUPERVISION CAPACITY**

Effective management and leadership – incorporating supervision as integral to leadership – is the cornerstone for providing quality health care services. Therefore, the priority is to ensure MoH staff has adequate knowledge and skills, plus the right attitude to manage the day to day processes and lead staff to reach the organization's goals and objectives. Before setting out to strengthen MoH management and leadership and supervision capacity, FORTE Saúde looked first at what had been done in the past. The project team examined prior actions, interventions, and successes, and sought to determine where the MoH saw needs to strengthen its leadership skills. FORTE Saúde's challenge was to develop a flexible approach that was applicable to the day to day complexities of the MoH staff at the central and provincial levels.

*Constraints.* Discussions at the central and provincial levels revealed that few resources were available to improve how personnel planned, worked together, communicated, and managed service delivery on a daily basis. There was no agreement on how to build management and supervisory capacity or which MoH directorate or department should take the lead.

*Interventions.* FORTE Saúde worked with directorates and departments (Annex F) to assist them in reducing duplication and overlap through more coordinated annual planning.

*Teamwork in restructuring.* To assist with change management and transitions, during the restructuring process of the department of reproductive, child, and adolescent health, FORTE Saúde worked with department heads to help personnel and management understand the implications of restructuring and the importance of teamwork in meeting their objectives. Management and staff were able to devise a restructuring proposal that was methodologically sound and developed through a participative process.

*Professional development.* FORTE Saúde also provided professional development opportunities through a series of 20 sessions for the MoH, partners, and other organizations. These sessions exposed staff to new information, methodologies, and tools in topics such as institutional development models, management and leadership, strategic planning, and developing and tailoring presentations to different audiences. Management and leadership workshops were held in the provinces of Gaza, Zambézia, and Cabo Delgado.

*Results.* FORTE Saúde introduced the standards-based quality improvement methodology in six provinces – Nampula, Zambézia, Sofala, Manica, Gaza, and Maputo. Management topics were incorporated into the quality improvement training. The topics covered change management, interpersonal communications, resource mobilization, working in teams, the management cycle, the role of the health professional in the management of their health units, and the road to quality (see photo to the right). Annex I illustrates how a Manjacaze rural hospital has improved its health care service and how staff committed to making the hospital a model health care facility. Leadership was an integral part of management training:



Participant in a QI training reviews Nampula's road to quality map.

#### *Management and leadership (M&L)*

*modules.* M&L topics have been compiled into a series of 10 thematic sessions that can be presented individually or in combination. This module includes tools and plans and can be used as an on-the-job reference or for training. The material focuses on change and the manager's role in leading the process for improving performance, whether as an individual or as a team. The M&L modules include:

- Organizations as an open system
- Organizations in a changing environment
- Organizations and the management cycle

- The role of health professionals in the management of health facilities, district health departments, and provincial health departments
- The client’s perception of service
- Teamwork
- Interpersonal communication
- Mobilizing resources
- Organizing and conducting meetings
- Management and leadership: a key component for quality improvement

More than 255 health professionals from central level and provinces have received new tools and new skills in managing health personnel and applying new approaches to their day to day health care service delivery.

### STRENGTHENING HUMAN RESOURCES (PRE- AND IN-SERVICE TRAINING)

The shortage of professionally trained staff has inhibited the MoH’s ability to improve access and coverage of health services in Mozambique. To address the situation, the MoH has been mobilizing donor support for its Emergency Training Plan. A sector-wide approach group for human resources and the MoH Directorate of Human Resources led this human resource strengthening process.

In response to the MoH’s Emergency Training Plan, FORTE Saúde’s contract included funding and oversight for long-term training of health professionals for masters’ degrees in public health in Mozambique and abroad. The MoH recruited and selected scholarship candidates and FORTE Saúde’s responsibility was to match the candidate’s credentials to a suitable educational program and support the application process.



FORTE Saúde/ Mansir Petrie

Some MPH students at UEM pose in front of the medical school.

Ultimately, three MoH professionals received scholarships to the University of Pretoria in South Africa and eight to the Eduardo Mondlane University (UEM) in Maputo (see photo above). Both groups of students were presented to USAID and met with either the Mission Director or Deputy Mission Director. FORTE Saúde provided the students with, laptops, handled communications with the universities, liaised with USAID, ensured payments to students and the schools, reviewed grades, and met with the students periodically.

All 11 students have completed their first year and are preparing their theses. With FORTE Saúde’s closing, USAID has contracted with the African American Institute to continue the funding and management of the students’ studies. The expected award dates for their degrees are July 2009 for Eduardo Mondlane University and August 2009 for University of Pretoria students.

In parallel, toward the end of FORTE Saúde's first year, USAID provided the project with additional funding to support the MoH pre-service nurse training programs. Save the Children and World Vision provided support in Nampula and Zambézia provinces, respectively, but the needs were greater than these organizations could cover. There were a wide range of requests for support at the nurse training institutes, including improvement of management and supervision skills of the institute training staff, provision of office equipment and student kits, and support for field training. FORTE Saúde worked with both the MoH training department and the two provincial institutes to determine priorities and to agree on where the monies would be spent.

To reduce disparate funding procedures for nurse training programs in the same two provinces, FORTE Saúde developed a memorandum of understanding among partners on how monies should be used and what costs would be allowable. This level of coordination ensured that partner efforts in both provinces met a greater number of training needs, benefiting both the training institutes and the funding organizations alike. Annex K details this success story.

In December 2007, when FORTE Saúde's financial support for nurse training ended, 92 nurses had received training in the Nampula and Quelimane training institutes (see photo to the right). They are now part of the health workforce in Mozambique, effectively saving the lives of women and children.

These short-term training investments will yield a new cadre of young professionals more prepared than ever to confront the challenge of the shortage of qualified staff throughout Mozambique. More than 800 men and women health professionals participated in learning opportunities on a wide range of topics including monitoring and evaluation, management and leadership, quality improvement, and clinical skills.



