



USAID | **MOZAMBIQUE**
FROM THE AMERICAN PEOPLE

FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT **(October 28, 2005 – June 30, 2006)**

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

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

Maputo, August 15, 2006
Final

INTRODUCTION

The aim of the FORTE Saúde (FS) contract is to assist the central Ministry of Health (MOH) to improve Maternal Child Health (MCH)/Reproductive Health (RH), malaria and nutrition policies and implementation to improve quality and efficiency of services to improve health status. In addition, because Mozambique is especially vulnerable to epidemics such as cholera and meningitis the other focus of the contract is emergency preparedness. There are a wide variety of activities that will be carried out including technical assistance (TA), training, information and communication technology (ICT) support, provision of equipment, supplies and materials, capacity building, policy dialogue, monitoring and evaluation (M&E), development of tools and job aids, Behavior Change Communication (BCC)/Community Participation strategies, and operational research.

Intermediate result (IR) 3, “more accountable policy and management”, is the key focus for this contract. FORTE Saúde coordinates and collaborates with other USAID-funded partners working in health, including four separately awarded Cooperative Agreements with PVOs. The PVOs are focused on IR1 and IR2 that will strengthen service delivery and used in selected districts in the provinces of Zambezia (World Vision), Nampula (Save the Children), Gaza (Project Hope) and Maputo (Pathfinder).

The first six months

The contract was signed the end of October 2005. The Chief of Party (COP) was in country the end of November and the Senior Technical Officer (STO) arrived in early December. Technical and administrative staff were brought on beginning in December. This first semester focused on building the FORTE Saúde team and building relationships with the MOH, PVOs, USAID and other organizations working with the MOH. These initial months also focused on learning. The FS obtained more than 20 key documents that provided the background and basis for the development of contract deliverables which included the Five-Year Strategic Plan (2006-2007), the Annual Action Plan/Training Plan (2006), and the Performance Monitoring and Evaluation Plan.

The first version of the Five-Year Strategic Plan, in English, was sent to USAID February 1, 2006. It was agreed that the 2006 Annual Action Plan/Training Plan would be prepared in Portuguese to facilitate discussions with the MOH. Once approved, the document would be translated and submitted to USAID. Ongoing discussions were held with the MOH to ensure the Plans met the MOH’s needs and expectations. The issue of greatest concern for the MOH was the budget and the amount allocated to implementing MOH activities. Though the issue has not been fully resolved, on March 24 FS submitted to USAID the draft 2006 Annual Action Plan/Training Plan, in Portuguese, for review.

The discussions with the MOH continued as did the revisions of the Plans. In May, FS proposed focusing the work on four objectives, which took into account the contract’s six tasks. A brief document (called the Synthesis) was developed and accepted by the MOH and the Plans were revised to reflect this restructuring, including the budget. The final proposed Plans were sent to USAID on June 28 for submission to the Minister of Health for his official approval.

Sections A and B, which follow, provide a summary of FS’s activities and interventions (planned and unplanned), results, projections for the next six months, and the contract performance. Sections C and D address the successes and best practices. *Italics* in the tables refers to activities to be implemented at the provincial level with FS’s assistance, in coordination with the MOH central level, provincial directorates and USAID-funded NGO/PVOs working in the provinces.

Section A

Numbers 1, 2, and 5 are those on the original TASC2 six-monthly PMR template

1. **Activities and interventions:** Summarize activities and interventions carried out in the last six months which were previously reported as “planned activities”
2. **Reported results:** Summarize the tangible results
5. **Performance:** For each of the activities described in number 1, state if on-target or not and comment.

