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# STRATEGIC PLAN

## 2012 -2016

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MAPUTO, 2012

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## List of Acronyms and Abbreviations

CEPSA	Centro de Pesquisa em População e Saúde (Centre for Population and Health Research)
CNCS	Conselho Nacional de Combate ao SIDA (National AIDS Council)
HIV	Human Immunodeficiency Virus
INE	Instituto Nacional de Estatística (National Institute of Statistics)
INS	Instituto Nacional de Saúde (National Health Institute)
M&A	Monitoring & Evaluation
MISAU/MoH	Ministério da Saúde/Ministry of Health
NMCP	National Malaria Control Programme
MDG	Millennium Development Goal
PARP	Plano para a Redução da Pobreza (Plan for Poverty Reduction)
PESS	Plano Estratégico do Sector de Saúde (Health Sector Strategic Plan)
PNDRHS	Plano Nacional de Desenvolvimento de Recursos Humanos em Saúde (Health Human Resources National Development Plan)
SADC	Southern African Development Community
AIDS	Acquired Immunodeficiency Syndrome
SIS	Sistemas de Informação em Saúde (Health Information System)
SSR	Saúde Sexual e Reprodutiva (Sexual and Reproductive Health)
WHO	World Health Organization

## 1. Summary

This document presents the Strategic Plan of the Centre for Population and Health Research (CEPSA) for the period 2012 to 2016. The plan represents guidelines and actions in response to gaps within civil society. Such gaps are characterized by: a shortage of health and development scientific-oriented production, particularly regarding weaknesses in conducting research on population and health issues by civil society organizations, as well as effective monitoring, evaluating and advocating for active participation of the population in favour of better public health services, and the increase of healthy living standards for population in rural and urban areas.

In this plan, CEPSA intends to reach the following strategic objectives: (i) to develop research on population and health issues, in order to highlight the link between population and health; (ii) to ensure that all interventions implemented in the community consolidate the capacity of local communities to take control and direction of these interventions in order to protect and promote their own health; and (iii) to strengthen the capacity of communities and civil organizations to be involved, monitor and validate progress and the effect of public interventions. The three strategic objectives of the CEPSA strategic plan are translated into three pillars that allow for the achievement of the desired results: Pillar 1 - Research and Capacity Building; Pillar 2 - Community Empowerment and Advocacy; and Pillar 3 - Platform for Independent Monitoring and Evaluation of Health and Development Processes.

These pillars are to be implemented by a group of highly skilled national professionals of various areas related to population and public health.

This strategic plan will be executed annually with measurable activities and mechanisms for monitoring and evaluating performance.

## **2. Why CEPSA? How Will it Benefit Mozambican Civil Society?**

In Mozambique, the majority of national civil society organizations are characterized as having one or more of the following aspects: i) little focus on research, ii) poor translation of the results of little research conducted into practical implications, especially regarding the connection between population and health research, and (iii) insufficient guidance of the activities for monitoring and improving of public health services. Paradoxically, there are i) several organizations geared toward the implementation of health programs and for the development of activities for the benefit of communities, yet ii) only a few public and private institutions undertake research on public health. Still, the connection between the research institutions and policymakers in making research results the basis for formulating and implementing policies and programs is very poor. This leads to important decisions being based on subjective impressions rather than on the support of factual research evidence. Frequently some important decisions, with public health implications, are based upon studies that take no account of socio-economic and cultural context of the country. Based on the findings above, a group of highly skilled national professionals of various fields related to public health created the Centre for Population and Health Research (CEPSA), as a platform to, on the one hand, conduct high quality policy relevant research to be the basis for the design and implementation of health policies and programs in an environment characterized by intense reforms, while simultaneously translating these research results into easily consumable material for policymakers and active members of the community. In this manner, CEPSA would serve as a bridge between research and design and implementation of robust health and social policies and programs.

CEPSA is, thus, an organization endowed with autonomy and the excellence to drive toward promoting the welfare of Mozambicans through production of scientific evidence and its translation into concrete actions, coupled with continuous training of communities and decision-makers. CEPSA will provide a solid platform that deals with issues from community empowerment in rural and urban areas to the establishment of an independent resource of advocacy, research, monitoring and evaluation of health and development issues in a society of increasing population dynamic and growth.

