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IFPP - Integrated Family Planning Program Agreement No.

FY2016/2017 1st Year of the Project

1st Quarter Report: October to December 2016



Pathfinder
INTERNATIONAL
Sexual and reproductive health
without fear or boundary



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Table of Contents

Acronym list	4
Project Summary.....	5
Summary of the reporting period (October- December 2016).....	6
Goal: Increase use of modern contraceptive methods	7
IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services .	7
Sub- IR 1.1: Increased access to modern contraceptive methods and quality, facility-based FP/RH services.....	7
Sub- IR 1.2: Increased access to modern contraceptive methods and quality, community-based FP/RH services.....	13
Sub-IR 1.3: Improved and increased active and completed referrals between community and facility for FP/RH services	15
IR 2: Increased demand for modern contraceptive methods and quality FP/RH services	16
Sub IR2.1: Improved ability of individuals to adopt healthy FP behaviors	16
Sub-IR 2.2: Improved community environment to support healthy FP behaviors.....	17
Sub-IR 2.3: Improved systems to implement and evaluate SBCC interventions	18
IR 3: Strengthened FP/RH health systems	18
Sub-IR 3.1: Improved FP financial management, strategic planning, and budget execution.....	19
Sub-IR 3.2: Improved management of commodities to ensure availability at local levels.....	20
Sub-IR 3.3: Strengthened governance, including civil society engagement, for an improved FP enabling environment.....	20
Sub-IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled workers	20
Sub-IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making.....	21
Summary of key points contributing to success	21
Monitoring, evaluation, and implementation research	22
Project Performance Indicators	24
Goal: Increase use of modern contraceptive methods	24
IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services	24
Sub- IR 1.1: Increased access to modern contraceptive methods and quality, facility-based	25
Sub- IR 1.2: Increased access to modern contraceptive methods and quality, Community-based ...	25

Sub-IR 1.3: Improved and increased active and completed referrals between community and facility for FP/RH services	26
IR 2: Increased demand for modern contraceptive methods and quality FP/RH services	26
Sub-IR 2.1: Improved ability of individuals to adopt healthy FP behaviors	26
Sub-IR 2.2: Improved community environment to support healthy FP behaviors	27
Sub-IR 2.3: Improved systems to implement and evaluate SBCC interventions	27
IR 3: Strengthened FP/RH health systems	28
Sub-IR 3.1: Improved FP financial management, strategic planning, and budget execution	28
Sub-IR 3.2: Improved management of commodities to ensure availability at local levels	28
Sub-IR 3.3: Strengthened governance, including civil society engagement, for an improved FP enabling environment	29
Sub-IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled workers	29
Sub-IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making	29
Major Implementation Issues	30
Collaboration with other donor projects	30
Upcoming Plans	31
IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services	31
IR 2: Increased demand for modern contraceptive methods and quality FP/RH services	31
IR 3: Strengthened FP/RH health systems	31
Success Story	32
Financial Information	33
Annexes	33

Acronym list

Acronym	Description
APE	<i>Agente Polivalente Elementar – MOH approved Community Health Worker</i>
CBOs	Community based organizations
CDCS	Country Development Coordination Strategy
CF	Community Facilitator
DPS	Provincial Health Directorate
EMMP	Environmental mitigation and monitoring plan
FP/RH	Family planning/reproductive health
FS	Field Supervisors
FTP	First Time Pregnant
GIS	Geographical Information System
GRM	Government of the Republic of Mozambique
HF	Health Facility
HR	Human Resources
HSS	Health Systems Strengthening
HTSP	Health Timing Spacing Pregnancy
HMIS	Health Monitoring and Information System
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
LARC	Long Acting Reversible Contraceptive
LOE	Level of Effort
MB	Mobile Brigade
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
NED	District Statistical Nucleus
NGOs	Non-governmental Organizations
OC's	Oral Contraceptives
PDSA	Plan, Do, Study, Act
PES	Social and Economic Plan
PESOD	District Operational Social and Economic Plan
PSI	Population Services International
QI	Quality Improvement
SDSMAS	District Health Welfare and Women Directorate
SGBV	Sexual and Gender-Based Violence
SIFO	Training Information System
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
TBA's	Traditional Birth Attendants
TEM+	<i>"TEM mais" – Private clinic network</i>
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)
USG	United States Government
YFHS	Youth-Friendly Health Services