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

Activities/Interventions	Performance	Reported Results (Tangible)	Comments
<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 in four target provinces.			
Perform diagnosis of current situation of ICT and M&E, with focus in the target areas of RH, CH, EPI, nutrition and malaria.	20%	Methodology document elaborated.	Ongoing. Option was made for an initial needs assessment including a quick appraisal of the current situation of health information systems (HIS) and M&E.
Determine and rank information needs to support decision making and determine most appropriate data flows in the target areas.	30%	EPI forms ready for reproduction and implementation. Minimum set of indicators for CH developed.	Ongoing. A number of meetings took place with RH, CH Sections and EPI focusing on information needs in the target areas.
Review/build tools for data collection, aggregation and reporting and the procedures for validation and feedback in the target areas.	30%.	Most RH data forms revised.	Ongoing. Finalization of data forms for neonatal health pending review by Ministry of Health (MOH) partners.
Assist in the compilation and execution of plans to implement the revised/compiled tools.	0%	None	To be initiated. Assistance not provided yet. Support available from FS was communicated to target areas.
Work in collaboration with MOH and USAID in selecting indicators, defining the relevant data and performance targets for each indicator and finalizing the PMP for USAID.	30%	Meetings held with PVOs and USAID to understand the challenges of data collection and to reach consensus on definitions and targets of the USAID common indicators. One-pager on “best practices” developed by FS to assist PVOs document experiences.	Ongoing. Deadline for finalization of IR3 indicators rescheduled to July 21st. Inputs from PVOs about those indicators were obtained. Pre-final version of IR3 indicators shared with MOH.
Assist MOH in revision and monitoring of health activities financed by USAID; collect and monitor data for MOH and SO8 PMP annual reports.	30%.	Final draft of a report format to consolidate data from PVO activity compiled and circulated among PVOs and MOH. Document detailing mechanisms for building collaboration, coordination and consensus was produced and shared with USAID, PVOs and MOH. Community-based IMCI summary and concise PVO profile produced and shared with MOH.	Ongoing. PVO consensus on consolidated report format. FS granted access to PVO reports. Contacts initiated with MOH to gain access to and post PVO consolidated reports in the MOH website.
Organize conferences to report and review the progress, in line with the formal agreement between USAID and MOH.	0%	None	Ongoing. First meeting planned for second 2006 semester. Preliminary conversations held.

Activities/Interventions	Performance	Reported Results (Tangible)	Comments
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces.			
Work with MOH in the evaluation of current situation of the policies, strategic plans and guidelines for RH, CH, malaria, nutrition and response to epidemics situations, using the information available in the MOH.	30%	Draft instrument for alternative situation analysis developed.	Ongoing. Field work as originally planned highly dependent on MOH approval of FS documents.
Work with the RH Section in the production of the RH policy.	60%	Documents on ToR for the working group (WG), on RH for the WG coordinator and for an external consultant to assist with policy development - elaborated and approved by the minister. Draft documents on family planning, infertility, and cancer situation analysis elaborated. Reports from field visits, meeting agendas and minutes.	Ongoing. In the policy development process, FS got the opportunity to build capacity of MOH team through "learning by doing". RH policy formulation is based on participatory approaches guided by FS. Technical inputs and dynamism brought into the WG by FS have promoted regular meetings and the culture of recording events. FS developed administrative and technical documents to jump-start the policy process.
Work with the CH Section in order to develop the neonatal and CH policies.	60%	Report including FS recommendations. Draft document with the methodology, timeline and ToR for Neonatal and CH policy development elaborated and approved by the minister. MS PowerPoint presentation on basic concepts and processes of policy development.	Ongoing. FS supported development of recommendations in the workshop on Neonatal Strategies. FS participated in CH WG to develop the National Neonatal and CH policy and prepared administrative and technical documents.
Assist with the update and dissemination of IMCI manuals.	60%	CD with IMCI workshop materials compiled and made available by FS. Draft of reviewed manuals available.	Ongoing. Participation in the IMCI workshop and in the WG to review IMCI manuals.
Assist in the situation analysis of community IMCI and in the training of community health workers in the target provinces.	60%	Document with compiled information from reports on IMCI activities by PVOs available.	Ongoing.
Support the development of the facilitator manual for the Basic Nutritional Package (MINPAK).	100%	Facilitators manual finalized. Training of trainers for MINPAK conducted.	Proceeded as planned. Team of MISAU, HKI, UNICEF and AED/linkages finalized the facilitator's manual for the MINPAK, subsequently used in the provincial training.
Support in the development of the local nutrition surveillance system.	10%	Documents with activity details, approved by the Minister of Health	Delayed by approval process of the MOH. However, the surveillance system activity has been approved and sites have been identified.
Assist in development and implementation of a system to monitor the MOH-based activities on community nutrition carried out by PVOs.	0%	None	Other activities were priority; the staff of the nutrition unit was reduced. Discussions were initiated with the PVOs about project coordination, will be the basis for the development of the monitoring system.
Assist the Nutrition Section in the review of the Maternal Health Program to ensure the inclusion of the 5 key nutrition messages.	0%	None	No progress. Limited availability of Nutrition Section staff and HKI staff.

