



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

FORTE Saúde

(Fostering Optimization of Resources and Technical Excellence for Health)

PERFORMANCE MONITORING REPORT **(July 1, 2007 – December 31, 2007)**

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INTRODUCTION

FORTE Saúde (FS) works with five target areas at the central level of the Ministry of Health (MoH) to improve quality and efficiency of services in Maternal and Child Health (MCH)/Reproductive Health (RH), extended program of immunization (EPI), malaria and nutrition. The contract provides technical and financial support in a variety of areas, from information and communication technologies and systems to capacity building to policy and strategy formulation.

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

2007: year of collaboration – the second six months of (July 1 – December 31)

During the second semester FS consolidated its prime role as coordinator and collaborator with as many as 20 international organizations, in subjects varying from avian influenza to nurse training. In the reporting period, FS expanded its pool of MoH technical counterparts to 41 (from 18 in December 2006). Seventy two individuals, primarily MoH and NGO officers, received training financed and delivered in part or fully by FS.

Highlights of the semester include under **Objective 1**, finalization of the M&E plans for community involvement, multi-year immunization plan and RED strategy; development of a draft plan of action for strengthening M&E at the MoH in collaboration with the Global Fund; final revision and formatting of RH data forms; revision of data forms for neonatal health and development of job aids for the forms. In **Objective 2**, FS finalized the Breastfeeding Manual; translated JHPIEGO Cervical Cancer Guidelines and developed training materials for Mozambique cervical cancer trainings; had the SRH/CH Quality Standards approved by MoH; finalized the draft monitoring tool for the Basic Nutrition Package; developed a training manual for sentinel posts for nutritional surveillance; provided financial support/TA to PALOPS-TOT & first training on Essential Newborn Care, in collaboration with WHO, and; organized/facilitated two week TOT refresher course on AI Rapid Response and Community Mobilization. For **Objective 3**, FS ran a 2-day management training workshop for Project HOPE and provincial NGOs in Gaza province. In **Objective 4**: Long term training scholarship conditions approved by the MoH. In addition, FS organized and conducted meetings for nurse training coordination in Nampula and Quelimane.

Among the challenges faced by FS in the second semester of 2007, emphasis goes to the chronic shortage of MoH staff in target areas, particularly to work on M&E systems development. Finding the best coordination mechanisms with the MoH to ensure that planned activities are initiated and sustained at central and provincial levels was also a major challenge, particularly in the face of the demand for qualified and continued TA to support implementation of QI and M&L.

Section A, which follows, provides a summary of FS's activities (planned and unplanned) and results for the second semester of 2007. Section B presents projections for the first semester of 2008, and the expected contract performance. Sections C and D provide a story and an example of a best practice. *Italics* in the tables refers to activities to be implemented at the provincial level with FS's assistance, in coordination with the MoH central level, provincial directorates and USAID-funded PVOs working in those provinces.

Section A

Activities/interventions: Summarize activities and interventions carried out in the last six months which were previously reported as "planned activities".

Reported results: Summarize the tangible results.

