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IFPP - Integrated Family Planning Program Agreement No. AID-656-A-16-00005

FY2016 **1st Year of the Project**

Quarterly Report: June to September 2016



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Table of Contents

Contents

Table of Contents.....	2
Acronym List	3
Office facility and key staffing.....	5
Signature of contracts and other official documents	Error! Bookmark not defined.
Key steps carried out with USAID for the implementation of the project	6
Harmonization of operational policies and procedures	7
Comprehensive logistics for office space and equipment, including IT facilities	7
Recruitment of staff.....	7
IFPP Year 1 workplanning workshop including team-building and strategy refinement	8
Harmonization of tools for IFPP.....	9
FP compliance activities.....	9
Management Standards Compliance Tool.....	10
EMMP.....	10
Movercado	11
Mapping exercise of pharmacies	11
Formative research preparation to demand generation.....	11
Community engagement activities	12
Process of adaptations of aid materials for IFPP	12
Participation in routine national technical working groups	12
Baseline study	16
Gender assessment.....	16
Formative research	17

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Acronym List

Acronym	Description
CBOs	Community based organizations
CDCS	Country Development Coordination Strategy
EMMP	Environmental mitigation and monitoring plan
FP/RH	Family planning/reproductive health
FS	Field Supervisors
GRM	Government of the Republic of Mozambique
HF	Health Facility
HR	Human Resources
HSS	Health Systems Strengthening
IEE	Initial Environmental Examination
IFPP	Integrated Family Planning Program
IMASIDA	National Malaria and HIV Indicator Survey
IPC	Interpersonal Communication Agents
IRB	Institutional Review Board
IT	Information Technology
LOE	Level of Effort
MCH	Maternal and Child Health
mCPR	Modern Contraceptive Prevalence Rate
MCSP	Mother and Child Survival Program
MISAU	Mozambican Ministry of Health
MOU	Memorandum of Understanding
MSC	Management Standards Compliance
NGOs	Non-governmental Organizations
PDSA	Plan, Do, Study, Act
PHD	
PSI	Population Services International
QI	Quality Improvement
SGBV	Sexual and Gender-Based Violence
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SWAP	
TBAs	Traditional Birth Attendants
TEM+	
ToR	Terms of Reference
ToT	Training of Trainers
TSO	Technical Support Officers
USAID	United States Agency for International Development
USAID AOR	Agreement Officer's Representative (USAID)
YFHS	Youth-Friendly Health Services

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1. **Project Duration:** 5 years
2. **Starting Date:** June 2016
3. **Life of project funding:** \$ 34,560,000.00
4. **Geographic Focus:** Nampula and Sofala Province
5. **Program/Project Objectives**

The Integrated Family Planning Program (IFPP) is a five-year USAID/Mozambique-funded initiative to increase use of modern contraceptive methods by target populations in Cabo Delgado, Nampula, and Sofala provinces of Mozambique. IFPP will respond to the USG strategy for development and foreign assistance in Mozambique through the Country Development Coordination Strategy (CDCS). The USAID/Mozambique CDCS outlines an overarching Development Objective Health Goal -- to “Improve the Health Status of Target Populations” through three results: 1) Increased coverage of high impact health and nutrition services, 2) increased adoption of positive health and nutrition behaviors, and 3) strengthened systems to deliver health, nutrition, and social services (CDCS, 2013). Aligning with this goal and results, IFPP aims to increase use of modern contraceptive methods for target populations through three Intermediate Results: 1) Increased access to a wide range of modern contraceptive methods and quality family planning/reproductive health (FP/RH) services, 2) Increased demand for modern contraceptive methods and quality FP/RH services, and 3) Strengthened FP/RH health systems. The project goal supports the Government of the Republic of Mozambique (GRM) and Ministry of Health (MISAU) priorities related to improving the health of Mozambicans by increasing access to and use of voluntary family planning and contraceptive methods.