Activities/Interventions	Performance	Reported Results (Tangible)	Comments
Support the Health Education Section (RESP) and the areas of RH, CH, Nutrition and Epidemics to strengthen community participation in the preparation and implementation of policies and strategies	60%	Workshop reports One-pager presenting concise information on M&E Documentation of discussions and decisions in meeting minutes from various WGs.	FS has provided technical support through participation in workshops and coordination meetings on this issue. FS participating in the development of community mobilization strategies through the AI communication and mobilization WG.
Support the inclusion of contents from the National Policy for Malaria Treatment in the training of health staff providing pre-natal and IMCI consultations.	25%	Reviewed IMCI manuals include updates of malaria treatment. Report from field visits.	FS STO participated in the launching of IPT National Strategy and in IPT training (April 18-19th) in Gaza and Inhambane. Articulation with malaria program yet to start; it will ensure M&E for National IPT Strategy.
Assist with preparation of policy and strategy for the fight against epidemics and endemics.	25%	Documents with ToR for WG to conduct situation analysis and develop a national strategic plan for epidemic and emergency response.	FS helped in the preparation of bureaucratic documents. Letters requesting permission to MOH to start the activity available.
Specific objective three: Strengthen MOH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces.			
Identify main challenges on management, leadership, supervision and quality in the areas of RH and CH.	Rescheduled	Templates for minutes, layouts for meeting agendas.	FS team has consensus regarding major leadership and management issues at MOH.
Provide MOH with technical assistance for the revision and development of the planning processes.	Partly rescheduled for the next quarter	Plans for avian influenza and for the reorganization of the national health information systems include FS-suggested components	Support provided focusing on components of planning such as M&E.
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.			
Assist the operation of the Post-graduation Committee; Identify potential candidates from MOH and assist in the provisions needed to ensure their attendance of national and international post-graduate courses and other relevant programs; Assist MOH in the identification of new programs and new funding opportunities; Assist the Department of Community Health and the Department of Human Resources in the review/update of a plan and curricula for training activities in the target areas	Rescheduled	None	Dependent on formal approval of FS 2006 action plan.
Support the Nutrition Section in revising training modules and curricula and mapping training needs and trainers gaps in the Institute of Health Science; Support the Nutrition Section in conducting a training of trainers of nutrition technicians.	0%	None	This activity is part of the national nutrition activity plan. No progress, reasons being that other activities received priority and that in the 6 months of the reporting timeframe the staff of the nutrition unit was reduced dramatically.

Activities/Interventions	Performance	Reported Results (Tangible)	Comments
<i>Unplanned</i>			
Specific objective one: Strengthen ICT and M&E in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and in four target provinces.			
Participation of M&E and IT specialists in a technical WG for the reorientation and reorganization of the National Health Information System (NHIS).	90%	Integration of bottom-up philosophy in NHIS planning and reorientation. Roadmap for NHIS finalized.	Ongoing. FS participated in the WG inception; its contributions were conceptual and technical.
Participation of M&E specialist in a technical working group for the M&E of SWAP activities.	80%	Revised strategic matrix with indicators to assess governments performance on poverty alleviation	Ongoing. FS was requested to represent USAID in this already existing technical group at MOH.
Provision of technical support to integrate IMCI data across the monitoring and integrated supervision tools and the database.	5%	Draft layout of data flows finalized and presented to SCH.	Ongoing. Integration was suggested to Section of CH. Database not made available on time.
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.			
Support given to the Nutrition Section in revision of nutrition module in PTV manual.	100%	PTV modules including nutritional aspects.	Nutrition modules of the PTV manual were revised within expected timeframe.
Participation in international conference related to FS areas.	100%	Poster and electronic presentations. Conference participation report.	FS STO participated in JHPIEGO's African Regional Technical Update Conference on "Preventing Mortality from Postpartum Hemorrhage in Africa: Moving from Research to Practice" in Entebbe, Uganda. FS STO ensured the participation MOH team (Lilia Jamisse, Eduardo Matediane, Nazária Cardoso).
Dissemination of evidence based information from Uganda Conference	100%	Power point presentation of a synthesis of the Uganda Conference on post-partum hemorrhage.	Presented by FS STO (Technical Update session, May 12).
Participation in the Central Committee and the Technical sub committee for the preparation of the meeting of African Union Ministers of Health in September 2006.	100%	Meeting minutes.	FS STO identified and confirmed Dr. Harshad Sanghvi, RH expert who will prepare a paper about "Best Practices in Sexual and RH and Rights Service Delivery with focus on PPH" for the Conference.

Section B

Numbers 3, 4, and 5 are those on the original TASC2 six-monthly PMR template

3. **Planned Activities and Interventions:** List future activities and interventions planned to be implemented within the next six months. (JULY, AUG, SEPT, OCT, NOV, DEC.)
4. **Expected Future Results:** Summarize tangible results expected at conclusion of next month period and whether expectation is still reasonable.
5. **Performance:** For each of the activities described in number 1, state if on-target or not and comment.