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

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

Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
<i>Planned</i>				
<u>Specific objective one:</u> Strengthen information and communication technologies (ICT) and monitoring and evaluation (M&E) in the areas of Reproductive Health (RH), Child Health (CH), Expanded Program of Immunization (EPI), nutrition and malaria, at the central level and <i>in four target provinces</i> .				
Provide TA to target areas/MoH to identify information needs (minimum datasets).	25%	Minimum indicator set developed for Child Health.	FS is mostly the need of such sets, no tangible commitment from other target areas yet.	1.6.10 1.7.5
Include data elements from national health programs in the NHIS.	0%	Consensus of the target area that program reports should be generated from NHIS.	Inclusion of data dependent on finalizing data forms. DIS extensively involved.	1.6.10 1.7.5
Provide support to the development of M&E plans and tools in the target areas.	50%	Draft of results framework and M&E plan for community involvement strategy, malaria program, EPI comprehensive plan, EPI-related RED strategy available.	These drafts are yet to be approved by MoH. RED: Reaching Every District.	1.4.7 1.6.10 1.7.5
Develop a quality assessment database.	40%	Draft web-enabled database, with basic functionalities, available at quality.fortesaude.org.mz .	Consultant has been hired. Work ongoing.	1.7.1
Support target areas in diagnosis of relevance and operation of current mechanisms for dissemination of information, including website.	10%	None	Preliminary contacts were made. Site identified/approved for use. Draft plan for use of "knowledge corner" in DNPPS being developed.	1.4.7 1.6.10 1.7.5
Provide technical support to target areas for development of a plan to disseminate information in accordance with identified gaps.	0%	Related to above	Related to above	1.4.7 1.6.10 1.7.5
Provide technical support to Department of Environmental Health (DSA) for definition of norms/mechanisms for coordination, monitoring, and evaluation of environmental health strategy.	0%	None	Pending availability of DSA staff. Contacts maintained on a regular basis.	N/A
Perform diagnosis of ICT and M&E current situation with focus on the target areas.	ICT:30% M&E:75%	Situation analysis of the M&E in MoH conducted. Action plan to strengthen MoH M&E system was developed.	Other target programs to establish their action plans to strengthen M&E under coordination from M&E Unit and FS Consultancy for comprehensive MoH diagnosis due next semester. Bidding documents drafted for this consultancy.	1.3.9 1.6.10 1.7.7
Determine/rank decision making information need and appropriate data flows in target areas.	50%	Informational needs and respective flows determined.	Finalized for RH and CH (including neonatal health). Ongoing for Malaria. To be initiated with Nutrition Section.	1.3.9 1.6.10 1.7.7
Review/create/implement data collection tools, aggregation, reporting, validation in target areas.	100% (CH and RH)	RH data forms revised.	Finalized for RH and CH (including neonatal health). Ongoing for Malaria. To be initiated with Nutrition Section.	1.3.9 1.6.10 1.7.7

Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
Coordinate data collection for the SO8 indicators for IR 1, 2, and 3, on a quarterly basis, in agreement with the PIRS.	80%	Data collection collected on a regular basis by the PVOs.		N/A
Organize coordination meetings with the PVOs funded by USAID, follow-up on deliverables.	100%	Minutes from PVO coordination meetings.	Three meetings were held this semester.	N/A
Organize coordination meetings with the MoH.	75%	Minutes from MoH coordination meetings.	Two meetings postponed due to unavailability of the MoH.	N/A
Organize the annual MoH/USAID/PVO coordination meeting.	0%	Minutes from MoH coordination meetings and tools to support implementation of recommendations.	Second annual meeting postponed by MoH due to unavailability of its staff.	N/A
Assist MoH in revision/monitoring of health activities financed by USAID; collect and monitor data for MoH and SO8 PMP annual reports.	75%	Consensus obtained with the PVOs regarding responsibilities in consolidating PVO reports. PVO consolidated reports.	This is a quarterly activity. FS initiated consolidation of PVO 1 st quarter reports consolidated and shared with originating PVOs for comments. The PVOs will consolidate all quarterly reports to come.	1.4.7 1.6.10 1.7.5 1.7.7
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation <i>in the provinces.</i>				
Activities/Interventions	Perform.	Reported Results (Tangible)	Comments	PE
Present/discuss RH/CH policy situation analysis results.	90%	Report on RH/CH policy situation analysis shared with Key personnel from MISAU and USAID	MoH comments were incorporated in the final report prior its dissemination.	1.6.11 1.7.3
Provide TA for dissemination/implementation of RH National Policy and African Union action plan.	100%	Portuguese document summarizing the main articles presented at AU and CD-ROM being disseminated.	FS in coordination with DNPPS is disseminating AU materials in relevant events.	1.7.3
Review/update and integrate aspects of gender, HIV/AIDS and community participation into Midwifery and FP strategies.	50%	Drafts of FP and Midwifery strategies being updated, available.	Work to finalize these strategies slowed due to of DNPPS staff involvement and partners in the RH and CH national needs assessment	1.7.6
Provide TA for development of action plan and guidelines on cervical cancer (CC) integrating aspects of gender, HIV/AIDS, community participation.	100%	National Action plan on cervical cancer prevention and treatment available.	Minister agreed with cervical cancer plan - requested its inclusion into the National Plan for Prevention and Control of Non-communicable Diseases. MoH requested FS support to this (see unplanned activities). CC Guidelines being translated and adapted.	1.7.3
Provide continuous update sessions on RH, CH and related areas.	100%	Updating session report available.	Provided 6 update sessions from July-November 2007.	1.6.11 1.7.6
Support a national SRH/CH meeting.	30%	Agenda for the meeting and format for the provinces report available.	Meeting postponed until February 2008. Continuous TA provided to finalize the materials and documents to be presented at the meeting.	1.6.11 1.7.6
Provide technical support for implementation of other activities such as needs assessment (NA), road map to reduce maternal and neonatal mortality, and integrated supervision.	75%	National RH and CH Needs Assessment protocol, field guide and data collection instruments available. TOT and training for provincial NA teams supported by FS - report available Report available on TA provided by FS for field data collection at provincial level.	FS Staff involved in providing TA on TOT in Maputo City and training for provincial teams on data collection and field work in Gaza.	1.6.11 1.7.6
Develop CH strategy.	80%	Preliminary version of the CH national strategy available.	MoH requested WHO consultant to cost the CH strategy (planned for 2008 first quarter).	1.6.11