### 3. Situation Analysis and the Context

Improving population health constitutes a major challenge for Mozambique. Although under the Article 89 of the country's Constitution, "All citizens have the right to medical and healthcare, under the law as well as the duty of promoting and advocating public health" (MISAU, 2007), this right is still far from being achieved. Mozambique is among the countries with the worst health indicators (WHO [World Health Organization], 2010). Even with the advances that have occurred since independence, the government's efforts to provide free and universal access to health services for primary healthcare, as well as the rehabilitation of health infrastructures destroyed during the armed conflict, only about 50% of the population has access to public health facilities.

Mozambican women appear to be especially affected, as they continue to suffer from health problems related to reproduction, particularly during the early stages of pregnancy. As a consequence, 520 women of reproductive age die in Mozambique annually due to problems related to maternity, while more than 130 children in every thousand births die before reaching the age of five. Only 48% of births are assisted by a health professional (WHO [World Health Organization], 2010). Infectious diseases constitute a great burden for the Mozambican population. Malaria remains the leading cause of mortality in Mozambique, with 29% of all deaths and 42.3% of under five mortality in 2009 (INE, 2009). The prevalence of the main parasitic agent of malaria in children under 5 was 38.5% in 2007, ranging from 3.8% to 60.4% depending on geographic location (MoH-NMCP, 2008). Twenty-five years after notification of the first case of HIV in Mozambique, about 1.4 million Mozambicans are currently infected with the AIDS virus. The country has one of the highest HIV prevalence rates in the world, with 11.5% of the adult population between the ages of 15-49 years in 2009 (Instituto Nacional de Saúde (INS) et al., 2010). The co-infection Tuberculosis - HIV aggravates the situation, contributing to one of the highest Tuberculosis prevalence rates in the world.

Reducing poverty and promoting economic development in Mozambique has guided government action in the country, which has shown a commitment in achieving the Millennium Development Goals (Conselho de Ministros, 2010a, República de Moçambique, 2010). Notwithstanding the government commitment and macroeconomic success,

Mozambique still faces major challenges in virtually all key sectors, reflected in the high structural, social and economic vulnerability of the population.

Thus, human development is still critical, as Mozambique is categorized as one of the poorest countries in the world by the United Nations Development Programme (ranked 172 out of 182 countries in the United Nations Human Development Index, 2009), with over half of its population living below the poverty line (República de Moçambique, 2010).

Despite continued efforts by the government and development partners, healthcare remains dominated by an individual approach to healthcare, wherein diagnosis and treatment are focused on the question of individual biological disease. Since the factors that influence health may be based on several other levels and factors, not simply individual, it is necessary to create an effective integrated, multi-level approach, allowing for social and economic factors, physical and social environment, access to health services, and social and health policies to play integral roles in diagnosis (Koh et al., 2010). Moreover, the Strategic Plan for the Health Sector 2007-2012 recognizes that medicine is only one of several factors that determine the health of a population (MISAU, 2007).

For this reason, the knowledge of the socio-economic, cultural and demographic contexts of the country is pivotal for the improvement of health services. Proper understanding of population dynamics in the form of size, age and changes in fertility, mortality and migration patterns and their determinants are vital in the design of health policies and the health of the population (Leone, 2010). For example, knowledge of major social and cultural factors that are barriers to the rapid reduction of the under five mortality rate, the early start of sexual activity and the consequent exposure to teenage pregnancies and sexually-transmitted diseases, including HIV and AIDS, as well as regional variations and changes over time can suggest the best, most contextually adjusted strategies for the empowerment and participation of local communities in designing and implementing policies and programs to fight these problems.

Moreover, the migration dynamic is associated with health. Stagnation of the rural economy forces many rural residents to migrate to urban areas, especially the country's capital, as

well as provincial capitals and municipalities. Many of these migrants join the non-migrants living in poor places in urban areas without adequate conditions for healthy living.

Knowledge of the causes and characteristics of migration as well as the association between migration, reproduction, under five mortality, and the use of health services may aid policy change and allow for strategies that tackle public health challenges in municipalities, reducing health disparities between migrants and non-migrants in these municipalities and in rural areas.

With a plan to reverse the dramatic health situation in Mozambique, the Mozambican government and partners approved and implemented strategic documents: the Action Plan for Poverty Reduction (PARP) from 2011 to 2014 (Conselho de Ministros, 2010a), the government's five year plan 2010-2014, the Strategic Plan of the Health Sector 2007-2012 (Ministério da Saúde, 2007), the Multi-Sectoral HIV/AIDS Strategic Plan 2010-2014 (Conselho de Ministros, 2010b), and the National Plan for Development of Health Human Resources 2008-2015 (MISAU-DRH, 2008).