FORTE Saúde/ Mansir Petrie

A group of students receives training at the Quelimane Health Sciences Institute.

## PREVENTING AN OUTBREAK OF AVIAN INFLUENZA: THE CHALLENGES AND BENEFITS OF COORDINATION

In 2005 the MoH and the Ministry of Agriculture (MINAG) organized an avian influenza (AI) task force to prevent the outbreak of the flu in Mozambique. The two ministries nominated coordinators to participate in a regional meeting held in Brazzaville in January 2006. This task force worked to develop Mozambique's National Contingency Plan and to coordinate prevention efforts between the two ministries. Chaired by the MoH, this multi-organizational effort included, among others, the WHO, Italian Cooperation, UNICEF, USAID, FAO, Heiffer, Vet Aid, and a number of NGOs working in USAID's target provinces such as World Vision and ADRA.



Participants of AI training of trainers learn how to examine a chicken for AI signs.

FORTE Saúde

Before the beginning of FORTE Saúde, USAID had begun to discuss heading off the spread of the flu to Mozambique with the MoH. Following some discussions, and given FORTE Saúde’s small component in prevention of epidemics, FORTE Saúde’s contract was modified to include funding to support the MoH’s AI prevention activities. FORTE Saúde joined the task force and became an integral member of the AI communications working group. With the National Contingency Plan completed, work

began to develop communication materials and training to roll out prevention activities to the provinces.

During the past three years FORTE Saúde has assisted the MoH with coordination and technical and administrative support in moving the AI prevention agenda forward. Fortunately there has been no incidence of AI in Mozambique to date; however, the MoH and the MINAG have continued to concentrate on preventive measures.

The MoH, MINAG, USAID, and collaborating projects — AI.COMM, the FAO, UNICEF, and other international organizations — have joined forces to train more than 75 AI prevention trainers and develop a contingency plan, an AI clinical manual, a training of trainers course for emergency preparedness, and manuals for trainers and participants. They are also distributing a range of communications materials including posters and pamphlets, an AI community facilitator guide, and message-bearing caps, T-shirts, and bags (see photos above and below).

Coordinating this diverse group of health and agriculture professionals, all with varying work plans and priorities was no easy task. As a result of strong collaboration and ongoing communication between the MoH and MINAG, they now have the tools and materials to continue training provincial and district staff to educate their communities and work with groups involved in the production and sale of chickens and other birds for human consumption.



FORTE Saúde

Activists from the MINAG and MoH explaining to a community in Zambézia how to protect against AI.



## PART II LEADING THE WAY THROUGH INNOVATION AND PARTNERSHIPS

Rather than have FORTE Saúde working vertically and independently, in competition with others, the project team brought proposals to the discussions — not final products but suggestions for an approach or quality improvement methodology, an M&E tool, steps for policy development, and ways to enhance skills. The team incorporated inputs from others, especially the MoH, to create ownership of the activities and, ultimately, the results. Leading by example, FORTE Saúde demonstrated how to bring dispersed groups together, gain buy-in, and help partners envision the benefits of working collaboratively in the future.

*“THANK YOU VERY MUCH for the work of the FORTE Saúde team to revise the documents [needs assessment protocols] as assigned”.*

*ML Vaz, UNFPA officer*

Table 2 presents the three synergistic features of communication, collaboration, and coordination and how each played a vital role.

**Table 2. Definition, Method and Examples of Communication, Collaboration and Coordination**

	Communication	Collaboration	Coordination
What it is	Ensuring that all have the right information at the right time. Sharing knowledge and information.	All come together to share and contribute in order to maximize resources. All help each other.	All parts/pieces fit together and are managed efficiently and effectively. All bring their parts. All know what is going on. All are on the same page.
How it is done	E-mails, meetings, documents, instant messaging, other tools of communication.	All come together to meet and discuss.	Interpersonal relationships that bring benefits to all
Examples	Mailing lists set up for technical working groups	Preparation together of policies, guidelines, norms , sharing responsibility	Multi-ministry working groups, SWAp technical groups
The FORTE Saúde experience	FORTE Saúde found creative ways to ensure good communication	FORTE Saúde participated in various groups providing technical assistance and sharing knowledge and experience	The coordination role of FORTE Saúde was a way of getting things done. FORTE Saúde set examples in team work and accountability. FORTE Saúde pushed forward partners in many activities