The project will implement an overarching strategy that applies a judicious mix of high impact practices coupled with local innovations to bolster FP and RH service delivery, demand generation, and health systems. IFPP will increase access to a wide range of modern contraceptives and quality facility- and community-based FP/RH services by: expanding the method mix; strengthening adolescent-friendly services; supporting strategic integration of FP services into HIV platforms and maternal and child health services; expanding community-based contraceptive service provision; improving referral mechanisms; and integration of community and health systems. The project is led by Pathfinder International with a team of global and local partners—N’weti, Population Services International (PSI), and Abt Associates.

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6. Activities of the reporting period

IFPP has implemented a dynamic three-month start-up plan during the current reporting period (July to September 2016). In keeping with the complex and comprehensive nature of the project it was necessary to prioritize critical program management, logistics, and preparatory activities in order to create a solid foundation for future work in the field.

Activities therefore targeted the following areas:

- Signature of pre sub-agreements and other official documents
- Financial, administrative, personnel, and grants management systems
- Comprehensive logistics for office space and procurement of vehicles and equipment, including IT facilities at Nampula province
- Interaction with US-based and local partners and with USAID/Mozambique
- Pre sub-agreements with the three partners have been signed while sub-agreements were elaborated and finalized.
- Preparation of landscape analysis and project's presumable impact to USAID and central-level MISAU in order to review and adjust the project's geographic focus
- Conducting of IFPP project-wide Year 1 workplanning workshop, including team-building and integrated strategy refinement with all consortium members.
- Development of IFPP Monitoring and Evaluation Plan

An ambitious calendar of planning and introductory activities including visits to districts, mapping and meetings with community stakeholders, staff recruitment, and launching of the project has been programmed for October onward.

Office facility and key staffing

IFPP began work immediately in Pathfinder International's Mozambique Country Office premises in Maputo and Nampula. In the province of Sofala the search for office space will only start in the next quarter due to ongoing conversations between USAID and MISAU—that had happened from June to late August 2016—in relation to the geographic focus of the project. The Pathfinder Maputo and Nampula offices provided logistical support to IFPP including access to telephones, internet, and vehicles and drivers, and also availed its technical and administrative staff to support startup of activities on all fronts.

All five key personnel as well as the HSS advisor, the community mobilization senior advisor, and the SBCC and IPC coordinators started their activities during the first week after award.

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Key steps carried out with USAID for the implementation of the project

The Pathfinder IFPP management team, together with Pathfinder HQ, participated in the read-through of the IFPP cooperative agreement in the post award conference with USAID. The objective of the read-through was to achieve a clear and mutual understanding of all agreement requirements, identify and resolve potential problems, and share information on our partners.

In July, a meeting was held with IFPP team and from USAID the AOR, the Supervisory Project Management Specialist RMNCH/PMTCT (Team Leader) and the Health Officer to present the implementation strategy and main activities of the workplan, as well as the quarterly deliverables. This meeting also served as a preparatory meeting with MISAU.

As there were initially disagreements with MISAU regarding the project's geographic focus in the Cabo Delgado Province, an additional meeting was held to discuss the rationale and the targets as well as potential options as a way forward to start implementation as soon as possible. The scenarios developed as a result of this discussion were as follows:

- **Option 1:** USAID could raise this issue with MISAU to confirm that IFPP can implement activities in the full set of districts outlined in the IFPP proposal. IFPP would implement activities that are complementary to the community activities being developed by UNFPA.
- **Option 2:** IFPP could implement in Palma and Pemba Metuge as planned, and choose a new set of districts for implementation, namely: Nangade, Mecufi, Quissanga, Macomia, Meluco, and Muidumbe. The remaining cluster of staff and resources initially proposed for Cabo Delgado would shift to Nampula province in order to support full provincial coverage.
- **Option 3:** IFPP could begin implementation in Palma, Pemba Metuge, and the new cluster of districts (Nangade, Mecufi, Quissanga, Macomia, Meluco, and Muidumbe), then expand to the remaining proposed districts after the UNFPA program ends in December 2017. However, this would have budget implications.
- **Option 4:** IFPP could begin implementation in Cabo Delgado in the middle of 2017 in order to give continuity to the UNFPA efforts.
- **Option 5:** IFPP could withdraw from Cabo Delgado and reach 100% coverage in Nampula and Sofala.

At the end of negotiations, the fifth option was selected in order to comply with MISAU requirements.