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

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance
Specific objective one: Strengthen information and communication systems and technologies, monitoring and evaluation in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and in four target provinces.			
Perform diagnosis of current situation of ICT, M&E, with focus in the target areas of RH, child survival, EPI, nutrition and malaria.	Situation of the health information system in general, and the information subsystems assessed.	On-track	Achievable. This is of utmost priority.
Determine and prioritize information needs to support decision making and determine most appropriate data flows in the target areas.	Informational needs and respective flows determined.	On-track	Achievable
Review/build tools for data collection, aggregation and reporting and the procedures for validation and feedback in the target areas.	Tools for data collection, aggregation and reporting in the target areas revised/produced.	Partly finalized for RH	To be finalized by mid of next reporting period
	Procedures for validation and feedback established.	To be initiated	Achievable
Assist in the compilation and execution of plans to implement the revised/compiled tools	Tools revised and under implementation.	On-track	FS will follow the implementation of EPI forms (initial training and national roll-out)
Assist the identification and procurement of resources/equipments for the target areas	Resources/equipments supplied to target areas.	To be initiated	Achievable
Work in collaboration with MOH and USAID in selecting indicators, defining the relevant data and performance targets for each indicator and finalizing the PMP for USAID	PMP with an explicit set of quantitative and qualitative indicators.	Near completion	IR3 indicators with respective indicator performance sheets submitted to USAID.
	Reliable and timely data sent to USAID according to the agreed reporting mechanisms.	To be initiated	Achievable
Assist MOH in the regular revision and monitoring of all health activities financed by USAID, and collect and monitor data for the MOH and SO8 PMP annual reports.	M&E reports available in a timely manner and based on the approved PMP.	On-track	Achievable. May need rescheduling given the recent addition of USAID common indicators in the PVO reporting.

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance
Organize conferences to report and review the progress, in line with the formal agreement between USAID and MOH.	Semi-annual activity plans of MISAU partners and USAID revised, highlighting progress and main outcomes of M&E.	To be initiated	Achievable
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces.			
Work with the MOH in the evaluation of current situation of the policies, strategic plans and guidelines for RH, CH, malaria, nutrition and response to epidemics situations, using the information available in the MOH.	Current situation of policies, strategic plans and guidelines assessed.	On-track	To be completed until November 2006. Data collection instruments developed.
Work with the RH Section in the production of the RH policy.	RH policy compiled and including components of family planning, sexuality and gender.	On-track	Final version of RH policy by December 2006. Remarkable progresses are being registered as this activity is one of the MOH top priorities.
Work with the CH Section in order to update/develop the neonatal and CH policies.	Policies and guidelines for neonatal and CH updated/developed.	On-track	Draft of NCH policy due November 2006. Remarkable progresses are being registered as this activity is one of the MOH top priorities.
Assist with update and dissemination of IMCI manuals.	IMCI manuals updated and disseminated.	On-track	Final version by October 2006.
Support the development of the Nutrition Action Plan 2006-2010 based on the nutrition strategy approved by the MOH.	Nutrition Action Plan 2006-2010 compiled by the end of December 2006	On track	Approval obtained for the activity, the dates for drafts and consultation with partners agreed. Strong follow-up will be needed by the Nutrition Section.
Assist with the development of the monitoring tool for the implementation of MINPAK.	Tool developed.	On-track	To be discussed with Nutrition Section; lack of human resources, monitoring of implementation and focal point.
Support development of the local nutrition surveillance system.	System developed.	On track	Next steps: finalization of the training manual and implementation guidelines, training, data collection.
Assist with development and implementation of a system to monitor the MOH-based activities on community nutrition carried out by NGOs.	Monitoring system developed. PVOs monitored.	On track	Discussions on a monitoring system yet to take place, advances exist regarding vitamin A supplementation by NGOs. Need for inclusion and monitoring of the vitamin A data in the national data base.
Assist the Nutrition Section in the review of the Maternal Health Program to ensure the inclusion of the 5 key nutrition messages.	Document revised.	On-track	MINPAK yet to be fully integrated into RH and CH documents.
Support the definition of coordination norms and mechanisms for the implementation of the strategy of community involvement with the collaboration of provincial health directorates and partners.	Implementation norms and documents.	Delayed	Needs to be considered if this should be rescheduled to 2007 given the workload.
Assist with update of the nutrition model for the promotion and marketing of balanced diets and good nutrition practices.	Model revised.	On-track	Needs to be considered if this should be rescheduled to 2007 given the existing expertise.
Assist with inclusion of nutrition messages in the activities carried out by RESP.	Nutrition messages integrated in the activities implemented by RESP.	On-track	Messages have been developed and distributed. Needs discussion with RESP, Nutrition on how to include them in all their work.