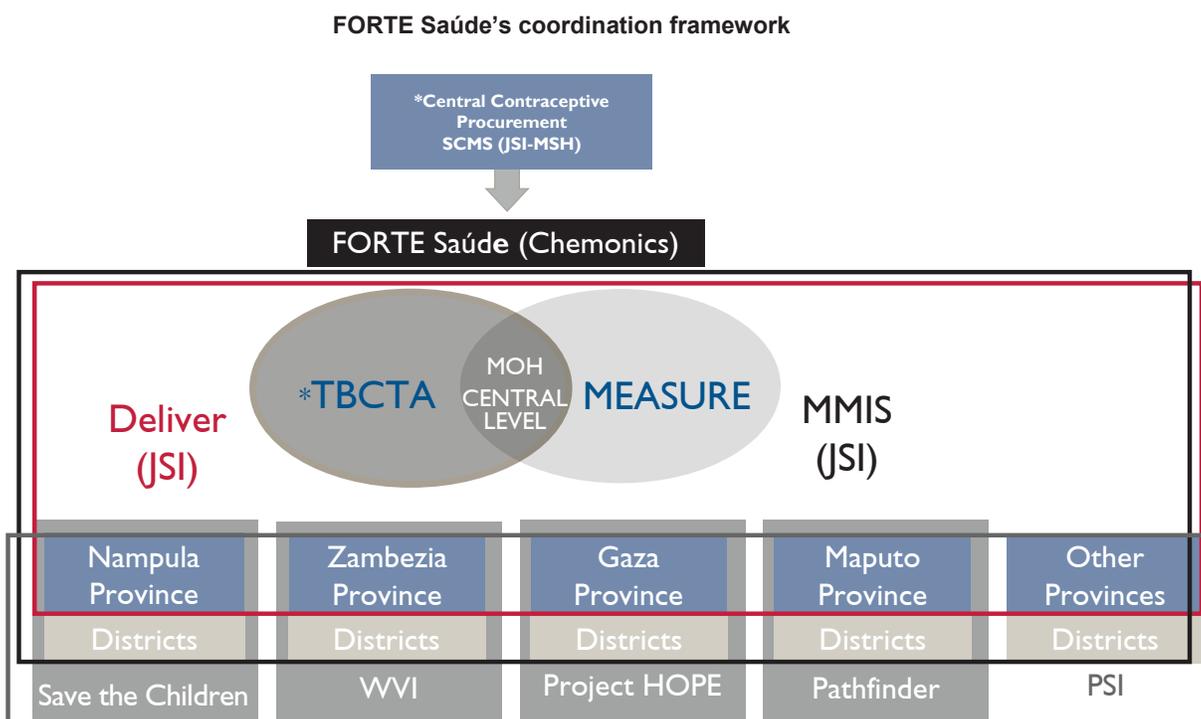
*Why partnerships worked.* Partners took each working situation as a learning opportunity and a chance to openly exchange knowledge and experience. They led by example and provided guidance and mentoring. Partnerships worked because<sup>2</sup> all partners, regardless of the amount of personnel or financial resources allocated to the MoH, were seen as strategically valuable, willing, and committed. They shared their intention to support the MoH and a willingness to leverage funds in support of activities that benefited the MoH. They established trust around the technical competence and responsiveness of each partner by ensuring that work was the highest possible quality and performed in the shortest time possible. Recognition of achievements was

*Partnerships are purposeful, mutually beneficial strategic and technical alliances that FORTE Saúde established with other like-minded people and organizations*

*(FORTE Saúde definition)*

fairly shared; none tried to garner praise regardless of the magnitude of individual investment of resources. Leadership of the processes that required particular technical expertise and guidance was tacitly assigned and undisputed. All partners felt they were “doing with, not merely doing for” the MoH. In turn, the MoH was able to guide and shape the outputs and the results.

*Partnerships are strategic tools.* The figure below illustrates the framework the project used for coordinating the work of several organizations and projects. These partnerships were an innovation both for the MoH and those who became partners; indeed, these relationships became strategic tools to achieve innovation and foster change.



<sup>2</sup> This assessment was adapted from John L. Marriott, *The power of partnerships: the next step*, pp 32-33, Blackwell Publishers, 1996.

*Partnerships are the vehicle for innovation.*

FORTE Saúde was a model for Mozambicans. This project set the example on how to work together to bring change to a country with limited human and financial resources. Teams recognized what worked and shared this information and know-how for all to build upon. The challenge they overcame was to devise joint approaches and procedures with the potential for significant impact in low resource settings. These approaches saved lives, were easy to master, and were adaptable to the reality of Mozambican health services.

As FORTE Saúde closes out, champions for innovating through partnerships have emerged and will move forward to ensure their

institutionalization (see photo above). Annex E lists the organizations that have partnered with FORTE Saúde throughout the life of the project.



FORTE Saúde

Staff from FS, MoH, and partners participating in a working group.



## PART III LESSONS LEARNED AND RECOMMENDATIONS FOR THE FUTURE

### I. LESSONS LEARNED

The implementation of FORTE Saúde has been a learning process for the project team and partners. Lessons learned from FORTE Saúde will cover two perspectives, one related to how the project was designed, and the other to how it was implemented:

#### LESSONS LEARNED ABOUT THE PROJECT DESIGN

**A cost effective approach to capacity building requires multiple, focused approaches.**

FORTE Saúde worked to strengthen the capacity of the MoH in five areas – policy and strategy, the health information systems, M&E, M&L and quality, and nurses training. In addition, FS worked to support avian influenza prevention and to conduct a study of surgery services capacity and needs, including male circumcision. Each of the areas was extensive in scope, particularly given the realities of the MoH, and possibly required more than one project to address each area. In other words, it was ambitious to expect that FORTE Saúde, in the time frame and with the resources available, could make significant impact at the institutional level by covering all these areas.

**Technical assistance for the central level does not always result in institutional strengthening.** In theory, a strong central level will be able to lead change at all levels of the health system. However, this expectation contradicts the bottom-up direction of health system strengthening. Indeed, investments should be made at the periphery, providing the tools that will genuinely conduct the decentralization and deconcentration efforts within health sector reform. Officers at the top tended to be overworked and less available to learn new skills brought in by FORTE Saúde than workers at provincial and district levels.

#### LESSONS LEARNED FROM PROJECT IMPLEMENTATION

**Clarify and align expectations, interests, and priorities of all parties, from the very beginning to ensure everyone is working with the same understanding and objectives.** From what the project can pay for to how many activities it can support, and how often the technical team is available, each aspect will have to be explained and negotiated over and over again, as the counterparts are themselves pressured to leverage resources and support and achieve results. Such repetition also reveals how trusted the project was, in the sense that the counterparts knew they would be heard and would be, somehow, supported. When partners have clarity about what they want done, when, how, and why they can align their efforts and maximize resources, they can minimize confusion and competition.

**Changes in MoH priorities warrant timely adjustments to the project contract.** Significant changes in the interests and priorities of the MoH require careful review and possible revision of project responsibilities and activities. Aligning interests and expectations on the part of the beneficiary, the donor, and the contractor are key to successful results. Financial constraints and contractual obligations should have some flexibility to accommodate necessary changes.

**Absorptive capacity is a key consideration when planning and implementing activities.**

How much can be done with the human resources available? It is important to assess the capacity and the availability of the counterparts to implement when activities are planned. There are times when it is difficult to respond to multiple requests and needs. Can we work with the MoH to prioritize better? Can we fit everything into everyone's schedules? Can we be more creative in terms of finding other resources? There are times when it is wise to make concessions in order to win later.