These documents share the need to increase healthcare activities informed through research and other studies in the context of decentralization, community empowerment through local health committees and Elementary Polyvalent Agents, and the need for evidence-based interventions and transparent inclusive performance-based management. CEPISA will contribute to the achievement of government efforts given the country's political, social and economic dynamics and adjusting to changes as they occur, thus validating the results in an independent and autonomous way, monitoring and responding to critical and emerging aspects that influence the health of the Mozambican population.

#### 4. Vision, Mission and Values

### Our Vision

- Becoming a centre of excellence in the production of scientific knowledge applied to the improvement of health policies and population's well-being

### Our Mission

- Capacity building and empowerment of communities for the promotion of rights to health through combined actions of research, advocacy, monitoring and evaluation.

### We are inspired by the following Values:

- Excellence, transparency and ethics
- Independence
- Rights and gender equity
- Innovation

#### 5. CEPSA Strategic Objectives

CEPSA is guided by the fulfilment of 3 strategic objectives:

### Strategic Objective 1

- Develop population and health research in order to enhance the link between the two, while transferring capacities to the study object;

### Strategic Objective 2

- Ensure that all interventions implemented in the community consolidate the capacity of local communities in taking control and management of these interventions with the objective of protecting and promoting their own health;

### Strategic Objective 3

- Strengthen the capacity and possibility of legitimate civil society to be involved and follow and validate the progress and effects of public involvement.

## 6. CEPSA Strategic Pillars

The three strategic objectives of CEPSA are based on three pillars that aggregate the focus of the Centre's activity:

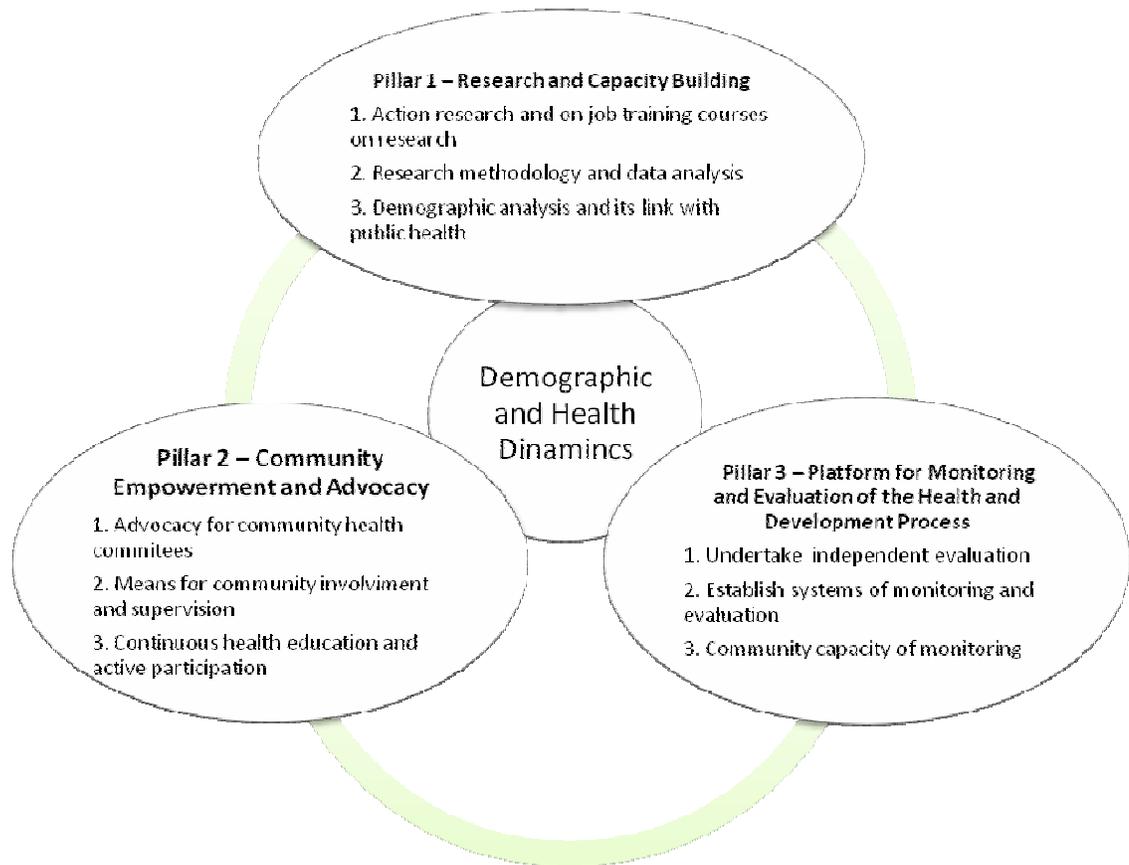
**Pillar 1 – Research, Action Research and Capacity Building** - highlighting production, synthesis and the sharing of scientific knowledge through policy relevant research in population and health, and action research combined with training of young Mozambicans and the public and civil society organizations.