Develop Breastfeeding Manual.	100%	Approved Breastfeeding Manual by MoH available	Logistics for the reproduction of the manual underway.	1.6.5
Support finalization of Nutrition Action Plan 2006-2010.	70%	Nutrition Action Plan 2006-2010 available.		1.6.5
Provide technical assistance in supervising and monitoring implementation of MINPAK at provincial and district levels.	50%	Monitoring and Supervision tool developed.	Due to new MoH nutrition team, this has not been finalized. The focus has been on the establishment of sentinel posts.	1.6.5
Assist in development and implementation of system to monitor community nutrition activities carried out by NGOs.	50%	Monitoring and Supervision tool drafted and ready for pre-testing by the Nutrition section.	The developed questionnaire has been circulated in preparation on the national nutrition meeting planned; no follow up has been made in the last 6 months, all focus has been on sentinel posts.	1.6.5
Support Nutrition section technically and financially conduct a TOT for Provincial staff.	100%	TOT materials available.	Training has been implemented; however, no training report has been produced.	1.6.5
Provide technical/financial support to MoH to develop materials for training and implementation of 51 sentinel sites for nutritional surveillance.	90%	51 functional sentinel sites for nutritional surveillance.	Training manuals and statistical database developed.	1.6.5
Assist Nutrition Section review SM approach.	0%	Safe motherhood approach with nutrition inputs.	Nutrition sector hasn't had the opportunity to review the package.	1.6.5
Assist Nutrition Section review Maternal Health Policy; ensure 5 key nutrition messages included.	0%	5 key nutrition messages included in the Maternal Health Policy.	Although revisions of the policy were ongoing, no opportunities were given to the nutrition sector to review and include key messages.	1.6.5
Financially support the process and participate in the working group to review and update the nutrition technicians' curriculum.	10%	Curriculum reviewed and updated.	Official approval has been obtained. The next phase is to have a working group established, however, this never materialized.	1.6.5 1.6.12
Support the development and implementation of training to prepare provincial/district staff to implement AI communication strategy.	80%	Curriculum developed; educational materials and messages prepared.	Refresher training done in Zambézia. Finalizing curriculum and developing communication materials based on testing done.	1.4.1
Support Health Education Section and target areas to strengthen community participation.	80%	Revised draft curriculum for AI TOT includes community mobilization component, available.	Revision of draft curriculum pending bringing consultant on. Community participation component to be strengthened.	1.5.5 1.6.11 1.7.6
Assist development of national strategy for prevention and control of meningitis and cholera	30%	MoH official authorization to start development of strategies available.	ToR for consultancy under development.	1.5.5
Specific objective three: Strengthen MoH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces.				
Conduct focus groups at national and provincial levels	65%	Conducted 5 focus groups, 1 at national level and 4 at provincial level: 2 in Gaza and 2 in Zambézia.	Three other focus groups will be conducted: 1 more at national level and 2 at provincial level in Nampula.	1.6.10 1.7.5
Compile a comprehensive curriculum on management and leadership,	15%	Collection of management and leadership curricula begun along with M&L reference materials.	Models of curricula and materials for M&L activities were collected. Meetings with partners to determine possible collaboration and share materials and experience. Approval of M&L Strategy pending.	1.6.11 1.7.6
Assist with revision, updating/development of materials on management and quality standards.	50%	Training materials on quality developed/adapted.		1.6.11 1.7.6
Develop the FS Capacity Building strategy.	15%	FS Capacity building strategy in place under which falls related objective activities.	First draft done in PowerPoint format. Discussions begun in FS of how to ensure all capacity building activities fit under this strategy.	N/A
Create/adapt M&L didactic materials for thematic sessions or other training.	15%	Curriculum created; set of didactic materials (to be used in the M&L sessions).	Draft management session on change and transition and management meetings sessions.	1.6.11 1.7.6
Finalize compilation of comprehensive M&L curriculum.	0%	Comprehensive curriculum compiled.	Delay implementation of M&L activities resulted in delay of curriculum preparation.	1.6.11 1.7.6