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Harmonization of operational policies and procedures

Financial and administrative procedures to be used by all consortium members have been defined and further developed to ensure consistency of application of several operational issues (e.g., phone, per diem, field allowance) to address outstanding start-up issues.

Comprehensive logistics for office space and equipment, including IT facilities

The IFPP permanent offices are hosted at Pathfinder Maputo and Nampula offices and furnishing was mainly completed. The offices have been in operation with internet installed and in use. The Nampula office is ready to host up to 25 staff.

IT equipment has been procured and internet access modalities defined and upgraded for the Nampula office. IT needs for the Sofala office have been identified and equipment ordered. The procurement approval process for 15 new vehicles and 24 motobikes for Nampula and Sofala provinces has started.

Recruitment of staff

Approximately 40 positions were advertised internally among partners and externally to jump-start the hiring process in August and September, with interviews continuing as required. All job descriptions were revised and/or developed by PSI, N'weti, Abt, and Pathfinder.

The positions have been advertised only for Nampula province, as the geographic focus was still under discussion for Cabo Delgado and Sofala provinces during the first quarter.

For the HSS component, two provincial HSS technical advisors were hired and will be embedded at Nampula PHD and a Maputo-based HSS director. A technical advisor will be hired in the October-December quarter to support this process in Sofala.

The recruitment, onboarding, and training of the IPC Assistant (based in Nampula) was conducted in August 2016. As part of the onboarding process, the IPC agent was trained in interpersonal communication approaches, how to work with community health workers, and how to use data monitoring tools and systems, namely Movercado. Also, the orientation and introduction of Central PSI staff, Sofala and Nampula to the IFPP Program was completed.

The community component manager was already recruited and the community mobilization and governance senior advisor as well the SBCC coordinator are already contextualized within the IFPP workplan. During the quarter, one community mobilizer and seven field supervisors were also recruited for the Nampula province.

To implement the community component, the hiring process was finalised at the central level with the Project Manager on board and all staff at N'weti office supporting the component

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based on level of effort (LOE). During the period in analysis, the hiring process also started at provincial and district levels where part of the staff was hired and on-going process of finalising recruitment is in place.

Originally, before the exclusion of Cabo Delgado, it was expected to have 2 Technical Support Officers (TSO) and 12 Field Supervisors (FS) in Nampula. However, after field mapping and assessment of the context, the number of staff to be recruited in Nampula province increased to a total of 3 TSO at provincial level and 14 FS.

IFPP Year 1 workplanning workshop including team-building and strategy refinement

During the week of June 24, Pathfinder organized a start-up workshop with all partners in Maputo. On average, each partner sent two to three members, the majority of whom were staff selected to work on IFPP.

The workshop objectives were:

- To foster greater knowledge about the IFPP partner organizations
- To enhance the operational understanding of the integrated strategy
- To foster a closer relationship with the partners
- To define the planning process and produce the first year workplan for the project

The workshop was facilitated by Callie Simon, Pathfinder HQ Sr. Technical Advisor, and was structured in a very interactive way, combining group discussion, group dynamics, and brief presentations.

Using a participatory process with the partners (Abt, PSI, N'weti), the workplan development process included workshops with all partners together to collectively determine the most strategic approach to year one, i.e., the approach to roll-out that will get us both 'quick wins' as well as lay the foundation for sustainable improvements in FP services and demand generation. After this phased year-one approach, individual working sessions were held with each partner to ensure that all their activities were collectively agreed to, and the timing proposed matched the overall strategic approach of year one. IFPP adopted a strategy that will generate 'quick wins' and will help scale up interventions to all supported health facilities: start implementation in the health facilities that have maternity wards and an average of more than 80 institutional deliveries per month. The community package will start in the catchment areas of the selected health facilities.

The workshop resulted in a stronger IFPP team, better operational understanding of the integrated strategy, a mapped partnership network with developed relationships, and the first

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draft of the workplan. The participants were pleased with the format and results of the workshop. The project workplan explains in more details some strategic choices that were made to maximize operational and health gains since the project's inception that will complement the project's strategy that leads to the identification of three different profiles: (1) *rural districts* with limited access to any service delivery entry point; (2) *combo districts* with high internal variation in access, demand, and contraceptive uptake due to the presence of corridor areas with increasing economic growth and mobile coverage; and (3) *urban districts* with high demand and physical access to services. In response to these different demand and access profiles, IFPP developed three packages of evidence-informed interventions that will efficiently and effectively increase the use of modern contraceptive methods.