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance
Support the inclusion of contents from the National Policy for Malaria Treatment in the training of health staff providing pre-natal and IMCI consultations.	Policies, strategic plans, guidelines and skills on the prevention and control of malaria and epidemic updated and disseminated.	On-track	
Assist the preparation of the policy and strategy for the fight against epidemics and endemics		On-track	Bureaucratic documents are under MOH consideration
Specific objective three: Strengthen MOH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces.			
Identify main challenges on management, leadership, supervision and quality in the areas of RH and CH.	Main challenges for management, leadership, supervision and quality identified.	On-track	Achievable.
Develop a strategy for the improvement of management and quality on RH and CH at different levels of the NHS.	Proposal for the strategy produced.	To be initiated	Achievable
Define/update standards of management and quality for the various levels of the NHS.	Management/quality performance standards defined for the selected areas.	To be initiated	Achievable
Compile a comprehensive curriculum on management, leadership, supervision and quality at the relevant levels.	Training on management, leadership, supervision and quality strengthened in the target areas.	To be initiated	May be re-scheduled
Assist with revision, updating and development of educational materials on management and quality standards.	Training materials produced/adapted.	To be initiated	May be re-scheduled
Provide MOH with technical assistance for the revision and development of the planning processes.	Planning processes strengthened.	On-track	Achievable
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.			
Assist the operation of the Post-graduation Committee	Post-graduate training processes well coordinated and transparent	On-track	Achievable but implementation depends on MOH approval of FS documents
Identify potential candidates from MOH and assist in the provisions needed to ensure their attendance of national and international post-graduate courses and other relevant programs.	Institutional development process strengthened.	On-track	Achievable
Assist MOH in the identification of new programs and new funding opportunities.	New programs and new funding opportunities identified.	On-track	Achievable
Provide support to ensure the application of skills learned in the Operational Research Centre of MOH in Beira.	Professionals skilled in study design, qualitative methodologies, epidemiology and other relevant areas.	On-track	Achievable
Assist the Department of Community Health and the Department of Human Resources in the review/update of plans/curricula for training activities in the target areas.	Capacity-building activities strengthened in target areas.	On-track	Achievable
Assist with strengthening of management capacity of the nurse training institutions. (Under discussion with USAID)	Nurse training strengthened.	On-track	Achievable
Assist with implementation of basic nurses training courses in selected provinces. (Under discussion with USAID)		On-track	Achievable

Section C

6. Compelling individual-level success stories

FS does not have a compelling individual success story to report for the first semester. The success to report is at a team level. As part of FS's Year One approach – “Building bridges and creating paths” – approximately 50 meetings were held with the MOH in the first six months, enabling the team to establish credibility and gain trust with the MOH. The fact that MOH personnel have requested having meetings at the FS office and have shown up unexpectedly to meet with members of the team is one measure of the relationship that is developing. Another is that FS are called upon to participate in working groups, provide input for technical documents, and review and discuss technical issues. A third measure to consider is that the FS team is a) hearing from the MOH what the team has said on different occasions and b) seeing the application of some of FS's efforts.

This team level success was possible because of each FS team member's commitment to the work that the team was brought together to provide and a willingness to learn. So while the success story is focused on the FS team in this first report, the team feels that this is a solid beginning and a good place to start.

In anticipation of telling future success stories from the organizations, partners, and communities with whom FS will work, FS prepared preliminary criteria for defining those stories to tell. The FS team will look for:

- tangible/visible results achieved through working in concert with FS contract activities
- changes that led to or created the opportunity for others to benefit (including counterparts, partners, community members)
- initiatives taken to adapt or apply learnings from FS contract interventions and support

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.

Though this contract has just completed its first semester substantial work has been carried out as evidenced in this report. It is however, too early to determine what has worked well enough to be replicated elsewhere in the country. The FS team is cognizant of the importance of learning from what has been done and finding ways to share best practices. As the contract documents its progress, the FS team will reflect on Advance Africa's¹ definition of a best practice:

- A specific action or set of actions exhibiting:
- quantitative and qualitative evidence of success
 - the ability to be replicated
 - the potential to be adapted and transferred

¹ Advance Africa's “Compendium on Best Practices”, finalized in 2003.