Develop quality improvement strategy in RH/CH services in all NHS levels.	70%	Draft strategy on quality improvement in RH/CH services in all NHS levels available.	Instruments with quality standards were revised after their use in the baseline. Instruments with quality standards approved by minister of health in September 2007.	1.6.11 1.7.1
Support health facilities to collect baseline data on quality of SRH and CH services.	100%	Baseline on SRH/CH services established by health facility - baseline report available and being disseminated.	Report recipients include MoH, USAID, 6 provinces and their 18 facilities involved in QI activities	1.7.1
Support health facilities develop and implement specific action plans to improve quality of SRH/CH services.	80%	Specific health facilities action plans on quality available and being implemented.	Quality improvement will be based on baselines.	1.7.1
Provide theoretical/practical update on RH and neonatal health.	25%	Course schedule and list of participants as identified by the respective DPS available.	This activity was postponed for March 2008.	1.6.11 1.7.1 1.7.6
Quality Module 2 to present quality performance progress and evaluation results.	0%	No progress	Postponed for 2008.	1.7.1
Provide TA to MoH for planning processes.	100%	Final version of DNPPS 2008 action plan available.		1.6.11 1.7.6
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Place potential candidates from MoH and ensure their attendance in national and international post-graduate courses and other relevant programs.	80%	Eight candidates started classes on August at UEM and 1 at University of Florida in October; 3 have been admitted for January 2008 at University of Pretoria, 1 admitted at Nottingham and will start on Sep 2008.	Candidates to study at the UEM are expected to start their course in early August. Two candidates are from Gaza and Zambézia.	1.3.11 1.6.12 1.7.7
Assist MoH in identifying new programs and new funding opportunities.	10%	FS will maintain contacts with current and prospective providers of programs and funding.	Meetings held with CDC and I-TECH on collaboration. Meeting called by MoH of partners supporting training. Instrument distributed by MoH to begin a data base of information on donors and implementers. Meeting was proposed by FS.	1.3.7 1.5.3 1.6.8 1.7.4
Support nursing basic training and strengthen management and pedagogic capacity of nursing training institutions.	70%	Funding provided by FS. MOU finalized and signed now on implementation with the nurse training institutes of Nampula and Zambézia.	FS is financing 2 basic courses in Nampula and 1 promotional in Zambézia. Courses end December 2007 and 1 basic (MCH) to end February 2008. FS will also finance 1 management and 3 pedagogic courses in 2008.	1.3.9 1.6.10 1.7.5
Buy Quelimane students uniforms, Nampula students kits.	95%	Purchase of items related to NT component.	Awaiting last batch of kit materials from supplier.	1.6.12 1.7.7
Support Nutrition Section revise training modules and curricula and map training needs and trainers' gaps in the Institute of Health Sciences.	10%	Nutrition training needs/trainers gaps identified. Training modules/curricula revised.	Approval for starting the process of updating the curriculum.	1.6.5 1.7.6
Support the Nutrition Section conduct TOT for nutrition technicians.	0%	TOT conducted.		1.3.11
Unplanned				
Objective 1				
Harmonize malaria indicators.	80%	Minutes of meetings with donors/partners. Action plan for strengthening MoH M&E.	Meetings were held with Malaria donors and partners to agree on a common list of indicators. Work still in progress, despite minimal leadership from MoH.	1.3.9