Project Summary

Project Duration: 5 years

Starting Date: June 2016

Life of project funding: \$ 34,560,000.00

Geographic Focus: Nampula and Sofala provinces

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 36 districts of Nampula and Sofala provinces of Mozambique. The IFPP responds 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 support the Government of the Republic of Mozambique (GRM) and Ministry of Health (MISAU) priorities and **increase the use of modern contraceptive methods by target populations** through three Intermediate Results: 1.) Increased access to a wide range of modern contraceptive methods and quality FP/RH services, 2.) Increased demand for modern contraceptive methods and quality FP/RH services, and 3.) Strengthened FP/RH health systems. Under IFPP, the three Intermediate Results (IR) are integrated and mutually reinforcing. Activities under IR1 increase the quality of service delivery at facility and community level, activities under IR2 generate demand for those services and link the community with the facility. The health system strengthening activities proposed under IR3 are cross-cutting and support the sustainability and institutionalization of the service delivery improvement efforts (IR1) and demand generation interventions (IR2), and interact with IR2 activities to increase the community involvement in health system accountability

IFPP aims to reach women with particularly high unmet need for FP, namely: postpartum women; women living with HIV; adolescents, including orphans and vulnerable children (OVC); medium- and high-parity women; and post abortion women. In addition, IFPP recognizes that increasing uptake of contraception in Mozambique requires shifting inequitable gender norms. Therefore, men and boys, alongside other key influencers, are meaningfully and systematically engaged throughout all intervention areas and intervention packages.

The project is led by Pathfinder International with a team of global and local partners—N’weti, Population Services International (PSI), and Abt Associates.

Summary of the reporting period (October- December 2016)

During the reporting period the IFPP project team succeeded in laying a strong foundation for smooth program roll-out and accelerated scale-up in all 36 Districts of Nampula and Sofala Provinces. In both Nampula and Sofala, key Provincial and District-level government stakeholders and partners were engaged and participated in detailed project planning. Intensive training of trainer (TOT) activities were conducted to support both facility and community-level outcomes, and sessions were provided to strengthen capacity in FP commodity management and to update the MISAU human resource information system (SIFo). Innovative SMS-based referral tool was established to strengthen tracking, and community-based organizations (CBOs) and community facilitators (CFs) were identified.

In Nampula Province, once project staff were identified and hired, an *Induction Workshop* was held from the 10th to the 15th of October, with participation from all consortium partners. The provincial team was introduced to IFPP project strategies (urban, combo, and rural packages) and jointly reviewed the detailed FY1 work plan activities, M&E plan (the logical framework, project indicators and targets) and the different roles and responsibilities of the consortium members. On October 20th, a subsequent meeting was held with the Nampula IFPP team, the 23 SDSMAS directorates and DPS staff, in order to discuss and adjust the IFPP project work plan. The project was officially launched in Nampula Province on November 2nd, and included participation from USAID and local and international partners, as well as the Governor of Nampula, all 23 District Administrators, and all 23 District Medical Chiefs.

In Sofala province, recruitment of the provincial team was completed in November, and the *Induction Workshop* took place from the 5th to the 9th of December. This was followed by the FP TOT for health providers from the 12th to the 23rd of December. A subsequent full-day meeting was then organized with the Sofala team and all 13 SDSMAS Directorates and DPS staff on December 28th to discuss and adjust the IFPP project workplan. The official launch of the IFPP project in Sofala Province will be held in early 2017.

At the same time, in order to attain rapid geographic coverage of high quality FP services, training teams were organized into geographic “clusters” and conducted intensive, concurrent schedules of training of health providers and supervision visits. Over 100 individuals including project staff and providers in total were recruited and trained during the quarter, including 44 health providers TOTs, 17 community-based TOTs for TBA’s, and 39 Interpersonal Communication Agents (IPC). These trainers then initiated FP training cascades, reaching 692 health providers and 48 traditional birth attendants (TBAs), which will continue into next quarter.

Goal: Increase use of modern contraceptive methods

IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services

Sub- IR 1.1: Increased access to modern contraceptive methods and quality, facility-based FP/RH services

During this reporting period the project finalized hiring and training of nearly all project and MoH partner staff, including 25 full-time District Coordinators and Project Officers, as well as the training of 19 MoH trainers to assist in expanding FP method mix, including provision of long-acting reversible contraception (LARC), strengthening adolescent-friendly FP services, and integrating FP into HIV and MCH services.