**The importance of coordination, collaboration, communication, and a shared commitment cannot be overstated.** Competing with other agencies, organizations and projects to get the full attention of the recipient of technical assistance is a major challenge, particularly given that everybody is pressed for results. It is easy to undervalue the potential that timely communication, resolute coordination, and effective collaboration have in such circumstances. However, when everybody finds out that individual approaches no longer work, the joint effort approach becomes a viable option even at the cost of individual visibility.

#### **IN CONCLUSION ... IT'S ALL ABOUT CHANGE**

And change takes time... It is essential to consider the pace of each person as s/he experiences the change process. Change is difficult, even when people agree that it is necessary. And it can be overwhelming when there is too much. Be patient and persevere. Provide information, acknowledge loss, and be supportive. Use every moment as a learning moment, so people can also act as change agents. Celebrate with them even the smallest effort, success, or accomplishment.

## **II. RECOMMENDATIONS FOR THE FUTURE**

The work accomplished by the MoH with FORTE Saúde support is the beginning of new opportunities and challenges for the MoH and its current and future partners. The foundations have been laid for building better systems, improving service quality and strengthening human capability, and we respectfully submit to the MoH the following recommendations:

### **STRENGTHENING INFORMATION, MONITORING AND EVALUATION SYSTEMS**

**Identify packages of minimum information needed by each health program.** Ensure that the package incorporates high-quality data that can be used by program managers. Such packages will reduce the workload of health professionals at all levels – recall that their prime function is to deliver care, not fill numbers into endless registers. This implies a process of continued revision of data forms to accommodate the most relevant information needs of the health program managers. In addition, it is necessary to ensure that part of such information is associated with the M&E plan of the department or program.

**Focus on the establishment of integrated data warehouses.** Integrated warehouses make use of a local area network and other forms of intranet and enable extremely high customization of reporting. They can serve as true executive decision support systems by enabling various layers and complexities of information to all personnel in an organization.

**Invest in Web-based technologies to foster sharing and reporting of health information.**

Web-based technologies have higher speed, reliability, and less cost compared to paper-based technologies. At the current pace of IT dissemination in Mozambique, and particularly mobile networks, Web-based technologies may allow the MoH to divert the costs related to reproduction, storing and mailing of paper forms, and other tools into access and bandwidth expenses.

**Establish a minimum package of strategic documents.** Each health program, department, and directorate should develop a set of strategic documents that includes at least a strategic plan, an annual action plan, an M&E plan, and a quarterly M&E report. The strategic plan and the M&E plan should be revised every year, right before the planning cycle of the MoH. This is necessary to accommodate new goals and adjust the results expected from the implementation. The balance reports should be strictly an M&E report that is built to account for each of the M&E indicators.

**DEVELOPING POLICIES, STRATEGIES, PLANS AND GUIDELINES**

**Continue the participatory development/update of policies, strategies, and guidelines.** In developing and updating policies, strategies, and guidelines, the MoH should integrate community participation, gender, monitoring and evaluation and HIV/AIDS for maximum representation of interests and assessment of progress and challenges. As the epidemiological situation changes, both managers and implementers will need strategic and operational guidance from well formulated policy and strategy documents. The MoH will not assume that all documents developed with FORTE Saúde support are static; rather it should convene annual fora to revisit and revise the documents as necessary.

**Promote greater investment in health research.** This will provide the evidence required for policy and decision-making. Despite the recognized expertise of partners and MoH officers, policy development requires that a permanent, strong evidence base is available to justify the strategic decisions made by the MoH. The National Institute of Health, the entity associated with health research in the MoH, should occupy more visible spots in the policy and strategy development processes.

**Seek technical assistance to ensure strengthening of knowledge and skills.** The development, implementation and monitoring of sexual and reproductive health and child health interventions requires access and use of skills that the MoH should continue to master. FORTE Saúde's work revealed that partners, who were mostly closely following MoH intentions and perspectives, are open to and willing to take on the MoH agenda and not necessarily intent on pushing through their respective agendas as often suggested.

**Disseminate information about and understanding of the MoH (institutional) approval processes.** Steps and routines that documents have to follow once submitted for approval should be known by everyone involved in policy and strategy development. In addition, establish mechanisms that ensure greater speed to get all the necessary approvals. The fact that often a policy or strategy document is developed and submitted in a rush, only not to hear about it for weeks in a row, induces discouragement and frustration in partners and MoH professionals as well.

**Continue and strengthen the inclusion of M&E in the policy making process.** A critical part of any policy and strategy implementation is the evaluation of the accomplishments and the changes brought about by new policies and strategies. This implies that every single policy document should from the beginning envision how, how often, by whom, and with what its implementation will be measured.

#### **IMPLEMENTING QUALITY IMPROVEMENT IN HEALTH SERVICES**

**Invest in recognition of accomplishments as a motivating factor.** Health workers and facilities that stand out in improvements of service quality should receive praise via an MoH-endorsed and funded recognition plan. This will impel staff motivation to higher levels and have a cascade effect on areas within the health facilities that may not have embraced quality improvement.

**Create an evidence base for the quality improvement effort.** This requires accurate and reliable collection of health data that may show that facilities are effectively improving access and coverage of services. Managers should access such data and be motivated to improve further the performance of their services. The online quality database should be nurtured and regarded as a tool that any manager has to access to pinpoint problems and devise solutions with the health team.

**Identify best practices in quality improvement and reward the leadership behind them.** There is a cause-effect relationship between leadership strength and those facilities that improve quality faster and sustain that quality of service longer. Cases where facilities have achieved sustainable quality improvements should be shared with others to extract what best practices made the difference.

**Expand new processes with a step-by-step approach.** Many processes function properly when they are in the pilot phase. However they tend to collapse when scaled up very quickly, often due to minimal sustainability and insufficient handling of the resistance to change. Ideally, expansion should be incremental, initiating with a few health facilities within a few districts and growing to incorporate more and more facilities.