Organize and facilitate a Global Fund workshop for M&E assessment and action plan development.	100%	Self-assessment of M&E situation at MoH. Draft action plan for development and strengthening of MoH M&E developed.		1.3.9 1.6.10 1.7.6
Support NIH, Pharmacy Dept, School/Adolescent Health, Nutrition revise their strategic frameworks.	50%	Revised frameworks available for NIH, Nutrition, Pharmacy Dept, School/Adolescent Health, and Nutrition.	The revision was done in light of the development of M&E plans.	1.6.10 1.7.6
Support DIS in the revision of the national list of monitoring indicators.	70%	Draft list of monitoring indicators available.	An early draft has been developed and discussed with MoH. Revision includes indicator definitions and data sources.	1.6.10 1.7.6
Analyze the situation of IT supporting MoH National HIS.	50%	Three bidders (out of 6 invited) submitted proposals. Analysis of the proposals ongoing.		1.6.10 1.7.6
Develop AI results framework.	80%	AI results framework prepared; approved by MoH.	AI draft results framework prepared. MoH/MINAG approval pending.	1.4.7
Develop training materials for capacity building of health workers on HIS.	20%	Facilitator and trainee manuals.	Consultancy initiated with a delay of about one and half months.	1.3.9 1.6.10 1.7.6
Objective 2				
Provide TA to review National Plan for Prevention and Control of Non-communicable Diseases and develop its M&E plan.	100%	National Plan for Prevention and Control of non-Communicable Diseases, available.	TA requested by MoH and provided to improve National Plan for Non-communicable Diseases and incorporate the main components of prevention and treatment of Cervical Cancer, and M&E.	1.5.5
Provide TA for development of National Partnership for RH and CH.	50%	Preliminary document of the National Partnership on RH and CH available.		1.6.11 1.7.6
Assist MoH in development of guidelines on "Atenção Humanizada ao Parto/Gentle Birth".	100%	Guidelines on "Atenção Humanizada ao Parto" available.	MoH approval pending.	1.6.11
Provide TA and financial support to translate "Essential Newborn Care Manual"/WHO.	100%	Version of "Essential Newborn Care Manual/WHO" in Portuguese available.	Version translated with FS support considered as the standard for Portuguese speaking countries.	1.6.11
Provide TA and financial support to PALOP-TOT and the first training on Essential Newborn Care.	100%	Report on TA available.		1.6.12
Develop Child Health Card.	100%	Child Health Card available.	Child Health Card submitted for MoH approval.	1.6.11
Provide TA to develop and translate (for both English and Portuguese languages) the proposal on Global Partnership for Maternal and Newborn Health.	100%	Final proposal on Global Partnership for Maternal and Newborn Health available.		1.6.11
Objective 4				
Supply the nurse training (NT) students with educational materials, supplies, equipment.	80%	Purchase of items related to NT components such as: equipments, uniforms and students kits.		1.6.12 1.7.7

Section B

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

Expected Future Results: Summarize tangible results expected at conclusion of next month period and whether expectation is still reasonable.

Performance: State if on-target or not and comment.

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Specific objective one: Strengthen information and communication systems and technologies, monitoring and evaluation in the areas of RH, child survival, EPI, nutrition and malaria, at the central level and <i>in four target provinces</i> .				
Provide support to MoH for implementation of the roadmap for reorientation and reorganization of the NHIS.	NHIS roadmap implemented.		Particular attention will be paid to the M&E component built into the roadmap.	16.10 17.5
Support MoH implement action plan to strengthen M&E in target areas; provide support to implement M&E plans and tools in target areas.	Target areas with M&E plans based on national health strategy. MoH global M&E plan. Report on M&E strengthening.	On track	Slow response from some MoH areas, particularly SRH and CH.	13.9 16.10 17.5
Support MoH develop and implement a plan for dissemination of new/revised data collection/aggregation forms.	Data forms being piloted/rolled out nation-wide.	To be initiated	Includes both the central level and 11 provincial directorates.	16.10 17.5
Monitor current mechanisms for information dissemination in target areas.	Consultant report with a plan to address the gaps.	On track	ToR for consultancy drafted.	13.9 16.10 17.5
Support target areas diagnose relevance and operation of current mechanisms for dissemination of information in target areas, including website.	Consultant report with diagnosis and plan for improvement.	On track	Mechanisms for information dissemination include establishment of knowledge corner in DNPPS.	13.9 16.10 17.5
Provide technical support to the target areas for the development of a plan to disseminate information in accordance with identified gaps.	Dissemination plan implemented.	To be initiated	Planned to start in the first semester of 2008.	13.9 16.10 17.5
Work with malaria program to develop common indicator definitions and data sources.	Draft list of harmonized indicators	On track	PMI and Malaria Consortium have been involved in earlier stages (2008).	13.9
Finalize work on a web-enabled database for quality improvement data	Web enabled database fully activated.	On track		17.1
Coordinate data collection for SO8 indicators for IR 1,2, 3, on a quarterly basis, in agreement with the PIRS.	Data collection collected on a regular basis by the PVOs.	On track	The expectation is to run quality checks on PVO data in the second semester of 2007.	13.9 16.10 17.5
Organize PVO coordination meetings, follow-up on deliverables.	Minutes from PVO coordination meetings.	On track	Meetings to take place every 3 months.	13.9 16.10 17.5
Organize monthly coordination meetings with the MoH.	Minutes from MoH coordination meetings.	On track	Meetings include USAID, FS, and MoH.	13.9 16.10 17.5
Organize the annual MoH/USAID/PVO coordination meeting	Minutes from the meetings and tools to support implementation of recommendations.	On track	2007 meeting postponed until 2008 at MoH request.	13.9 16.10 17.5

