MCHIP Mozambique: Overview

March 2015

Selected Health and Demographic Data for Mozambique	
GDP per capita (USD)	565
Total population	25.2 million
Maternal mortality ratio (deaths/100,000 live births)	408
Skilled birth attendant coverage	54.3
Antenatal care, 4+ visits	53.1
Neonatal mortality rate (deaths/1,000 live births)	30
Infant mortality rate (deaths/1,000 live births)	64
Under-five mortality (deaths/1,000 live births)	97
Treatment for acute respiratory infection	50.2
Oral rehydration therapy for treatment of diarrhea	61.5
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	76.2
Modern contraceptive prevalence rate	12.1
Total fertility rate	5.9
Total health expenditure per capita (USD)	24.72

Sources: World Bank, Instituto Nacional de Estatistica Web site, 2010 projection, Mozambique 2011 Demographic and Health Survey, Mozambique Multiple Indicators Cluster Survey 2008, Population Reference Bureau 2011 World Population Data Sheet, WHO, UNICEF.

Major Activities

- **Model Maternities Initiative** /integrated maternal, newborn, and child health package:
  - Antenatal care, **malaria in pregnancy**, **PMTCT**
  - Essential obstetric and newborn care and **BEmONC** skills
  - Helping Babies Breathe and Kangaroo Mother Care
  - Postnatal care/**postpartum family planning**
  - Humanization of care
- **Integrated family planning**
- **Cervical and breast cancer prevention**
- **Quality improvement**
- **Community mobilization** in support of MMI and the Cervical Cancer Prevention Program
- Integration of services
- **Health Management Information System** (**HMIS**)

Program Dates	April 12, 2011–June 30, 2015					
Mission Funding to Date	$32,835,179					
Geographic Coverage	**No. (%) of provinces**	11 (100%) - National	**No. of districts**	104	**No. of facilities**	125 MMI 134 CECAP 143 FP
MCHIP In-Country Contacts	Eric Ramirez-Ferrero, Chief of Party; Eric.Ramirez-Ferrero@jhpiego.org Maria da Luz Vaz, Technical Director; Maria.Vaz@jhpiego.org Kathryn Boryc Smock, Deputy Chief of Party; Kathryn.Smock@jhpiego.org Debora Bossemeyer, Country Director; Debora.Bossemeyer@jhpiego.org					
MCHIP Partners	Jhpiego (prime): MNH, FP, CECAP Save the Children: Newborn Health, Community Mobilization					

Overall Approach

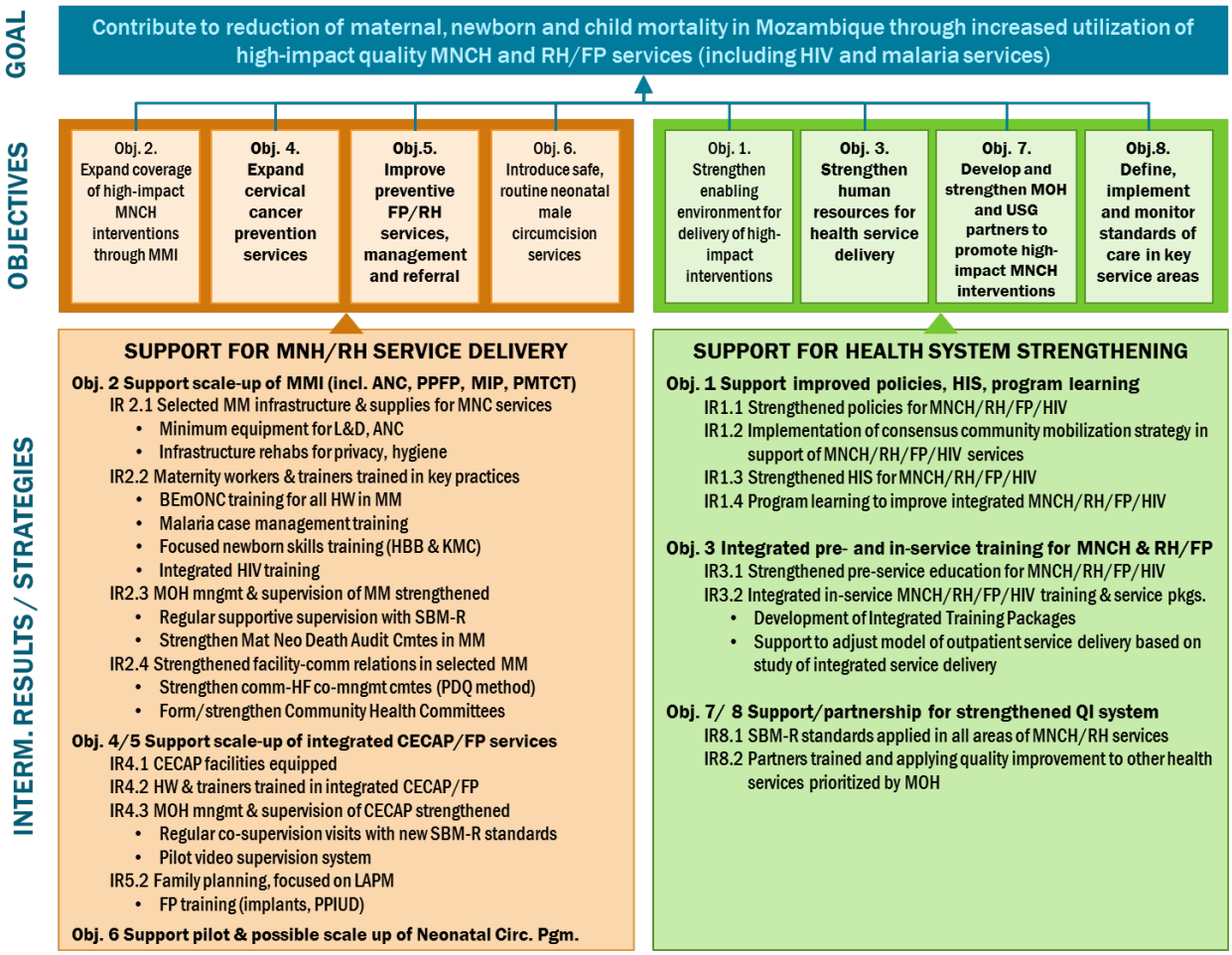
MCHIP (Maternal and Child Health Integrated Program) is USAID's flagship global program for maternal, newborn and child health (MNCH). MCHIP has been implemented in over 40 countries and has focused its efforts on the reduction of maternal, newborn and child morbidity and mortality, contributing to the achievement of Millennium Development Goals 4 (reduce mortality of children under five), 5 (reduce maternal mortality), and 6 (combat HIV/AIDS, malaria, and other diseases).

