With funding from the U.S. Department of Health & Human Services (HRSA) and as a sub-partner to International Training and Education Center for Health (I-TECH) at the University of Washington, the project aims to improve the performance and productivity of health facility professionals in Mozambique.

WHAT WE DO

We support the Ministry of Health (MoH) to improve health workers' performance by:

1. Testing new approaches and models for health worker allocation

2. Contributing to strategy to improve performance, motivation, and management through a performance based financing mechanism

3. Strengthening primary health care facility management to more efficiently and effectively meet changing service demands.
ThinkWell developed a human resource allocation tool that allows planners to manage the allocation of key health professionals at primary care facilities based on historical service provision and current staffing data. To ensure institutionalization and empower district-level decisionmakers, the project trained district human resource managers and chief medical officers from all provincial directorates and districts.

The National Directorate of Human Resources (DRH) of the Ministry of Health adopted the HRH allocation tool and integrated it into the annual planning process at the district-level to allow district health directorates to better recruit, allocate, reallocate, and plan HRH priorities. The MoH requested ThinkWell to provide technical support for the tool’s implementation. District-level staff who normally only input data for national health and human resource information systems now use data from these systems to make staff allocation decisions.

With the National Institute of Health, we convened a workshop for implementing partners to discuss and compare their approaches to improve primary healthcare facility management.

We are currently conducting a deep dive assessment of high-volume primary care facilities that will inform a management and administration procedures manual for primary healthcare facilities. We are also developing staffing structure for high-volume primary care facilities in order to maximize efficiency, and enable them to more effectively meet changing demands.