Harmonization of tools for IFPP

FP compliance activities

Pathfinder developed a compliance app and monitoring and reporting portal that has eased the burden on staff conducting monitoring visits to comply with US-government regulations.

Pathfinder has digital checklists for both FP/RH (including HIV, condoms, and abortion) and environmental compliance that can be conducted (offline) on a tablet or smart phone. The app has the ability to document responses with photos, provide comments throughout each checklist, and record GPS coordinates of the facility. Corrective action plans are automatically generated in the app for monitoring staff to review with the facility management and staff for any non-compliant issues found during the visit. The online monitoring and reporting portal provides access to automatically generated pdf reports from each visit (including the questions and responses, as well as the corrective action plan), an overview of visit results by facility, and other important monitoring

information. Issues that require follow-up can be updated directly in the online portal, which results in a versioned report showing both the original visit results and follow-up actions taken.

Pathfinder worked with D3/RCS, a

company that specializes in electronic data capture, to develop the system and received an

InsideNGO Operational Excellence Award for the system in July 2016.

Progress has been made to allow for roll-out of this system in IFPP during the next

Cabo Delgado, it will be included in the protocol submission as a

Qual é a parte da visita que você gostaria de completar neste momento?

Entrevista ou observação com o Gestor da Clínica (ou responsável)

Entrevista com o Provedor de Serviços de Planeamento Familiar

Entrevista com o Utente de Planeamento Familiar

Entrevista com o Supervisor

Observação de sessão de aconselhamento sobre PF/Contraceptivos

Entrevista e Observações completas: (Aviso : Ao seleccionar " Entrevistas e Observações Completas" você irá para a secção da selecção do entrevistado e não poderá retornar!)

Que tipo de material de apoio em aconselhamento você usa?

(Reponse múltipla)

Cartaz Tiaht

Outro cartaz

Panfleto/Folheto

Amostras de método

Cartões de sugestões

Outro (Especique)

quarter. During this past quarter, the checklists, app commands, and reports were translated into Portuguese for use by the IFPP program, and equipment was procured. In the next quarter, accounts will be set up and system training will be conducted by Pathfinder HQ Technical Advisor Sarah Unninayar.

Management Standards Compliance Tool

The foundation of IFPP's Health System Strengthening (HSS) strategy is Abt Associates' Management Standards Compliance (MSC) tool, which uses existing MISAU standards to identify gaps in FP health systems functions and management capacities, applying a Plan, Do, Study, Act (PDSA) quality improvement (QI) methodology to identify and implement solutions. In the project's first quarter, IFPP worked in close collaboration with a diverse mix of local clinicians and HSS experts to adapt the MSC assessment tool to the Mozambican context based on the latest MISAU standard operating procedures (SOPs). These SOPs related to strategic planning and budget management, FP commodity security, participation of civil society in the health system, human resources (HR) for FP, and using data for decision-making. The project expects to begin collecting baseline data in nine selected districts using the MSC assessment tool before the end of the second quarter.

EMMP

This quarter, the IFPP team established its plan and systems to ensure compliance with U.S. Government rules and regulations related to environmental compliance. Within 60 days of award, the team developed the project's environmental mitigation and monitoring plan (EMMP) based on the Mission-approved initial environmental examination (IEE). The team assessed all activities in the IFPP workplan to determine whether they posed a risk for negative impacts on the environment. The identified activities were categorized by conditions set forth in the IEE, and the team identified appropriate mitigation and monitoring actions, as well as the timing of monitoring and responsible parties, to ensure that the environment is not harmed during implementation of project activities. The EMMP was approved by USAID and the project team has begun to implement the plan.