The MCHIP Associate Award in Mozambique began in April 2011, building on the first phase of MCHIP support in Mozambique (2009-2010), during which MCHIP provided technical support to the Ministry of Health (MOH) in implementing evidence-based approaches to improve the quality of MNCH and Reproductive Health (RH) services including family planning (FP). The MCHIP Associate Award focuses on building a favorable national policy environment while supporting the MOH in two of their national priorities: to scale up the Model Maternities Initiative (MMI), including malaria in pregnancy and prevention of mother to child transmission of HIV (PMTCT), and the Cervical and Breast Cancer Prevention/Control Program (CECAP) in order to rapidly expand the implementation of high-impact MNCH/RH interventions. MCHIP also supports the provision of FP services through the MMI and CECAP initiatives.

As illustrated in the program's Results Framework (see Figure 1 below), the goal of the MCHIP Associate Award is to reduce maternal, newborn and child mortality in Mozambique through the scale-up of high-impact interventions and increased use of MNCH, FP/RH, and HIV services. The project has eight objectives:

- **Objective 1:** Work with the MOH and all USG partners to create an enabling environment at national level to provide high-impact interventions for integrated MNCH/RH/FP services in the community and Health Facilities
- **Objective 2:** Support efforts of the MOH to increase national coverage of high impact interventions for MNCH through the expansion of the MMI, in collaboration with USG partners in all provinces
- **Objective 3:** Support the MOH to strengthen the development of human resources for the provision of basic health services and comprehensive Emergency Obstetric and Neonatal Care and RH
- **Objective 4:** Support the expansion of activities for prevention of cervical and breast cancer using the single-visit approach and assisting in the implementation of "Action Plan for the Strengthening of and Expansion of Services for Control of Cervical and Breast Cancer" of the MOH
- **Objective 5:** Assist in the development, implementation, and management of FP/RH services for selected health facilities
- **Objective 6:** Promote and test the introduction of neonatal circumcision services in selected health units
- **Objective 7:** Partnerships developed and strengthened (MOH and all USG partners) at the national level to promote high impact integrated MNCH services
- **Objective 8:** Work with the MOH and all USG partners to define, implement and monitor standards of care at the point of service in essential areas

Figure 1: MCHIP Mozambique Associate Award Results Framework



The ***direct service implementation*** objectives of the project are encompassed in Objectives 2, 4, and 5. The organizing principle for service delivery is the MOH's Integrated Service Packages-- a modular integrated training package for MNCH and FP/RH that addresses the continuum of care throughout the life cycle, as well as the different levels of health care and provider cadres. MCHIP is supporting the MOH in its roll out of this package of service delivery and training as part of Objective 3 to address low performance by health workers by creating more a more effective in-service training approach.

In accordance with national expansion plans for the MMI and CECAP programs, MCHIP has supported the MOH to expand the MMI to a total of 125health facilities, covering over half of institutional births nationwide, and to expand the CECAP program to a total of 129 health facilities. MCHIP supports all of these facilities in terms of training in technical areas and quality improvement methods, as well as assisting the Provincial Health Directorates (DPS) in their supportive supervision. Of these health facilities, 34 MMI sites and 33 CECAP sites were chosen in consultation with the MOH National Directorate of Public Health for intensive support over the life of the project. This intensive support includes the following additional elements:

- Supervision, linked with SBM-R standards
- Data collection, data quality, and promoting the use of data for decision-making
- Site strengthening, including infrastructure improvement and the supply of key materials and equipment
- Community activities to catalyze community engagement and behavior change

MCHIP's goal is to help the MOH certify 22 of these as Model Maternities by the end of the project. These are sites that will have reached a sustained pattern of 80% achievement of all quality standards, and will be recognized for this achievement through an MOH-defined process for accreditation.