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Specific objective two: Development of policies, strategies and guidelines in the areas of RH and CH including components of nutrition, malaria and epidemics, and assist with adoption, dissemination and implementation in the target provinces.				
Provide TA to finalize FP, Midwifery, Mother waiting house and Commodity security strategies and ToR for National SSR and CH Partnership and Maternal-Neonatal Mortality Committee. Start development of National Strategy to implement SRH policy.	Final version of FP, Midwifery, Mother waiting house and Commodity security strategies and the ToR for the National SSR and CH Partnership and Maternal-Neonatal Mortality Committee available. Preliminary version of the National Strategy to implement SRH policy available.	On track		16.11 17.5 17.6
Provide TA for data analysis and elaboration of the report of the SRH and CH national needs assessment report.	Report of the SRH and CH national needs assessment available.	To be initiated		16.11 17.5 17.6
Support a national meeting on SRH and Child Health.	Assessment of main progress implementing SRH and CH interventions; National policy documents on SRH/CH presented and disseminated.	On track	Technical materials being prepared for SRH and CH national meeting. This meeting is scheduled for February.	16.11 17.6
Support the study tour on "Atenção Humanizada ao Parto/ Gentle Birth" to Brazil for 5 Health professionals as indicated by MoH.	5 Health professionals with knowledge on "Aetna Humanizada ao Parto". Trip report available.	To be initiated	Activities of "Atenção Humanizada ao Parto" are guided by local health professionals. Report sources: supervision/training events.	16.1
Provide TA to initiate the implementation of the cervical cancer prevention and control Plan at the Central, Provincial and Health Facility Levels as indicated by MoH.	Portuguese version of the "Guidelines on cervical cancer" available.	On track	Technical support for procurement of required equipment/materials to be provided by level of intervention.	17.3 17.6
Provide TA and financial support for 2 trainings (1 on VIA/Cryotherapy and 1 on Colposcopy) for 50 participants.	50 professionals from selected health facilities trained on Via/Cryotherapy and Colposcopy.	To be initiated		17.7
Provide TA for the development of M&A tools on cervical cancer.	Preliminary version of M&A tools available.	On track		17.5
Provide continuous update sessions on RH, CH and related areas.	Update sessions reports available.	On track		16.11 17.6
Finalize development of CH Strategy and Road map to reduce maternal and neonatal mortality	Final version of CH strategy and road map to reduce maternal and neonatal mortality, including budget available.	On track		16.11
Develop post-training guidelines for IMCI	Draft of IMCI post-training guidelines available.	To be initiated		16.6
Provide TA and financial support for 1 TOT on IMCI post-training follow-up for 25 participants	25 health professionals involved in CH trained on IMCI post-training follow-up. Report available.	To be initiated		16.12
Provide technical support to finalize/implement other activities related to RH and CH.		On track	As per MoH request.	16.11 17.6
Support development and implementation of training to prepare provincial/district staff to implement AI communication strategy.	Curriculum developed, educational materials and messages prepared and distributed to provinces.	On track	Zambézia training will provide info to finalize educational materials.	14.9
Provide TA to finalize strategies on Meningitis and Cholera	Final versions of Meningitis and Cholera strategies available.	On track		15.5