**Seek greater consolidation of the quality improvement process.** Universities and health training institutes assist in disseminating the quality improvement methodology at a faster pace. Newly graduated health workers will master the methodology much faster and bring innovative ways to improve the quality of service delivery.

#### **STRENGTHENING MANAGEMENT, LEADERSHIP, AND SUPERVISION**

**Locate the responsibility for improving management, leadership and supervisory skills in the human resources department.** Strong management skills are the lynchpin for successful programs and efficient service delivery. Clinical competencies alone are insufficient to ensure top quality service and satisfied customers. While a limited allocation of time and money for building these “soft” skills is usually the case, all areas in health depend on well functioning systems from managing information, to procurement, to staffing. To build a sustainable program of professional development requires not only training, but also a comprehensive plan for managers to use what they have learned, whether at the central, provincial, or district level.

**Clarify management, leadership, and supervisory responsibilities for the different levels and conduct a comprehensive assessment of M&L needs. What is the gap?** Find out what people should be doing with respect to management, what they are doing, their needs and interests, and how gaining management skills and expertise can strengthen the individual and the team. A successful management and leadership program starts with accountability and each individual's commitment to taking responsibility for his or her own professional growth. This is easier to do when learning is tailored to the individual.

**Incorporate management, leadership, and supervisory skills into orientations, refreshers and updates, and skills training.** Create learning opportunities wherever and whenever you can. Build them into every staff meeting. Make learning relevant AND fun. Help current and future MoH managers be the leaders who can lead change. Developing good management skills does not have to be a mystery.

#### **IMPLEMENTING IN-SERVICE AND LONG-TERM TRAINING**

**Invest in continuous learning – have a plan.** Learn on the job. Provide or seek out opportunities for updates, refreshers, and gaining new skills or improving them. Incorporate into all in-service activities an M&E component to track progress and make decisions for next steps.

**Ensure opportunities to apply what is learned in both short term and long term training programs.** In-service and long-term training is not an end in itself. The MoH would be well served to ensure that those returning from degree training programs are encouraged or required to offer sessions on different topics to their colleagues. If the learning is not applied, it will be lost. Returning students should also be responsible for looking for ways to apply what they have learned and to build upon that knowledge



## ANNEX A. CONTEXT OF HEALTH AND THE MOZAMBIQUE REALITY

Mozambique, 799,380 sq km, is located in Eastern Africa and shares borders with Tanzania, Malawi, Zambia, Zimbabwe, Swaziland, and South Africa. Its east coast on the Indian Ocean, underscores the importance of the country as a gateway for hinterland countries and tourist destination. The country has 11 provinces, with the northernmost being the most populated.

The population is 20,530,714 (2007 census), 52 percent of which is female. There is a high proportion of young people, high mortality in early ages, and high population growth: 44.3 percent of the population is younger than 15; 53 percent is between 15 and 65 years, and only 2.7 percent is older than 65 (INE et al., 2005). Only 25.5 percent lives in the south, which is the most developed area and the center of political decision-making. Zambézia and Nampula, known as “USAID provinces” among donors, are the most populated, with 19.2 percent and 19 percent of the people, respectively.

More than a third of Mozambicans reside in rural areas where sanitation and access to clean water are the worst in the country.

Despite its strategic location in the African continent and economic potential, Mozambique is one of the poorest countries in the world.

Such statistics set the stage for the implementation of FORTE Saúde against a backdrop of disease. The country’s vulnerability to illness and death is due to a multitude of socio-economic factors: high poverty levels, unfavorable environmental conditions – recurring droughts and floods – minimal response of existing health services, and an uninformed and unprepared population. Mozambique’s maternal and child mortality rates are among the highest in the world.



Map of Mozambique: a vast shoreline ensures a strategic position but also makes the country prone to floods.

## ANNEX B. COMPLETE LIST OF ITEMS PRODUCED, BY TYPE, BY YEAR

(CDs, reports, manuals, training materials, policies)

Note: All materials are in Portuguese.

ITEM	Latest version
Best practice, definitions, 1-pager	2006
CDROM "Documents and pictures, SO8 coordination meeting, May 2006"	2006
CDROM "Universal access to comprehensive services in sexual and reproductive health in Africa", Proceedings of the AU Conference of Ministers of Health, Maputo	2006
CDROM "Workshop of adaptation and updating of training materials in IMCI"	2006
Guidelines for the revision of reproductive health data forms and registers	2006
Indicators and the planning process, 2-pager	2006
Monitoring and evaluation: always feared but always needed!, 1-pager	2006
National action plan for improvement of quality in SRH and CH services	2006
National child health policy [Resubmitted]	2006
Poster, Mozambique strategy to reduce maternal mortality, workshop on maternal mortality, Uganda	2006
Proposal of a minimum indicator set for child health	2006
Report, working group meeting for development of a strategy to improve quality in SRH and CH services	2006
Report, workshop on integrated monitoring and supervision of IMCI	2006
Results framework: definition, functions, examples and construction, 2-pager	2006
Revised EPI data collection and aggregation forms	2006
Template for consolidation of PVO quarterly reports	2006
Video, "The situation of SRH in Mozambique", AU Conference of Ministers of Health	2006
Breastfeeding manual [Approved]	2007
CDROM "Documents and pictures, End-of-year coordination meeting, December 2007"	2007
CDROM "Male circumcision & HIV prevention", compilation of scientific evidence"	2007
CDROM "Seminars for setting standards of QI"	2007
Collecting data with focus on quality. Support material for the Health Information Systems course, QI Module III	2007
Data collection and aggregation forms for neonatal health (health facility to national levels)	2007
Executive report, development of the neonatal health information subsystem	2007
Form for collection of data on IMCI training at district level	2007
Forms for data collection and aggregation for USAID Intermediate Result 3 (SO8)	2007
Framework for accreditation of essential obstetric care and essential newborn care services [Being updated]	2007
Global partnership for reduction of maternal, child and neonatal mortality [Approved]	2007
IMCI manual [Approved]	2007
Information brochure on gentle birth and quality assistance to women and newborn during labor and delivery [Approved]	2007
KPC protocol for Zambézia, Nampula, Gaza and Maputo-province	2007
Lessons learned from the process of analysis of the situation of FS target areas at MoH	2007
List of indicators in use in the NHS	2007
M&E plan for community involvement	2007