In terms of FP service delivery, MCHIP's support focuses on increasing uptake of postpartum FP in MMI facilities and strengthening the integration of CECAP into RH outpatient services. MCHIP gives special attention to the introduction of long-acting reversible contraceptives (LARCs), namely interval, post-partum and post-abortion intrauterine contraceptive devices and implants. The Lactational Amenorrhea Method is also strengthened in the MMI health facilities, as is the range of MOH-approved family planning methods at integrated RH sites.

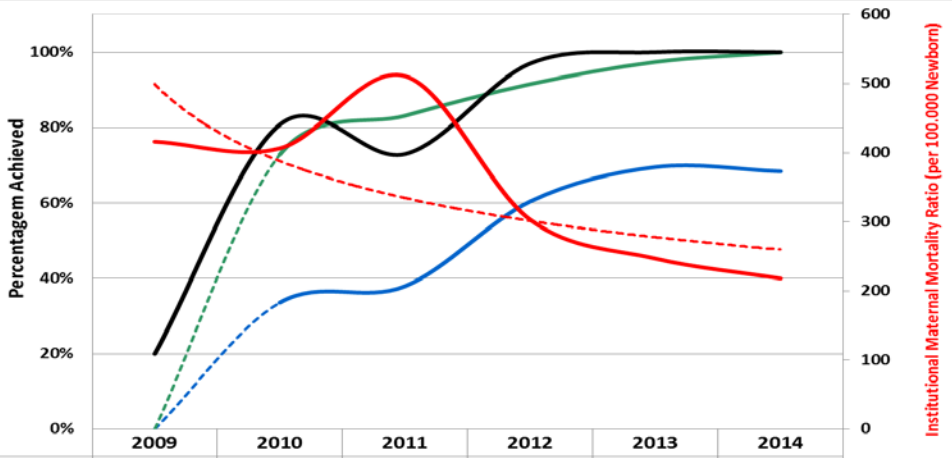
Besides supporting service delivery, MCHIP also provides technical assistance in **strengthening the health system** more generally at the national, provincial, facility and community levels. MCHIP supports policy and strategy development; health information system strengthening, including updating and rolling out national registers; human resource development through training, especially with the Integrated Training and Services Packages; and strengthening the quality improvement regime based on the Standards-Based Management and Recognition (SBM-R) approach. MCHIP also contributes to the harmonization and coordination of efforts through strengthening partnerships and technical leadership of USG and other implementing partners for MNCH and RH/FP.

Key Results

Please see the tables and figures below.

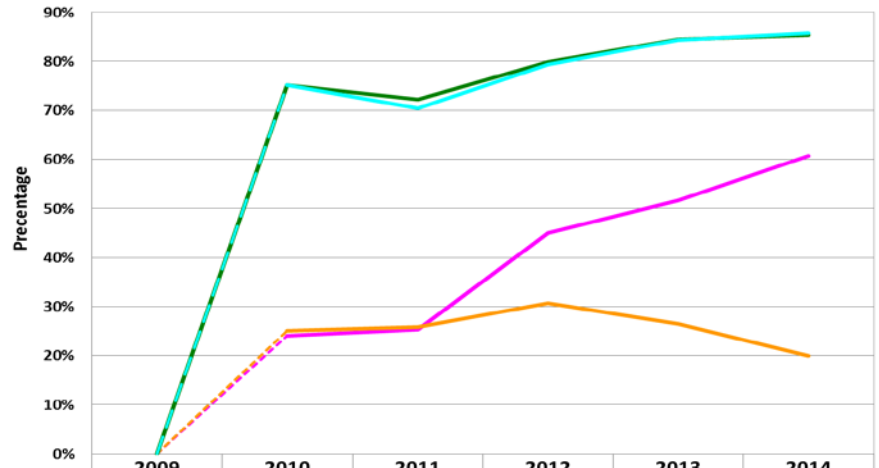
Maternity

Figure 2: Trends of Selected MMI Indicators, 2012 to 2014



	2009	2010	2011	2012	2013	2014
% of Deliveries with a partograph completed filled out	0,0%	33,6%	37,9%	60,4%	69,5%	68,4%
% of deliveries with active management of the third stage of labour	0,0%	72,9%	83,1%	91,6%	97,4%	99,9%
% of Pre-Eclampsia & Eclampsia treated with Magnesium Sulfate (Adjusted)	20,0%	80,8%	73,0%	97,0%	100,0%	100,0%
Institutional Maternal Mortality Racio (per 100.000 Newborn)	416	406	511	303	247	218