In the next quarter, compliance with the EMMP will be monitored in supported health facilities through Pathfinder's FP/RH and environmental compliance monitoring app. Project- and facility-level compliance, as well as follow up on corrective actions, can be tracked through the associated online monitoring and reporting portal. Following training by Pathfinder HQ Technical Advisor Sarah Unninayar, all IFPP technical staff will begin to use the app to monitor

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370 supported health facilities. Other mitigation measures will be implemented and monitored in the manner indicated by the EMMP.

Movercado

The Movercado (SMS-based referral and voucher system to be used by the PSI IPC agents and the TBAs) will allow the project to track referrals made and confirmed in real-time, use the data to improve facility and community referral mechanisms, and pay IPC agents and TBAs based on referral performance. The flow has been designed taking into account the different roles played by TEM+ activistas, community health workers, and traditional birth attendants and the role out it is planned for next quarter.

Mapping exercise of pharmacies

During this exercise, pharmacies were mapped in Nampula and Sofala in order to identify those that are eligible to participate in IFPP. Pharmacies had to meet the following selection criteria to enter the pool of participants: 1) be located in a high-population density location; 2) be close to a secondary school or vocational institute; and 3) sell FP products such as condoms and contraceptives.

Once the first vetting is complete, PSI will contact owners to outline the objectives of the IFPP project and assess their willingness to participate. PSI will create demand through community health workers (Interpersonal communication agents - IPC), raising awareness around the importance and role of pharmacies in the community. In addition to creating demand, PSI will train pharmacy staff to ensure that information around sexual and reproductive health is accurate and that they also have the ability to provide referrals. All participating pharmacies have to sign a memorandum of understanding (MOU) outlining the role of each partner. To date:

- In Nampula city, 22 pharmacies were mapped, and PSI selected 6 pharmacies for the first phase of the project. By the end of the reporting period, four pharmacies had agreed to participate in this project.
- In Beira, six pharmacies were mapped near schools and health facilities that offer Youth-Friendly Health Services (YFHS).
- Mapping was also done in Dondo, where one pharmacy was identified.

Formative research preparation to demand generation

The purpose of the formative research is the improvement and understanding of the structural and social cultural barriers for uptake of family planning at the community level. Based on the findings and recommendations from the consultants that are being hired to conduct this

formative research, N'weti will incorporate specific themes on training sessions, community dialogue sessions and aid materials in order to increase the FP/RH demand to generate new contraceptive users while simultaneously laying the groundwork for sustainable social norm change.

During this quarter, Terms of Reference (ToRs) were developed and the hiring process of the consultant firm started. The ToRs for the formative research were developed looking for consultants with solid skills to carry out social and anthropological research with considerable experience concerning methods and outcomes/impact and quality processing of the findings in order to function as a learning tool for IFPP to implement the project successfully. Unfortunately, none of the applicants scored highly enough to meet the required threshold of quality. The process to hire such consultants is still on-going through dissemination of the ToRs among various stakeholders.

Community engagement activities

Field work to adjust the community engagement plan was carried out and meetings with government authorities, non-governmental organizations (NGOs) and community based organizations (CBOs) were realised to disseminate IFPP and find out possibilities of partnership, synergies, collaboration and cooperation. The contact with potential partners in Nampula also had the purpose of starting with identification of Community Facilitators to implement activities such as community dialogues, community score cards and community radio programs.

Process of adaptations of aid materials for IFPP

During this reporting period, the IFPP/N'weti team at the central level was involved on revision process of current materials to be adjusted and contextualised to IFPP's aims. As an example, the number of session for community dialogue should be reduced from the current nine sessions to six sessions. This means that the team started with an operational and strategic thinking of periodization to develop manuals with contents for these sessions. However, as mentioned in the formative research session section of this report, the final version of the aid materials will combine the recommended themes uncovered from the formative research and from existing behaviour change messaging such as mCenas and N'weti family planning booklets.

Participation in routine national technical working groups

During the quarter, IFPP participated in two meetings of the Commodities Task Force, where the request for and allocation of contraceptives was discussed. Project staff also participated in three regular Family Planning Technical Working Group meetings to support the International Contraception Day initiative. Finally, IFPP participated in one SWAP meeting to review and discuss the progress of maternal and child health (MCH) interventions in Mozambique.