Training of Trainers

Two TOT for technical staff on contraceptive service delivery were carried out during the reporting period, comprising 19 MoH MCH Nurses, 14 Districts Coordinators and 11 Project Officers. Both TOT were held at high-volume HFs in Maputo City in order to allow all training participants to have sufficient practical experience during the compressed training timeframe. The IFPP project also used this opportunity to leverage experienced staff and lessons learned from an ongoing project focused on immediate post-partum FP and LARC integration at maternity wards in public HFs in Maputo and Matola Provinces. This project, which is funded by a private foundation and is implemented by Pathfinder International, has demonstrated success increasing offer and uptake of a broad FP method mix.

From October 24th to November 4th, 24 participants were trained from Nampula province, including 11 MoH MCH Nurses, 9 IFPP District Coordinators and 4 IFPP Project Officers. From December 12th to the 23rd, 20 participants were trained from Sofala province, including 8 MoH MCH Nurses, 5 IFPP District Coordinators and 7 IFPP Project Officers. The comprehensive training package is attached in Annex 2, and includes: pedagogical methods, FP country and provincial background, sexual and reproductive rights, values clarification, balanced counseling in FP, post-partum contraception, hormonal and non-hormonal contraceptive methods, management of IUD and implant complications and secondary effects, contraceptive commodity management, mentoring and implementation learning, environmental mitigation and monitoring compliance, and USG FP policy compliance.

Both trainings included practicum sessions during the mornings at designated HFs (see below), and interactive theoretical sessions in the afternoons. The practicum sessions focused on technical skills building, and were carried out in the following five HFs, in order to offer enough

practicum opportunities to the trainees: *Centro de Saude 1º de Maio, Centro de Saúde 25 de Junho, Centro de Saúde Xipamanine, General Hospital Chamanculo, and General Hospital José Macamo.*

Cascade in-service training

Following the TOTs, the project supported nine training teams in Nampula Province to conduct 27 eight-day, facility-based trainings, involving staff from 33 different HFs, reaching a total of 692 public health providers. Health facilities assessment were conducted prior to these trainings focusing among others in commodities, infection prevention, client flow and adolescent-friendliness. Table 1, at right, shows how each training pair was assigned to a cluster of up to three Districts in Nampula to accomplish this accelerated training program. In Sofala, ten training teams were formed, and the training cascade is set to begin in early January.

At each HF level all clinical and technical staff were trained, where possible, in order to more fully integrate FP activities in the work of other wards, and to promote active FP integration as a key objective for each HF. Cleaning staff from each HF also participated during certain theoretical sessions of the training (non-clinical in nature) to sensitize them regarding their role in removing possible barriers to access to quality FP services (for example, ensuring proper sterilization and storage of IUD insertion kits).

In general, the providers were committed and many of them participated actively. Some of the positive factors contributing to these results:

Table 1: Project-supported Health Facilities by District and Cluster, Nampula Province

Cluster	Districts	HFs staff targeted through trainings Q1 FY17
1	Angoche	Angoche Rural Hospital Inguri HC Namitoria HC
	Mogincual	Mogincual HC
	Liupo	Planned for next quarter
2	Cidade de Nampula	Muhala HC Anchilo HC 25 de Setembro HC
3	Eráti	Namapa Rural Hospital Alua HC
	Memba	Memba HC
4	Meconta	Namialo HC Meconta HC Teterrene HC
	Nacaroa	Nacaroa Nahadge
	Muecate	Planned for next quarter
5	Mogovolas	Nametil HC Iuluti HC Murrerimue
	Moma	Moma District Hospital
	Lardes	Planned for next quarter
6	Monapo	Monapo HC Carapira HC
	Mossuril	Planned for next quarter
	Ilha Moçamb.	Lumbo HC
7	Nacala Porto	Urban HC Nacala District Hospital
	Nacala Velha	Nacal Velha HC
8	Murruapula	Murruapula HC Cazuzu HC Umuatho HC
	Rapale	Rapale HC Namaita HC
	Mecuburi	Planned for next quarter
9	Ribáue	Ribáue Rural Hospital Namiconha HC
	Malema	Malema HC
	Lalaua	Planned for next quarter

- HF Assessment done previously helped to anticipate the needs of each provider and to better prepare each site ahead of the training;
- Strong collaboration between MoH and Pathfinder training team members;
- Strong buy-in and support from the management teams at each HF and SDSMAS; as evidenced by the provision of certain training supplies by SDSMAS, as needed.