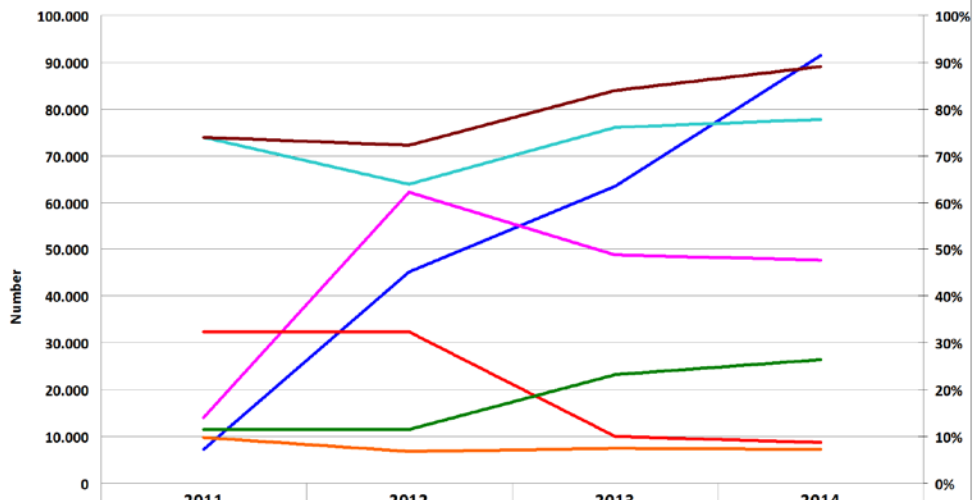
Figure 3: Trends of respectful Indicators: 2012 to 2014



	2009	2010	2011	2012	2013	2014
% of Women in Labour with companion	0,0%	24,0%	25,3%	45,0%	51,7%	60,8%
% of Deliveries in Vertical or semi-vertical positions	0,0%	25,0%	25,9%	30,7%	26,4%	20,0%
% of newborns with immediate skin-to-skin contact with the mother	0,0%	75,2%	72,3%	79,8%	84,5%	85,3%
% of newborns breastfed within the first hour	0,0%	75,1%	70,4%	79,4%	84,3%	85,7%

CECAP

Table 2: CECAP Selected Indicators, 2011 to 2014 (data from 129 CECAP health facilities)



	2011	2012	2013	2014
# of VIA performed	7.186	45.273	63.494	91.569
% of VIA performed (of women presenting for their first visit)	14,1%	62,3%	48,8%	47,7%
% de VIA positives	9,9%	6,8%	7,5%	7,3%
% of Cryotherapy treatment performed in the same day of the screening	74,0%	63,9%	76,1%	77,9%
% of Women who received Cryotherapy in relation to Women Eligible for Cryotherapy	74,0%	72,3%	83,9%	89,0%
% of Women with VIA + who are also HIV +	32,3%	32,3%	10,0%	8,8%
% of Women referred for Lesions > 75% or due to cervical cancer suspicion	11,5%	11,5%	23,3%	26,5%

Family Planning

Figure 2: Trends of Selected FP Indicators, from 2012 to 2014 (data from 143 facilities)