**Pillar 2 – Community Empowerment and Advocacy** – highlights the construction of scientifically accepted tools to equip organized communities to create healthy environments, establish and enforce healthy public policies, allowing for the active participation of the community in solving their problems and monitoring the performance of social and health authorities, and advocating for the reorientation of public services.

**Pillar 3 – Platform for Independent Monitoring and Evaluation of the Health and Development Process** – highlights the training of different segments of community and civil

society organizations in the monitoring of public processes, providing technical assistance for the design and implementation of monitoring, evaluating and independently validating the performance of public institutions and civil society, including the partners.

The following diagram presents the 3 pillars of CEPESA:



Taking into account demographic and health dynamics, CEPESA's strategic plan explains how these pillars interact with each other to create a long, creative and healthy lifestyle for Mozambicans.

Proper understanding of population dynamics in the form of changes in the patterns and determinants of fertility, mortality and migration is vital in the formulation of health policies and for the population's health (Leone, 2010). CEPESA will use research tools in demography

and public health to conduct policy relevant research in order to contribute to community empowerment and to inform health policies. Currently, as aforementioned, Mozambique is in a poor position in terms of many health indicators that are reflective of the poor health of its population. Although the World Health Organization and the National Institute of Statistics of Mozambique occasionally publish estimates on mortality rates (infant mortality, under five mortality, maternal mortality, etc.), the knowledge of major social and cultural factors which are barriers to a rapid reduction of under five mortality rate in Mozambique and its regional variations and changes over time is limited. In this respect, CEPISA will devote its effort in finding more effective strategies for the empowerment of local communities with the knowledge they need to succeed in the fight against under five mortality, maternal mortality and general mortality. It is recognized that many deaths of children and mothers can be prevented, often through social and behaviour changes (Black et al., 2003, United Nations, 2010). When equipped with appropriate knowledge, community leaders who are often opinion leaders in their communities will use their influence to encourage behavioural changes in order to save the lives of children and mothers.

The Mozambican female population suffers from health problems related to childbearing, and with a better understanding of population dynamics, in terms of changes in reproductive behaviour and their social determinants, may help to find the best strategies to tackle these problems. The teenage fertility rate in Mozambique is estimated at 185 births per 1000 women aged 15-19, very high when compared with an average of 26 births per 1000 women aged 15-19 in Europe (WHO [World Health Organization], 2010).

Adolescence childbearing may undermine women's rights to good health and well-being as adults, due to a lack of access to education during adolescence, causing long-term social disadvantages for women (Mirowsky, 2005). Early initiation of sexual activity goes hand in hand with adolescence childbearing, exposing adolescents to HIV and other sexually-transmitted diseases. CEPISA will study the regional variation of transition into adulthood (e.g. age at first sexual intercourse and first birth) and their determinants in Mozambique.

CEPISA will also use its research findings to equip the various community leaders and policymakers with the relevant knowledge to tackle the social causes of early initiation of

sexual activity and childbearing. This activity is relevant as more than half of the Mozambican population is below the age of 19.

Concurrently, maternal health in Mozambique is characterized by the low use of maternity professional services, with only 48% of births taking place with the assistance of a qualified health professional (WHO [World Health Organization], 2010). Tackling poor maternal health in Mozambique requires updated research evidence and finding a link between conducting research with the formulation of policies and actions in favour of good health in communities. CEPISA, with its multidisciplinary team of researchers, is better positioned to advocate in favour of reducing problems that affect maternal health in Mozambique by supplying policymakers, communities and other stakeholders that implement activities in support of the population's health, with relevant knowledge about the individual and family, as well as contextual factors that hinder the improvement of maternal health in the country.