Planned activities/ interventions	Expected Future results	Performance (on-track etc)	Comments on projected performance	PE
Specific objective three: Strengthen MoH capacity in management, leadership and promotion of quality in RH and CH at central level and in the target provinces.				
Provide TA to train 25 health professionals from central and provincial levels on M&L.	25 health staff trained in M&L - Report available.	To be initiated	The selected health professionals are involved with QI.	14.9 16.12 17.7
Provide TA for Directors and other relevant health staff from provincial directorates (DPS) and health facilities to develop M&L specific action plans.	Provincial directorates and health facilities with specific plans on M&L.	To be initiated		14.9 16.12 17.7
Support Gaza DPS to develop quarterly and annual plans and implement coordination and M&E activities.	Improved management processes - report available.	On track		14.8 16.11 17.6
Finalize QI strategy for RH/CH services at all NHS levels.	Strategy on QI in RH/CH - final version available.	On track		16.11 17.6
Provide theoretical/practical update on RH and neonatal health; 2 courses, one week each for 24 professionals involved in SRH and CH service delivery in health facilities implementing quality standards.	48 Health professionals from DPS and health facilities implementing QI standards and updated on Maternal and Neonatal Health matters.	On track	Logistics preparations assured.	17.1
Provide TA to define tools to acknowledge progress and conduct training on QI module II.	Tools to acknowledge progress available. 42 Health professionals trained.	To be initiated		17.1
Provide TA for the consolidation and expansion of QI activities	QI activities implemented; report available.	On track	Expansion at provincial and facility level supported by FS.	17.1
Support health facilities to consolidate or start implementation of QI standards on SRH/CH services and measure progress.		On track	FS team will continue technical support to health facilities to finalize baselines.	16.11 17.6
Support health facilities develop and implement specific action plans to improve quality on SRH/CH services based on baselines.	Specific QI action plans from health facilities available and being implemented.	On track	FS will continue providing technical support to health facilities to improve quality.	16.11 17.6
Present quality performance evaluation results, share progress of health facility implementation. Define ways to acknowledge progress.	Quality performance evaluation information and action plans shared. Progress acknowledged.	On track	Support preparation of materials to be presented at National RH and CH meeting.	17.7
Provide TA to Mohr for revision and development of planning processes.	DNPPS 2008 action plan revised and available.	On track		16.11 17.6
Specific objective four: Strengthening training actions in the areas of RH, CH, including aspects of nutrition and prevention and treatment of malaria.				
Assist with support to ensure post-graduate training candidates' attendance of national and international post-graduate courses and other relevant programs.	Distribution of scholarship terms/conditions for all candidates. Candidates enrolled respective. Masters degree programs. Progress monitored.	On track	Ensure all candidates are enrolled, placed and start classes on time. Ensure fees payments.	13.11 14.9 16.12 17.7
Finance 2 nursing basic courses and 1 promotion training.	Nurse training courses running as planned.	On track	2 basic Nampula; 1 promotional Zambézia.	16.12 17.7
Strengthen management (1 course) and pedagogic capacity of nursing training institutions (3 courses 1 by region).	Improved capacity of supervisors and other training institute staff.	MoH to determine dates	There is a possibility of changing these courses for other related activities.	16.12 17.7
Buy uniforms for Quelimane students; buy students kits for Nampula.	Purchase of items related to the NT component.	On track		16.12 17.7

Section C

6. Compelling story: Coordinating for nurse training: minimizing duplication, maximizing results!

Various organizations, including FORTE Saúde, provide support to nurse training, which is delivered by dedicated Institutes run by the Ministry of Health. 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. FS 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 any duplication. The first step to coordinate all efforts and procedures was to understand the norms, principles and procedures followed by each funding organization. FS recognized several factors that made the relationship between the Institutes and the organizations very difficult 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 nurse institutes; ii) understanding the rationale for coordination and collaboration by the nurse 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.

Section D

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

THE MEMORANDUM OF UNDERSTANDING (MOU) FOR NURSE TRAINING

Introduction: Signed by four institutions financing nurse training in Nampula and Zambézia, the MOU is a tool to ensure common understanding and application of (in this case) USAID policies, rules and procedures related to providing financing to the Nurse Training Institutes.

Issue: FS, Save the Children (STC), World Vision, and Vanderbilt University needed to understand who was funding the different components of nurse training and how funding was provided.

Process: The intent was to find a way to avoid duplication of funding allocations, agree on ways to collect the bills, and reduce the workload of the institutes. The interaction with STC led to the conclusion that in Zambézia, World Vision could also streamline the funding/accounting processes using the same approach FS and STC were negotiating in Nampula. Following various meetings, the participating organizations agreed on how to provide funding (for what, when) and request financial reports from the Nurse Training Institutes. The end result was a signed MOU among the funding organizations which essentially specified who paid for what and how payment was made. And it went into effect almost immediately.

Conclusion: Coordination and collaboration, served by strong communication routines, and a well negotiated written document helps achieve numerous gains including simpler processes.