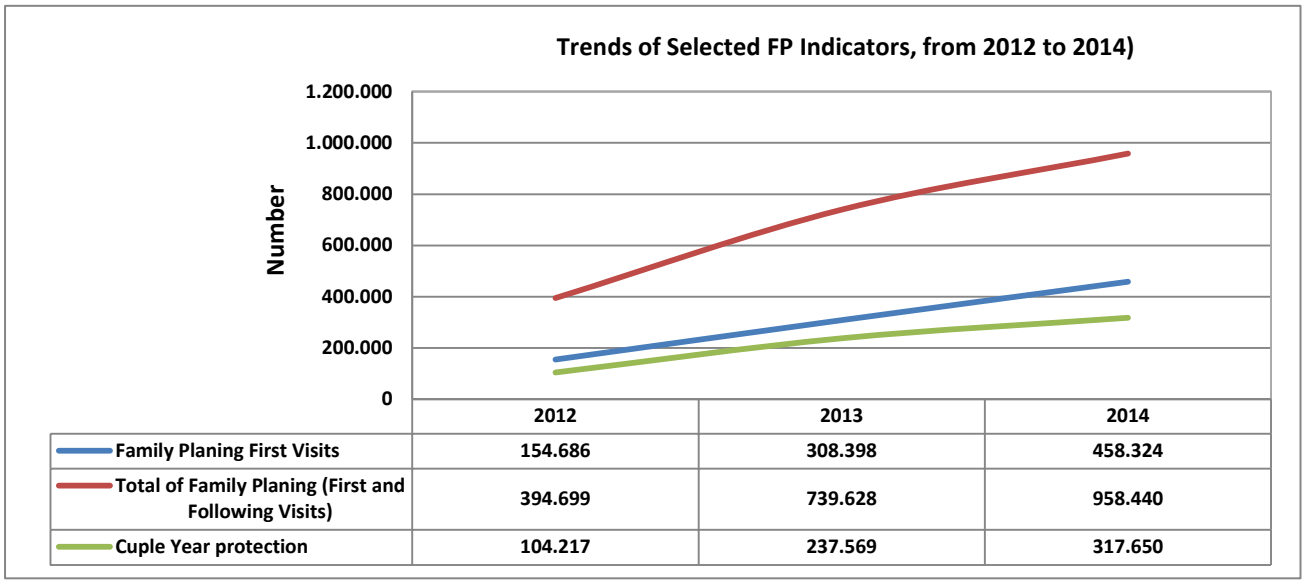
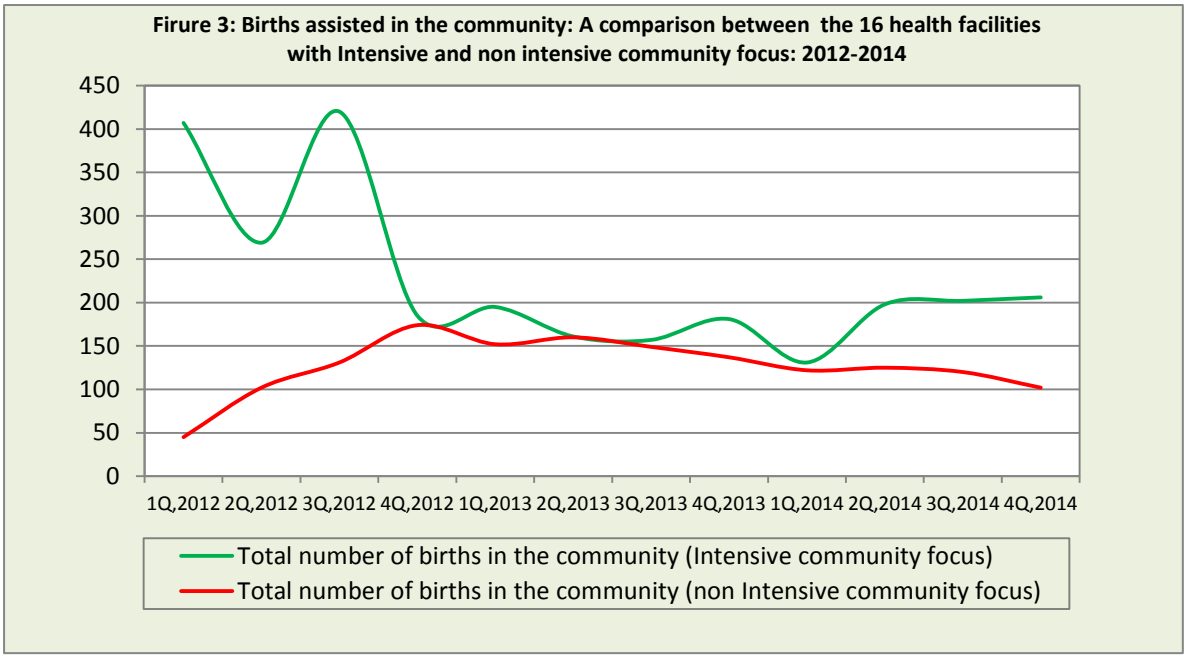


Figure 3: Births assisted in the community:



Achievement Highlights

Objective 1: Improved enabling environment

- MCHIP has provided technical assistance in the development, dissemination and/or implementation of numerous national MNCH and FP/RH strategies, norms, standards and guidelines, including the important documents described below:

- *National Plan to Eliminate Mother-to-Child Transmission of HIV, 2012-2015*. MCHIP participated in the Technical Working Group that developed the plan and served as lead writer for sections on monitoring and evaluation and nutrition. MCHIP also contributed significantly to the writing of the community activities section and completed a general review of the plan. The plan was submitted to the MOH for review in December 2011 and approved during the first quarter of 2012.
- *Process for Recognizing Performance in MNH, FP and CECAP Services*. The MOH, with MCHIP technical support, developed the norms for graded levels of recognition for Model Maternities (as well as other services with quality standards), culminating in certification as a "Model" in an official ceremony when the National External Quality Recognition Committee verifies that 80% of standards have been achieved standards in an external evaluation. The final draft of the policy was approved by the MOH in November 2013. Accreditation and recognition are critical components of the SBM-R process.
- *National Strategy for the Prevention and Management of Post-Partum Hemorrhage*, as well as a costed operational plan, to serve as the basis for implementation of misoprostol initiatives. The strategy was developed in collaboration with the Mozambican Association of Obstetricians and Gynecologists (AMOG) and the Maternal and Neonatal Health working group, and was approved by the Minister of Health in December 2013.
- *National Family Planning Norms and Guidelines.* MCHIP provided technical support to the MOH to update the norms and guideline; the final draft was approved by the Minister of Health in 2013. MCHIP has also supported the drafting and finalization of the *National Supervision Guidelines for Family Planning Services* that includes sections related to contraceptive logistics management at facility, district and provincial level.
- *Acceleration Plan to Increase Utilization of FP Services and Modern Methods of Contraception*. MCHIP supported the MOH to develop and finalize the plan, which was approved by the Minister of Health in June 2014.
- *Operational Plan to Accelerate the Reduction of Maternal, Newborn, and Child Mortality*. MCHIP worked in collaboration with the MOH and other partners to develop the plan, with a focus on key, short-term activities to reduce maternal, newborn and child morbidity and mortality. The plan was approved by the Minister of Health in January 2015.