Understanding how migration dynamics are associated with population health and informing policymakers, communities and other actors working with communities on the best strategies to tackle public health challenges linked to migration, are also CEPISA's interests. The research CEPISA will undertake on the dynamics of migration and population health will inform municipalities and urban areas on how to best improve living conditions in urban areas and address the health disparities between migrants and non-migrants in these areas. Through the examination of social characteristics and health profiles of migrants and non-migrant in areas of origin of migrants, CEPISA will also inform communities, NGOs and policymakers on how to improve the health of the population in rural areas where migrants originated from.

With regards to community empowerment, in addition to the production of relevant knowledge on major social and cultural barriers in the improvement of health in the community, CEPISA will share knowledge about good health practices (e.g., factors that contribute to the reduction of maternal mortality, the improvement of nutrition, etc.) with communities and local authorities and will train selected health technicians on community education participatory methods in health matters. At the same time, CEPISA will equip civil society organizations with basic knowledge about the development of projects for funding activities aimed at promoting community health.

The positioning of CEPISA in monitoring and evaluating (M&E) processes of health and development will thus contribute to reducing the gaps existing among public institutions and civil society organizations. Focus will be given to conducting independent evaluations made by nationals and capacity building in various field in regards to M&E. With regard to community capacity building in M&E, among other actions, CEPISA will equip representatives of community groups with relevant knowledge to have an active and interventionist position in the monitoring of public and civil society actions that are developed in their areas to promote health, in order to allow the communities to suggest improvements and verify progress.

As part of the cross-sectional actions of the three pillars, CEPISA will (i) design, manage and maintain a repository of the entire analysis produced by CEPISA, (ii) create and maintain a website; (iii) perform a spatial analysis of all information collected and managed by CEPISA; and (iv) perform spatial analysis and modelling of all variables that impact population health.

In legislative terms, CEPISA will ensure the dissemination of the existing legal and normative framework and ensure the implementation of the right to health of the community through a framework of joint training and retraining in order to ensure a uniform and harmonized action.

The actions that CEPISA plans to execute through this Strategic Plan are very important for the country because they will aid the government of Mozambique achieve their pursuit of meeting the goals set out in Millennium Challenge Goals.

## **7. Expected Results of the CEPASA Strategic Plan**

During the term of this strategic plan, CEPASA will produce the following results for each of the strategic pillars:

### **7.1. Research and Capacity Building**

- Annual publication of a book on population and health in Mozambique
- Research best practices in promoting and protecting health in municipalities
- An international conference on population and health every two years
- A technical workshop on research methodologies, action research and dissemination of results every year
- Funding three (small grants) research on population and health every year
- Timely production of policy briefs on population and health
- Four research internships on population and health in CEPASA to master graduate students every year

### **7.2. Community Empowerment and Advocacy**

- Production of technical references on health for the guidance of local entities
- Identification of community training needs
- Resolution of communities in identified skill gaps
- Selection and training (on participatory methods of community education and research) of health workers
- Good practices and lessons learned concerning community involvement will be documented and disseminated
- Advocacy for community health information systems
- Design of strategies for influential people in the communities (e.g. community leaders, traditional health practitioners, religious leaders, etc.) to engage in locally relevant health promotion
- Training of civil society organizations in developing funding projects

### **7.3. Platform for Independent Monitoring and Evaluation of Health and Development Processes**

- Empowering civil society organizations to design and implement their monitoring and evaluation plans
- Empowering communities and civil society organizations to conduct rapid monitoring surveys of public activity
- Provisions for technical assistance to design and implement systems for monitoring and evaluating public and private institutions
- Conduct independent studies/validation processes

## **8. Existing Capacity**

### **8.1. Human Resources**

#### **Baltazar Gonçalo Chilundo, PhD**

**Baltazar Chilundo** has a PhD in Public Health and an Honours Degree in Medicine. Chilundo has over 10 years experience in teaching and practicing Health Systems and Community Health for low-income countries, with focuses on Monitoring & Evaluation (M&E), Planning, Health Information Management (SIS) and Operational Research. Over the past 5 years, he has focused on programs related to HIV and AIDS and Malaria. His qualifications can be summarized as followed: (i) Excellent knowledge of operating of and challenges facing the Public Health sector in Mozambique and neighbouring countries, (ii) Proficient in developing and implementing plans and M&E (including the use of logical framework, outcome grids and Results Based Management) – the key tools in health systems and health programs, including focus on training of decision-makers, managers and experts in the management of health data and evaluation, (iii) knowledge of both qualitative and quantitative methods for collection, analysis and presentation of data/information in terms of M&E, SIS and operational and/or academic research, (iv) Solid knowledge in advocacy, design and implementation of community and health (information) systems management at the initial level and the management of national health services, and (v) Deep knowledge of education

techniques for adults and young people, from design to implementation of the teaching-learning materials.