ITEM	Latest version
M&E plan for malaria national control program	2007
Manual (adapted) of essential newborn care [Roll-out phase]	2007
Manual for prevention and treatment of cervical cancer	2007
National action plan for the prevention and treatment of cervical cancer [Approved]	2007
National child and neonatal health strategy [Resubmitted]	2007
Proceedings of the conference of ministers of health of the African Region	2007
Proposal for the restructuring of MoH Section of Public Health Education	2007
Report, donation of IT equipment to the MoH Department of Community Health	2007
Report, regional workshop for training of provincial surveyors	2007
Report, situation analysis of reproductive health commodity security	2007
Report, situation analysis of the MoH target areas supported by FS	2007
Report, training on VIA and cryotherapy for cervical cancer	2007
Requirements for FS-funded scholarships for MPH programs	2007
Results frameworks: health sector strategic plan 2007-2012, MCH, AI, National Institute of Health, National Leprosy Control Program, School and Adolescent Health, quality improvement, non-communicable diseases	2007
Technical materials, gentle birth and provision of quality services to women and newborns [Approved]	2007
Terms of reference and organizational structure for DSRCA	2007
Training materials, workshop for definition and development of performance measurement tools for SRH and CH services (module I) [Approved]	2007
Training materials, workshop for definition and update of performance measurement tools for SRH and CH services (module II) [Approved]	2007
Training materials, workshop for health teams implementing QI [Near completion]	2007
Training materials, workshop for technical update on SRH and CH	2007
Action plan for nutritional development [Submitted]	2008
CDROM "Documents and pictures, Partners coordination meeting, August 2008"	2008
CDROM "M&L training materials: a) Introduction to management; b) The relationship between M&L and QI; c) The management of change; d) The road to QI; e) Building our road to QI"	2008
CDROM "Module II for quality improvement in SRH and CH"	2008
CDROM "Prevention and control of cervical cancer. VIA and cryotherapy, scientific evidence"	2008
CDROM "Process of improving the quality of support material"	2008
Child health card [Roll-out phase]	2008
Facilitator manual, health information systems [Approved]	2008
Facilitator's guidelines for nutritional guidance of people living with AIDS [Submitted]	2008
Form 0 for data collection at facility level	2008
Forms (revised) for collection, aggregation and reporting of SRH data [Submitted]	2008
Framework for post-natal assistance on 3 <sup>rd</sup> , 7 <sup>th</sup> days and 4 <sup>th</sup> week [Approved]	2008
Framework for recognition of progress in QI of SRH and CH services [Submitted]	2008
Framework for the national committee to audit maternal, perinatal and neonatal deaths [Being updated]	2008
Framework, expansion of QI process to remaining 5 provinces [Submitted]	2008
Guidelines for implementation of QI at provincial level [Near completion]	2008
Health sector strategic plan (updated) 2007 – 2012	2008
Integrated plan to accelerate progress toward MDG 4 and 5 [Submitted]	2008
IT newsletter, "A Tecnologia e a Fortaleza" [6 issues]	2008

ITEM	Latest version
Learner manual, health information systems [Approved]	2008
M&L training materials: Management in today's organization: a challenge for human resource managers	2008
M&L training materials: Zambézia Provincial Health Directorate workshop, Quelimane	2008
M&L training materials: EGPAF workshop, Cabo Delgado	2008
Manager's guidelines for nutritional guidance of people living with AIDS	2008
Manual for assistance of a healthy child and for a child at risk	2008
Manual for the treatment of severe malnutrition	2008
National action plan for non-communicable diseases (including cervical and breast cancer)	2008
National M&E training plan [Approved]	2008
National partnership for MCH [Submitted]	2008
National policy for sexual and reproductive health [Resubmitted]	2008
Program for sentinel posts of nutritional surveillance	2008
Proposal for revision of SRH and CH contents in the MoH Web portal	2008
Report on FS support to nurse training in Zambézia and Nampula	2008
Report on training supported by FS, January-December 2007	2008
Report, development of health systems in the context of reduction of maternal and neonatal mortality	2008
Report, M&E training at Tete Provincial Health Directorate	2008
Report, national MCH meeting	2008
Report, president's initiative to reduce maternal mortality	2008
Report, status of development of strategic frameworks in the MoH	2008
Report, training of trainers for AI	2008
Report, training on essential newborn care	2008
Report, workshop for technical update on SRH and CH	2008
Roadmap to foster reduction of maternal and neonatal mortality [Approved]	2008
Standard list of equipment and supplies for implementation of prevention and treatment of cervical cancer [Approved] [Purchase underway]	2008
Strategic plan for commodity security in reproductive health [Being updated]	2008
Strategy for delivery waiting homes [Submitted]	2008
Strategy for nutritional development	2008
Strategy for the repositioning of family planning [Near completion]	2008
Strategy for traditional birth attendants [Submitted]	2008
Technical norms for SRH [Being updated]	2008
Training materials on data collection with a focus on quality	2008
Training materials, workshop for definition and development of performance measurement tools for SRH and CH services (module III) [Approved]	2008
Telling a story: Why and how FORTE Saúde carried out M&E training in Tete	
Training materials, workshop for technical update on SRH and neonatal health [Approved]	2008
Child feeding policy in the context of HIV	2009
Compilation of 10 modular units for M&L training	2009
CD-ROM, FORTE Saúde closeout event	2009