- MMI and CECAP indicators are now included in the National Health Information System. Indicators have been collected through this channel since January 2012 (no more vertical collection and report of data for these two programs) and have been showing a significant improvement.
- MCHIP supported the first revision and printing of the national MNCH register books, when key humanization indicators, indicators for high-impact interventions to reduce maternal and neonatal mortality, and CECAP indicators were introduced. With MCHIP technical assistance, a second round of revisions was incorporated and submitted to the MOH for review and approval in November 2013. Currently, MCHIP is playing a leadership role in supporting the implementation of the new registers, including the development of a cascade training plan and a plan for monitoring data quality. The new indicators introduced in the second revision are related to post-partum FP, PMTCT, post-partum hemorrhage, and newborn resuscitation.
- Provincial Health Directorates are demonstrating increased leadership for provincial work planning and budgeting, including increased ownership of activities supported by MCHIP.
- MCHIP completed the field work, analysis and presentation of the "Health Facility Survey for Quality and Humanization of Care (QHC) in Mozambique's Model Maternity Facilities" study. Findings have been used by MOH and MCHIP to highlight successes (e.g., almost universal use of oxytocin) and prioritize urgent needs for improvement (e.g., use of partograph, readiness for emergencies such as neonatal resuscitation).
- Nested within the QHC health facility survey noted above is another study component to validate women's self-report on care received by women giving birth in public health facilities in Mozambique. In FY12, MCHIP implemented this component of the study, which was conducted in response to the growing need to track coverage and quality of high-impact peripartum interventions. Until now the focus has been primarily on measuring contact with the health system. This sheds little light on content or quality of care, especially from the woman's point of view. In May 2013, the results of this study were published in a peer-reviewed paper in PLoS One

entitled "Measuring Coverage in MNCH: Testing the Validity of Women's Self-Report of Key Maternal and Newborn Health Interventions during the Peripartum Period in Mozambique." In addition, as a result of this work, the Demographic and Health Surveys has accepted into its bank of indicators two indicators validated in the study.

- MCHIP provided technical assistance to the MOH to complete the report of the first round of the Integrated Services Package Feasibility Study that was conducted in Zambézia and Inhambane Provinces in 2012. The objective of the study was to evaluate the general conditions and level of readiness at selected health facilities for implementing integrated maternal and newborn health services, and to identify opportunities, challenges and lessons learned to inform the expansion of integrated services in Mozambique. Based on the findings of this first round of the study and related recommendations, MCHIP worked with the MOH to draft the proposed intervention for the study, which is the implementation of an Integrated MCH Preventive Consultations Booking System. The study facilities in Zambézia and Inhambane initiated the implementation of the Integrated Maternal and Child Consultation Booking System, which was selected as the intervention for improved integration of services, in the last quarter of FY2013 and was completed in the last quarter of FY2014.
- MCHIP has provided strategic technical support to the MOH to more fully realize its Strategy for Community Involvement (2004). Working closely with the Department of Health Promotion, MCHIP has supported the development and harmonization of the MOH's packages for mobilizing communities for improved MNCH, including tools, methods, monitoring indicators, and national guidelines for the establishment and functioning of community health committees (CHCs) and health facility co-management committees[1]. MCHIP has also provided support to train government health workers and MOH partners to ensure nationwide implementation of these strategies and guidelines.

Objective 2: Scale up high-impact MNH interventions by assisting expansion of the Model Maternities Initiative (MMI)

- Between April 2011 and December 2014, the MMI expanded from 34 to 125 health facilities. MCHIP has provided direct support in the form of training 1,559 healthcare workers trained in MNCH, and 183 trainers), supportive supervision and technical assistance, and materials and supplies to all of these facilities. Since the beginning of the project, 1,096,551 deliveries have been assisted by a skilled birth attendant at USAID/MCHIP-supported Model Maternities.
- Of the health facilities that have received support from MCHIP, five have thus far qualified for certification. The National External Quality Recognition Committee conducted an evaluation at Nacala Porto District Hospital in November 2013, at Xai-Xai Provincial Hospital and Tete Provincial Hospital in March 2014, and at Vilankulos Rural Hospital and Quissíco District Hospital in October 2014. These five health facilities passed with 80% or above compliance on performance standards and were officially certified by the MOH as Model Maternities. Public recognition ceremonies have taken place for these five health facilities, garnering wide media coverage attention focused on the quality of maternal care in country.
- MCHIP supported the MOH to conduct district-level malaria case management courses in FY12 and FY13, resulting in training a total of 1,215 health care workers. The training was a two-day course, covering topics including national norms for treatment of malaria, diagnosis and treatment of complicated and uncomplicated malaria, supervision, and data collection and reporting, among others.
- MCHIP provided technical assistance to the MOH, in partnership with UNICEF, to plan and conduct regional meetings to introduce the Mozambique National Plan for Elimination of MTCT (2012-2015), discuss the rollout of Option B+, and provide technical assistance to revise the provincial plans, targets, and indicators in order to be aligned with the national plan. As a result of these meetings, all provinces have a road map to work toward the nation's goal of eliminating vertical transmission and saving the lives of mothers and children.
- During FY13 and FY14, the Provincial-Level Mentoring Team (which includes Provincial Health Directorate counterparts and MCHIP-supported provincial-level MCH nurses) worked with health facility staff to conduct a