### **Boaventura Cau, PhD**

**Boaventura Cau** is a Social Demographer. He has over 10 years work experience in urban and rural areas of Mozambique. Currently, his work focuses on trying to understand how the social and cultural context affects population and health dynamics. During his career, Cau has been involved in research on another key issue that affects the welfare of the Mozambican population – that of the access and use of land and other natural resources. His multidisciplinary background—with degrees in Geography, a Master’s in Land and Agrarian Studies, and PhD in Demography—allows him to understand and address issues related to public health under multiple perspectives. His PhD, and training focusing on Capacity Building in Population Policy Communication, as well as four years working as a research assistant at the Center for Population Dynamics of Arizona State University, and working on projects related to reproductive health, mortality and HIV/AIDS in Mozambique have exposed him to modern methods and techniques of demographic and health analysis and communication of research evidence to policymakers. This expertise and experience will be an important addition to the CEPISA research and capacity building team.

### **Carlos Arnaldo, PhD**

**Carlos Arnaldo** is a Demographer with over 15 years of teaching and research experience on population and health. He has a PhD in Demography, a Master’s in Population Studies and an Honours degree in Geography. His research has covered issues of population, especially those related to demographic analysis and estimates, proximate determinants of fertility, fertility, reproductive health, marriage and family planning; Arnaldo has also been involved in several research projects on HIV and AIDS in Mozambique since 2003. He is a member of the Multi-Sectoral Technical Group for HIV and AIDS in Mozambique since 2003 and was

technical advisor of the POLICY Project on HIV and AIDS from 2004-2009. His extensive knowledge on and his qualitative and quantitative research methods on issues of population and reproductive health, in conjunction with his experience in multi-sectoral technical groups on HIV, where he applied his demographic knowledge for health issues (the HIV epidemic) through estimates and presentations, will be an essential benefit in allowing CEPISA to achieve its objectives and share these estimates in an effective, understandable way to policymakers. Arnaldo also has great experience in research management, obtained when he worked as a Coordinator of several research projects and research units, as well as in Directorates of the Faculty of Arts and Social Sciences and the Centre for African Studies at Eduardo Mondlane University.

### **Henriqueta Tojais**

**Henriqueta Tojais** is a Career Administrator and Manager with over 15 years of experience. She is an expert of the entire field of Human Resource Management, Financial Management, and Office Administration with a strong knowledge of specific procurement procedures adopted by actors and bilateral and multilateral agencies in the public and private sector. The professional competence of Tojais extends to Project Management and Research, liaison and coordination with multiple partners, mobilizing partnerships and event planning, preparation, establishment and management of budgets and approval systems, ensuring that adequate control procedures are used and complied with according to financial resources and in accordance with CEPISA policies and the requirements of specific programs and donors.

### **Humberto Faustino Muquingue, PhD**

**Humberto Muquingue** is a specialist in Public Health and member of the Medical Association of Mozambique, with a PhD in Public Health, a Master's degree in Science and an Honours degree in Medicine. Muquingue has excellent knowledge of the operation and challenges in the public health sector in Mozambique and neighbouring countries (Malawi,

Botswana, Tanzania), focusing on capacity building, planning, and monitoring and evaluating health information systems. In these countries, Muquingue was supported by the Ministries of Health and public university programs, strengthening their health systems and conducting technical team training. Furthermore, he has demonstrated his ability in advocacy, development and implementation of processes and public health systems tools, and social action and women programs, focusing on cross-cutting issues such as gender, HIV/AIDS, community participation and vulnerability. He is skilled in the use of qualitative and quantitative research approaches.

### **Inês Macamo Raimundo, PhD**

**Inês Raimundo** has a PhD in Forced Migration and is a human geographer. She is currently a researcher at the Centre for Policy Analysis and has over 16 years of research experience. She works with several multidisciplinary research teams within and outside of Mozambique, working with researchers from the countries of the Southern African Development Community (SADC), Brazil, Portugal, Canada, England and the United States. She has experience in qualitative research methodology, which is essential for understanding the reproductive behaviour of the population and the social roles that each individual or member of a community exercise. Her work as a researcher for the Centre for Policy Analysis of UEM puts her in a comfortable position for the design of policies, namely population and health policies.