## ANNEX C. ITEMS PROVIDED FOR THE MINISTRY OF HEALTH

IT and multimedia equipment	Quantity	Year
Computer, complete with 17" screen, mouse, keyboard and UPS; with Microsoft XP, Office 2003 and Norton Antivirus software	16	2007
Notebook, with Microsoft XP, Microsoft Office 2003, carrying case	1	2007
Video projector	1	2007
Computer, with 17" screen, mouse and keyboard	1	2008
Computer with 19" screen, mouse and keyboard	1	2008
Anatomic models for SRH/CH clinical update courses		
Intrauterine device (IUD) insertion kit	4	2008
IUD copper T 380A	25	2008
IUD handheld trainer	10	2008
Model – Condom	4	2008
Model – Baby resuscitation	4	2008
Model – Advanced Childbirth Simulator	4	2008
Model – Placenta Cord/Aminion/Chorion	4	2008
Model – Cloth Pelvis	4	2008
Easel – Cervical Dilatation Display	4	2008
Model Kit – Zoe, repair kit, video NTSC, assembled	4	2008
Model kit – Breast, video NTSC, assembled	4	2008
Neonatal airways	5	2008
Gloves for exam	100	2008

## ANNEX D. STAFF PAST AND PRESENT

### I. TECHNICAL STAFF

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Ellen Eiseman	Chief of Party
Veronica Reis	Senior Technical Officer (Jhpiego)
Humberto Muquingue	Senior HIS/M&E Advisor
Lídia Cardoso	Senior Capacity Building Advisor
Isabel Nhatave	Health Policy and Strategic Planning Specialist
Jorge Anez	Reproductive Health Specialist (Jhpiego)
Natércia Fernandes	Technical Advisor in Neonatal and Child Health (Jhpiego)
José Leopoldo Nhampossa	IT Specialist
Baltazar Chilundo	M&E Specialist
Maria Helena Chongo	Program Coordinator
João Carlos Mavimbe	IT Specialist
Sally Kamau	Post-Graduate Training Coordinator (HAI)
Homero Lobo	Capacity Building Specialist
Regina Msolomba	Capacity Building Specialist
Cristiano Matsinhe	M&E Specialist

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### II. SHORT-TERM CONSULTANTS

António Gaspar	Benjamim Botão
Ernesto Mandlate	Emílio Mosse
Marcos Ymayo	Kizito Gondo
Gloria Metcalf	Amâncio Oliveira

## ANNEX E. COLLABORATING ORGANIZATIONS AND PARTNERS

Academy for Educational Development	Irish Aid
France Cooperation Agency	ISAP – Instituto Superior de Administração Pública
BASSOPA Malaria Prevention and Control Project	I-TECH
Belgian Technical Cooperation	Malaria Consortium
Centers for Disease Control	MEASURE Evaluation
Columbia University	Medecins sans Frontiers/Luxembourg
Comissão Europeia	Michael and Susan Dell Foundation
Constella Futures	Ministry of Agriculture
Cooperação Canadana	OMS
Cooperação Italiana	Pathfinder
Swiss Development Cooperation	Presidential Malaria Initiative
Department for International Development (UK)	Project HOPE
Elizabeth Glaser Pediatric AIDS Foundation	Population Services International
Embassy of Norway	Save the Children
Embassy of The Netherlands	Secretariado Técnico para Segurança Alimentar e Nutricional
FNUAP	The Global Fund
Global Alliance for Vaccines and Immunization	UEM/Faculty of Medicine
Health Alliance International	UNAIDS
Health Information Systems Program	UNFPA, UNICEF
Health Metrics Network	World Bank
ICAP/University of Columbia	World Food Program
Insuline Foundation	World Vision International

## **ANNEX F. LIST OF MINISTRY OF HEALTH DIRECTORATES, DEPARTMENTS, AND PROGRAMS**

### 1. Central level:

National Directorate of Public Health

Health Promotion and Prevention

Reproductive Health

Child Health

Family Planning

Nutrition

Expanded Program of Immunization

School and Adolescent Health

Department of Health Promotion and Community Involvement

Disease Control

National Malaria Control Program

National Tuberculosis Control Program

National Leprosy Control Program

Environmental Health

Non-Communicable Diseases

Directorate of Planning and Cooperation

Directorate of Human Resources

Training

Management

Directorate of Medical Services

Pharmaceutical Department

Oral Health

National Institute of Health

Department of Health Information

### 2. Provincial level:

Provincial Health Directorate of Zambézia

Provincial Health Directorate of Tete

Provincial Health Directorate of Inhambane

Provincial Health Directorate of Nampula

Provincial Health Directorate of Sofala

Provincial Health Directorate of Manica

Provincial Health Directorate of Gaza

Provincial Health Directorate of Maputo

Niassa, Zambézia and Nampula Health Training Institutes

## ANNEX G. SUCCESS STORY

# Teamwork and Planning Build Capacity

### Ministry official in Mozambique learns the value of strong planning in policy formulation.



Dr. Benedita Silva, head of the Child Health section of Mozambique's Ministry of Health.

PHOTO: COURTESY OF FORTE SAÚDE PROJECT

***FORTE Saúde is a USAID-supported project that provides technical assistance to the Ministry of Health in Mozambique. The project team helps improve policies, strategies, guidelines, and protocols for maternal and child health, reproductive health, malaria, nutrition, and emergency preparedness. FORTE Saúde has also helped strengthen health care systems for more effective service delivery.***

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"I got to a point of being able to lead because I had FORTE Saúde's support," said Dr. Benedita Silva, head of the Child Health section of the Ministry of Health (MoH). Dr. Silva had been working on developing the National Child and Neonatal Health Policy since 2005. Other partner organizations had collaborated with the MoH in the past, but the policy was never completed. "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," expressed Dr. Silva. With many initiatives and limited staff in her department, Dr. Silva was well aware of the challenges she faced. She turned to FORTE Saúde for support but was still unsure if she could do this on her own. The FORTE Saúde technical team knew that Dr. Silva was ready to take the lead in completing the national policy.