[1] *Envolvimento Comunitario: Como Mobilizar as Comunidades para un Maior Envolvimento na Promocao da sua Saude. Manual do Participante,* Ministry of Health, May 2012; *Estabelecimento e Funcionamento dos Comites de Co-Gestao das Unidades Sanitarias – Termos de Referencia*, Ministry of Health, May 2012; *Comites de Saude Comunitario*, *Termos de Referencia*, Ministry of Health, May 2012.

total of 603 technical assistance/supportive supervision visits to 125MMI facilities. During these visits, the following key activities were performed aimed at improving the overall quality of care:

- Technical assistance to health facility staff to ensure the implementation of high-impact interventions during labor and delivery
- Technical assistance to carry out internal SBM-R measurements and to develop action plans to address gaps
- Support to correctly complete the register books and analyze monthly statistics alongside the facility manager/head nurse/physician
- Support in the elaboration of graphics with key MMI indicator trends/results
- Support to facilities to create their "client satisfaction meters" and to synthesize the results
- Review of post-partum family planning services
- Support for cleaning and organization of the maternities

- MCHIP provided financial and technical support to the MOH to conduct a Training of Trainers (TOT) in Helping Babies Breathe. Forty trainers were trained from all 11 provinces, including MNH nurses and pediatricians from the provincial health services, provincial training institutions, ISCISA, and the Health Sciences Institute. MCHIP also provided technical support to conduct the subsequent on-the-job training of health professionals in Helping Babies Breathe. As of December 2014, a total of 810 health workers received on-the-job training from trainers developed by MCHIP.

- MCHIP's community component works within the existing social structure to develop the community change capacities of leaders within and outside of the health system. As of December 2014, a total of 309 CHCs have been created or revitalized with support of the project and are working in MCHIP intensive focus areas. Through implementation of the Community Action Cycle, 264 of these health committees have developed action plans that include actions to improve MNCH indicators in their communities, such as addressing emergency transport; the creation of 275 support groups for pregnant women, mothers, including groups targeted toward breastfeeding mothers, mothers-in-law, and new/soon-to-be fathers; home-based visits for the identification of pregnant women, newborns, and post-partum women demonstrating danger signs/signs of complications and promoting birth-preparedness planning; training of community health workers; and implementation of group education sessions on MNCH-related topics, including diarrhea prevention, malaria, and HIV/AIDS.

- MCHIP has also supported 80 Co-Management Committees from the beginning of the project through December 2014, of which 46 have action plans developed through the Partnership Defined Quality methodology. These groups, whose membership includes both facility staff and community members, play a critical role in addressing community concerns regarding quality of care. In addition to keeping up the cleanliness surrounding facilities, organizing patient cues, and addressing issues of emergency transport, the committees work more systemically to raise the expectations of clients regarding the quality of care they receive and to promote accountability of facilities to the communities they serve.

Objective 3: Improve human resources for health, focusing on developing integrated in-service training

- MCHIP provided technical support to the MOH to finalize the Integrated In-Service Training Packages in MNCH/FP/RH. All six packages (School and Adolescent Health, MNH, Sexual and Reproductive Health, Child Health and Cross-cutting Issues, and Community) have been completed.

- MCHIP provided technical and financial support to the MOH to conduct the first National TOT in the methodology for utilization, testing and validation of the Integrated In-Service Training Packages. The TOT was conducted with 49 health professionals from all provinces, including representatives from the Provincial Health Directorates, Training Institutes, health facilities, MOH central level, USAID, WHO and MCHIP. In FY13, the packages were tested and validated at the provincial level. MCHIP assisted in the review and incorporation of the comments and proposed revisions sent by the provinces. MCHIP also provided technical support to the MOH to review and revise Package 4 to include updates in PMTCT policy and guidelines, including Option B+, and to develop a package of presentations on Option B+.

- MCHIP and the MOH have trained 31 members of partner organizations in the implementation methodology of the Integrated In-Service Training Packages. The purpose of the training was to build synergies in the rollout of the

packages and to expand the technical assistance available to address and overcome implementation challenges at the health facility, district, and provincial levels.

- MCHIP continued its support of strengthening pre-service education in MNCH/RH/FP in partnership with higher education institutions MCHIP provided support to ISCISA, Unilurio, UniZambeze, and Catolica to adopt performance standards to monitor the quality of education. Since the beginning of the project, MCHIP has supported the training of 60 professors and faculty from ISCISA and the School of Medicine members in the area of MNCH and CECAP/FP and provided technical assistance to ISCISA to conduct a revision of the Maternal Health and Hospital Administration curricula. The first phase of revision has been completed; the second phase of revision is scheduled to be completed during 2015. MCHIP also provided support to higher education institutions (ISCISA, Unilurio, UniZambeze, Catolica) to adopt performance standards to monitor the quality of education in the area of MNCH.