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7. Project Performance Indicators

The IFPP monitoring and evaluation plan containing performance indicators, data sources, frequency of reporting, and targets and a description of M&E procedures ,was submitted to USAID on July 19th, and is currently pending approval from USAID. For the establishment of the targets, the IFPP team took into account contextual data (i.e. the estimated population of women of reproductive age, the IMASIDA contraceptive prevalence rate, and HIV prevalence for each province) as well as service statistics from the prior ESD-FPI project

One working session was held jointly by the project team and USAID to share the rationale and calculations for target settings. A revised version was submitted on–September 14th, with the understanding that some of those would require adjustments shortly after Y1 implementation, considering the recently introduced new MISAU logbooks for sexual and reproductive health (SRH) services. While every effort has been made to align the IFPP service delivery indicators and disaggregation with the new SRH logbooks, there may be some further adjustments that are needed as the logbooks are rolled out.

The IFPP M&E team is currently setting up the project’s performance monitoring system, including project database, data collection tools and reporting templates that will allow us to track and report on performance indicators. Pending USAID’s final approval of the M&E plan, we will begin reporting on performance indicators once activities begin in earnest (after the project launches).

8. Major Implementation Issues

During the first quarter of implementation, USAID and MISAU had had several meetings to refine geographies and targets for this project. Pathfinder worked closely with USAID to provide information and forecast potential impact that any adjustment could have on project implementation. Eventually, USAID and MISAU agreed to achieve full coverage in Nampula and Sofala provinces. At this stage, Cabo Delgado will not benefit from IFPP. Despite the very productive process to reach consensus in terms of the best use of the available resources in order to generate the best results on health indicators, this negotiation impacted the start-up of the project. IFPP could not initiate some preparatory work (e.g., office space, human resources, harmonization with provincial level), as the geographic areas were not settled before early September, 2016.

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Despite of the political conflict and instability in the province, IFPP thinks that the intervention strategy should be developed and tested in Sofala. An exploratory visit is important to do in order to have sense of the reality and possibilities of implementation, even if done gradually.

N'weti's team, involved on recruitment process, faced problems to identify the candidates to be interviewed due to lack of required skills for the positions, particularly in the recruitment of Technical Support Officers. In addition, for the qualified candidates interviewed there were issues with the salary package, where they asked for higher salary packages than what N'weti has budgeted for in the IFPP. N'weti suggests that there is a need for additional staff for Nweti's component, both for TSOs and FSs.

9. Collaboration with other donor projects

The IFPP team met with the Mother and Child Survival Program (MCSP) and the USAID Agreement Officer's Representative (AOR) in order to foster open discussions on how best to collaborate and complement partnerships and to avoid overlapping within the FP work in the Nampula and Sofala provinces. Follow-up was agreed to refine modalities of collaboration during planning exercises at the provincial level. One of the options proposed was to exclude FP interventions within MCSP and redirect the budget to other areas, and IFPP would cover all FP intervention. Additionally, phased interventions by district or facilities were also proposed.

10. Upcoming Plans:

At the beginning of the next quarter, the project will hold an introduction workshop for the entire Nampula IFPP team. The whole team will be introduced to the IFPP project, to the different components of the project (urban, combo, and rural packages), and to the different roles and responsibilities of the consortium members.

IFPP has planned the official launch of the project in Nampula for the beginning of the next quarter and has begun the preparation of the launch in Sofala province. Taking Nampula province experiences with launching process as departure point of implementation and all constraints faced such as staff recruitment and identification of potential partners, IFPP will begin Sofala's startup with the preparation process in parallel with Nampula implementation. The rationale behind this thought is to guarantee a streamlined recruitment process in order to have qualified staff without time pressure when Sofala starts.

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District coordinators and the provincial MCH officers will go through a training of trainers (TOT) in Maputo. The TOT will address family planning as well as the mentorship tools, FP/RH and environmental compliance (including the compliance monitoring app), and implementation learning.

After the TOT, it is expected that the district coordinators and the project MCH officers will start field implementation. By the end of the next quarter a total of 27 health facilities (HFs) will be trained and will be receiving mentoring and supervision by IFPP. It is also expected that the community components will have trained the community supervisors, have the MOU with the community based organizations signed, and at least 48 pairs of community facilitators trained.