Working together, Dr. Silva and the FORTE Saúde technical team created a timeline of activities and agreed to use a participative methodology, which FORTE Saúde had previously introduced in the development of Mozambique's Reproductive Health Policy and the Department of Community Health 2007 work plan. Dr. Silva had participated actively in these efforts and was familiar with the methodology; this was her opportunity to apply what she had learned to a new challenge. She led coordination of activities and brought together key people from the MoH, in addition to partners and collaborating organizations. FORTE Saúde supported Dr. Silva throughout the process, coaching and providing technical assistance as needed.

The National Child and Neonatal Health Policy was completed in December 2006. Dr. Silva learned that it was possible to successfully undertake such a monumental task when all staff's experience was valued and all contributions and abilities were respected. Teamwork and good planning created a learning environment where each team member was motivated to participate.

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

## ANNEX H. SUCCESS STORY

# Using a Results Framework

### Ministry official in Mozambique learns the value of using a results framework.



Dr. Baltazar Chilundo, FORTE Saúde's former monitoring and evaluation specialist, helps train Dr. Gaspar.

PHOTO: COURTESY OF FORTE SAÚDE PROJECT/MANSIR PETRIE

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The timing was perfect when Dr. Nuno Gaspar and Dr. Baltazar Chilundo met in June 2007. As the new head of the MoH's expanded program of immunization, 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 MoH 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. During the next few days, the two worked alongside FORTE Saúde's senior monitoring and evaluation advisor, Dr. Humberto Muquingue, to conceptualize, tailor, and finalize a results framework for the expanded program. 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 toward the result areas as the basis for a monitoring and evaluation plan.

## ANNEX I. SUCCESS STORY

# Quality Improvement at Manjacaze Rural Hospital

### Quality Improvement, Gentle Birth, and Teamwork at Manjacaze Rural Hospital



Art panel at HRM.

PHOTO: COURTESY OF FORTE SAÚDE PROJECT

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In 2006, the MoH in Mozambique started the development and implementation of a strategy based on performance standards to improve the quality of service delivery in sexual and reproductive health and child health. Many FORTE Saúde partners provided support – WHO, UNFPA, UNICEF, World Vision, Save the Children, Pathfinder and Project Hope. As part of the effort, standards for quality services were finalized in 2007. Provincial teams were trained to start implementation of quality improvement in 18 selected health facilities in six provinces. The Manjacaze Rural Hospital (HRM) in the Manjacaze district of the Gaza province is an active participant in the quality improvement process and has shown considerable commitment and creativity in promoting higher-quality services. Since February 2007, the HRM team, first led by Dr. Mbate Matandalasse and later by his successor, Dr. Shaida Sulemane, sought the support of local communities. This support was deemed critical for the successful implementation of both the quality improvement plan and humanistic birth care initiatives at HRM. Humanistic birth care is a distinct but complementary part of quality improvement whereby the birth attendant and the health facility manage the delivery with a focus on the needs and demands of the pregnant woman.

With the community support, and particularly from a local painter, Estêvão Mucavele, HRM has been carrying out many activities to turn the hospital building into a friendlier and more efficient place, all with the community in mind. Worth highlighting are the painting of various hospital sections, and the conception and construction of art panels for both the interior and the outside of the hospital. The panels show the name “People-friendly Hospital of Manjacaze.” In addition, there are posters listing user rights; toys were acquired and places allocated for children to play. Fans were purchased for better ventilation in many sections and users are offered snacks while they wait for assistance. Hospital staff received awareness building and training on interpersonal communications and clinical skills. Also, now delivering women determine who they want to be with them before and during labor. The team of the “People-friendly Hospital of Manjacaze” is proud and excited with these achievements and has expressed enthusiastically its intention to transform the Manjacaze hospital into a model health facility, where users’ rights are treasured.

## ANNEX J. SUCCESS STORY

# Strengthening inter-departmental collaboration for Nutritional Surveillance

### POSTOS SENTINELA: A STORY OF MOH INTER-DEPARTMENTAL COLLABORATION



MOTHER WITH BABY.

PHOTO: COURTESY OF FORTE SAÚDE/MANSIR PETRIE

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In 2005, a vulnerability assessment of food security in drought-affected areas led to a rapid nutritional assessment in 54 districts covering over four million people. The nutritional assessment determined the status of children under five years of age and identified adequate nutritional interventions. As a result of these surveys, the MoH established a monitoring system for the nutritional status of the population through sentinel sites – Postos Sentinela – and selected sites to provide this service. The Postos Sentinela program is an integrated part of the nutrition surveillance system.

Helen Keller International, as a member of the FORTE Saúde consortium, provided technical assistance and the MoH's Nutrition Department began planning for the first nationwide 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. As Dr. 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.

## ANNEX K. SUCCESS STORY

# Coordinating for nurses training: minimizing duplication, maximizing results!



Quelimane Health Sciences Institute.

PHOTO: COURTESY OF FORTE SAÚDE/MANSIR PETRIE



Nampula Health Sciences Institute.

PHOTO: COURTESY OF FORTE SAÚDE

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FORTE Saúde and partners provided support to nurses training, which was delivered by dedicated institutes run by the MoH. Besides the state budget, the Nurse Training Institutes rely on multiple financing sources. Other USAID – funded organizations support the same two Nurse Training Institutes in Zambézia and Nampula. FORTE Saúde determined it could be advantageous to all involved to share what each organization was supporting, and how to maximize the use of funds and minimize duplication.

The first step in coordinating efforts was to understand the norms, principles and procedures followed by each funding organization. FORTE Saúde recognized several factors that made the relationship difficult between the institutes and the organizations and anticipated that solid collaboration among the funders could help.

After months of discussion, critical factors for a sustainable collaboration were determined: i) participation of the managing directors of the nurses institutes; ii) understanding of the rationale for coordination and collaboration by the nurses institutes; iii) assurance that collaboration and coordination would not interfere with or violate the rules associated with the funding; and iv) provision for the participation of other financing organizations.

Collaboration has led to the finalization of standardized norms, principles, and procedures for funding, and positive working relationships all around.



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