Objective 4: Scale-up of integrated cervical cancer prevention (CECAP) and RH/FP services

- CECAP Program activities are integrated into existing Reproductive Health (RH) Services, leading to the creation of the Integrated Reproductive Health Outpatient Services that offer: counseling and services for family planning; CECAP; HIV testing, counseling, and referral; sexually-transmitted infections (STIs) prevention and control; gender-based violence screening and referral; as well as screening, treatment or referral of infertility and other gynecological conditions. By the end of December 2014, the number of health facilities offering integrated RH services has increased from 17 (at the beginning of the project) to 129, and a total of 216,028 women have been screened for cervical cancer lesions since the beginning of the project. MCHIP's support has included training (936 healthcare workers trained in integrated CECAP and RH/FP and 39 maintenance technicians), and supportive supervision and technical assistance. In addition, in order to support the initiation of CECAP services, MCHIP provided two tanks of CO2, acetic acid 5%, registration forms, IEC materials, and the installation of cryotherapy equipment in all of these facilities.

- MCHIP provided support to Provincial Health Directorates and health facilities to carry out supportive supervision visits to address challenges in CECAP service delivery and provided technical assistance for CECAP SBM-R baseline and internal assessments. In FY14, a total of 114 visits were made to health facilities involved in the National CECAP Program.

- MCHIP provided technical and financial support to the MOH and the First Lady of the Republic of Mozambique's Cabinet to host the 7th Stop Cervical Cancer in Africa International Conference in July 2013. Nearly 2,000 participants attended the conference, including the President of the Republic of Mozambique, the First Lady of Mozambique, the Minister of Health of Mozambique, ten African First Ladies, representatives of other First Ladies and Ministers of Health, parliamentarians, donor and UN representatives, health workers, and civil society representatives. During the conference, the President, the First Lady and the Minister of Health of Mozambique reaffirmed their commitment to support cervical cancer prevention in Mozambique and in Africa in general. The First Lady of Mozambique was named as the New Chairperson of the Forum of African First Ladies Against Breast and Cervical Cancer and Co–Convener of the World Forum of First Ladies and Women Leaders. MCHIP provided support in the organization and technical content of the conference, the supply of materials and equipment for the exposition (including information and demonstration booths on VIA/Cryotherapy, Family Planning, and Colposcopy and LEEP), financial support for the installation of panels and stands, and support for the travel costs of provincial gynecologists.

Objective 5: Assist in the development, implementation, and management of FP/RH services for selected health facilities

- MCHIP has regularly provided intensive technical support to the national-level Reproductive Health Commodity Security Task Force on: 1) quarterly revision of provincial contraceptives requests; 2) quarterly provincial needs forecast and distribution plans (adjusting the requests made by provinces); and 3) national and provincial needs forecasting and distribution plans for syphilis tests.

- In July 2013, MCHIP was elected as Co-Chair of the FP Technical Working Group. Since then, MCHIP has been providing technical guidance to the group on the development of other important documents and guidelines,

such as the Terms of Reference for a consultancy to develop a FP Communication and Advocacy Strategy, National Guidelines for Community Distribution of Contraceptives, and the FP Acceleration Plan.

- MCHIP has supported the training of 150 health professionals in Post-Partum and Post-Abortion IUCD insertion from FY12 to FY14.
- MCHIP's community engagement component works to create demand for family planning and other reproductive health services. Since FY13, the project has reached more than 1.6 million individuals through educational sessions and over 3,000 radio spots have been aired. Through home visits and other outreach activities, the project has referred 8,515 pregnant women to services.

Objective 6: Pilot neonatal circumcision

- In the draft National Male Circumcision Strategy developed in 2012, the MOH stated that neonatal male circumcision is not a priority for the next five years. MCHIP continued to work with the MOH on advocacy and to further explore the design of a pilot.

Objective 7/8: Leadership in quality improvement

- In November 2012, MCHIP supported the MOH to hold the first National Quality and Humanization of Care (QHC) Meeting, presided by the Minister of Health. Approximately 250 participants attended the meeting, including members of QHC Committees from the health facility, district, provincial, and national levels. In December 2014, MCHIP supported the MOH to hold the second National QHC Meeting, under the theme "Community and Health Workers for Respectful and Quality Care in Mozambique." This meeting was also presided by the Minister of Health and was attended by 280 participants. Both meetings demonstrated active participation by all attendees, including religious leaders, community leaders, and traditional medicine practitioners, representatives from the League of Human Rights, health workers, and partners. During the meeting, participants shared and exchanged progress, experiences, innovations, and major challenges in the area of quality and humanization of care.
- MCHIP has supported the MOH to develop/update and finalize performance standards in the areas of MMI (including malaria, PMTCT, TB in pregnancy and newborn care), CECAP, and Family Planning. Alongside the MOH and Pathfinder, MCHIP supported the testing of the CECAP and FP standards and incorporated the findings and recommendations from this testing exercise into the performance standards. The FP standards were approved by the MOH during the first quarter of FY14. In addition, MCHIP supported the development of draft performance standards for IMCI, Nutrition, TB and Malaria, and submitted them to the MOH for their review and revision.