PSI will ensure that the initial planning of the Movercado system is up and running to ensure that we can capture program results. The role of traditional birth attendants (TBAs) in this project will be to increase demand of pregnant women for seeking care at health facilities so that they can receive antenatal care, have an institutional delivery and be counseled and receive a post-partum contraceptive method. Movercado will ensure that they are able to capture the number of women who are referred, and who complete referrals, to health facilities for ANC services and labor and delivery. The step-by-step process involves setting up the Movercado platform for TBAs to make referrals and the incremental roll-out of the Movercado platform for TBAs (with confirmation of referrals at health facilities). Also, a TOT for district trainers will be conducted and include the TBAs on Movercado (including the project's district coordinators in this training); the training of TBAs; the training of pharmacy staff; and the training of the IPC agents that will provide referrals to designated TEM+ Pharmacies, Clinics TEM+, and the public sector in Nampula (Nampula, Mozambique Island and Nacala Port Cities) and Sofala (Beira and Dondo Cities).

Taking into account the managerial needs and in order to minimize the effects of delay with commencement of some features, IFPP will conduct a partners' meeting in November, involving focal points of all consortium members, to prepare a rational and logical startup plan for Sofala enhancing information exchanges, coordination and management support of the various components when the need arises.

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11. Evaluation/Assessment Update

Evaluations, Assessments, Studies and Audits Include any and all types of evaluations, financial or programmatic, internal or external.	
Completed: List evaluations, assessments, studies and/or audits held last year	Major Findings/Recommendations
Planned: List evaluations, assessments, studies and/or audits planned for next year	

Baseline study

During this quarter, the protocol and questionnaire for the population-based IFPP baseline survey was developed and cover letters were requested for Nampula, Cabo Delgado and Sofala (required for submission to the MISAU Institutional Review Board (IRB) committee.) Additionally, a version of the protocol was sent to USAID during the month of September to obtain feedback. During the next quarter, IFPP will submit all study documents to the IRB in order to obtain approval before December, 2016. This will ensure timely preparation of logistics and implementation of the survey fieldwork during the first quarter of 2017.

The baseline study is designed to provide data for the main project outcome indicators among the target population: modern contraceptive prevalence rate (mCPR) (the survey sample has been designed to produce provincial-level estimates for mCPR), unmet need for family planning, and percent demand satisfied in family planning. Additionally, the study will gather information related to other important elements to inform project implementation and monitor changes that are conducive to achieve outcomes as per our logical framework. An endline study will be done in the fifth year of the project using the same survey instruments in order to determine the achievements in population-based outcomes made under IFPP.

Gender assessment

In this quarter, the IFPP team conducted a gender analysis, which aimed to identify and describe the specific gender roles and power dynamics apparent in the project-supported provinces.

Our analysis revealed a range of inequitable gender norms and harmful gender stereotypes in the three provinces (Cabo Delgado was included at the time.) These norms and stereotypes drive low female agency, limit decision-making power, fuel sexual and gender-based violence

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(SGBV) and unintended pregnancy, generate fewer opportunities for girls, and, ultimately, prevent use of health services and contraception.

As detailed throughout the analysis, Pathfinder has several strategies in place to mitigate the negative effects of gender inequities. We will confront the root causes of gender inequality by engaging men and boys through a range of interventions, and working to increase the level of participation of women in community life. In addition, recognizing that women face unique barriers to contraceptive services in different parts of the country, we designed the IFPP strategy to deploy three tailored packages of interventions: the rural package, the urban package, and the combo package, which recognize and account for differences in access to services and gender norms.

Formative research

The ToR for the formative research were already defined and published during this quarter. Selections of the areas in Nampula were already identified where this formative research will be applied and are related to strong community barriers. As noted above, none of the applicants that responded to the ToR met the minimum threshold/score required, so recruitment for a consultant will continue next quarter.

12. Financial Information:

As per the agreement reporting guidelines, the financial report will be submitted separately on November 15th, 45 days after the end of the quarter.

¹ Although the project is no longer planning to implement in Cabo Delgado, it will be included in the protocol submission as a safeguard in case the situation changes.