### **Paulo Arnaldo, MSC**

**Paulo Arnaldo** graduated from the Biological Sciences and Master's in Cell and Molecular Biology. He is currently a researcher at the National Institutes of Health, with five years experience in health research, focusing on infectious diseases, including clinical trials. As a member of CEPISA, Arnaldo will aid the organization in order to increase its capacity in the production of evidence through research, leading to key information for the formulation and implementation of health policies based on the real problems of the population to

improve population health, including: research and training on the identification of health determinants and the prevention of major health problems in Mozambique such as malaria, HIV/AIDS and malnutrition.

#### **Ramos Cardoso Muanamoha, PhD**

**Ramos Muanamoha** has a PhD in Population Studies from the University of KwaZulu-Natal (South Africa), a Master's in Demography from the Federal University of Minas Gerais (Brazil), and an Honours degree in Geography from the University of Martin Luther Halle-Wittenberg (Germany). He has strong experience in research, teaching and advisory in Human Geography and Demography and Population, in particular with regards to procedures for collection, processing and analysis of demographic and socio-economic data using quantitative and qualitative methods. His experience, which dates from 1988, includes supervision and participation in several research programs on population dynamics and the challenges for socio-economic development in Mozambique. His special interest is the study of the spatial mobility of the population (in particular internal and international migration) and its relation to the social and economic development of local communities in the context of the expansion of the HIV and AIDS pandemic.

#### **Ricardo Xavier, BA**

**Ricardo Xavier**, has a Law Degree with 7 years experience in the areas of Laws and Public Health, Labour, and HIV and AIDS policies and programs developed for the workplace. As technician of the *Policy Project* and the *Health Policy Initiative*, he coordinated integration of HIV and AIDS policies programs for the workplace. He is a member of the HIV/AIDS Multi-Sectoral Technical Group in Mozambique since 2004 and of the Bar Association since 2007. Xavier will be instrumental in identifying legal instruments for health reform and improving policies currently in action, as well as aiding in the research and development of tools to ensure disclosure of the existing legal and normative framework and ensure the implementation of health policy in the country with emphasis on the workplace and community.

## 8.2. Analysis of the Strengths, Opportunities, Weaknesses, and Threats of CEPSA

### Strengths

- Highly skilled and multilingual team
- Young and multidisciplinary team
- Knowledge of quantitative and qualitative research methods
- Experience in on job training
- Experience in designing of policies and systems of monitoring and evaluation

### Opportunities

- Favourable governmental policies
- On going decentralization in the public sector
- Nonexistence of similar national institutions

### Weaknesses

- New project for community participation in public health based on research results
- Complexity of community empowerment
- Poor knowledge in community advocacy

### Threats

- Lack of funding
- Dependency on the availability of financial resources
- Lack of own facilities

### **8.3. Financial Resources**

For the implementation of this strategic plan CEPSA is currently in the process of fundraising through contact with potential funders, partnership creation and applications for funds to support civil society organizations.

## **9. CEPSA Organization**

As provided in the CEPSA Constitution, a committee will meet quarterly to discuss progress made around the three pillars of the strategic plan.

CEPSA is managed daily by an Executive Director, supported by a team of technical advisors for each of the strategic pillars.

## **10. Mechanism for Implementation of the CEPSA Strategic Plan**

The strategic plan was approved by members of CEPSA and will be implemented through an operational plan of at least one year. During the term of the plan, CEPSA will work towards increasing the number of its technical team of excellence. Each year, operational plans will be developed with targets, milestones and budget per activity.

CEPSA's performance with regards to achieving effective and timely results will be accompanied by performance mechanisms for monitoring. Process, product and results indicators will be included in the operational plans, but a more consolidated M&E system will be developed separately and adopted as an appendix to this strategic plan.

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## 12. Contacts

Directorate of CEPISA:

**Carlos Arnaldo**

(Director)

Tel: (+258) 21 415 328

Cel: (+258) 823058470

Email: carnaldo@cepsa.ac.mz

**Henriqueta Tojais**

(Administractor)

Tel: (+258) 21 415 328

Cel: (+258) 823253110

Email: htojais@cepsa.ac.mz