Fig 1: Health provider inserting implant at Iuluti HF



Fig 2: Lecture of FP at Carapira HF

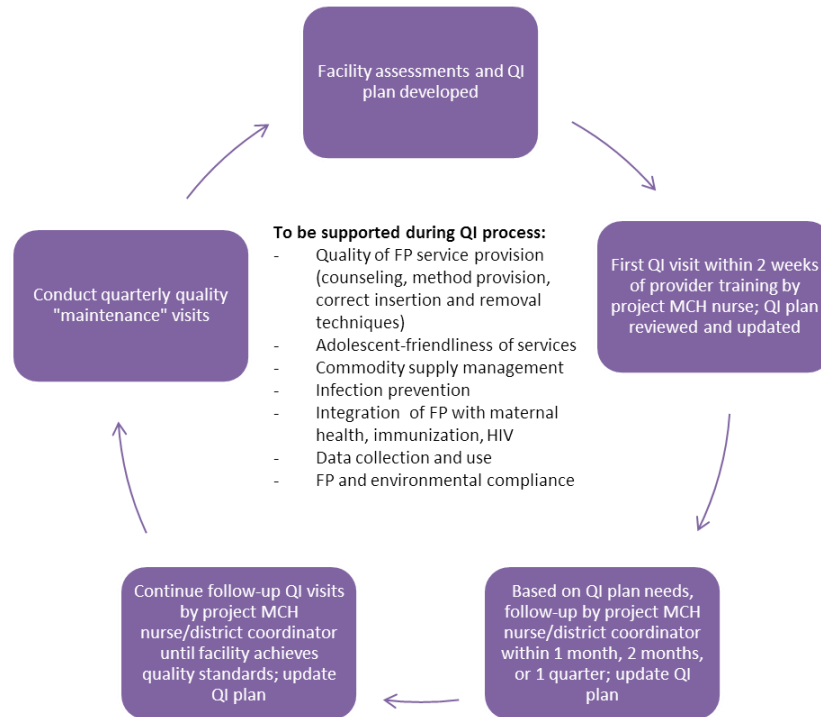
Some of the challenges encountered during the trainings include:

- During the current reporting period, one of the nine District Coordinators from Nampula Province (Ribaué District) resigned and was substituted. Also, one of the seven Project Officers for Sofala resigned during project induction; a replacement will begin shortly.
- At several peripheral health facilities, the training team noted poor sterilization practices. This issue was related to a lack of basic sterilization resources, such as a functioning autoclave, usable pans, and firewood for heating. In each case, the team worked with facility leadership to resolve these issues.
- Integration of FP into curative services is new to most HF staff, including many medical directors. The Pathfinder training teams covered these topics in depth and used the recently M&E released tool proposed by the MOH technical FP group.

Quality Improvement and Mentoring

Quality improvement (QI) is key to the project's success, in terms of achieving and maintaining a high quality of service provision, as well as garnering institutional support and buy-in to address systemic challenges and to support the sustainability of FP integration efforts. Figure 1 illustrates IFPP's quality improvement (QI) cycle. Mentorship drives the QI cycle through regular visits by project MCH nurses and District Coordinators.

Figure 1: IFPP quality improvement (QI) cycle



The objective of mentoring is primarily to guarantee that health providers trained by the project are engaged on a regular basis and supported to achieve and maintain clinical proficiency and service quality. Mentoring includes direct observation of service provision quality and supplementary on-the-job training. A secondary objective of the mentoring visits is to cultivate institutional engagement and ownership among HF management and staff to remove barriers to successful integration and greater uptake of FP services. The first mentoring visit is scheduled to be performed approximately 10 days after the end of the initial training, with subsequent mentoring visits scheduled for each health facility on days 25, 46, 67, and 88, post-training.

Table 2 below provides a detailed schedule of the training cascade and mentoring visits of the first cohort of providers trained in Nampula. Each of the 9 pairs of TOTs simultaneously trained one HF during the first week of November, and then followed-up this training with a first mentoring visit during the last week of November. Each of the 9 pairs of TOTs then simultaneously trained one HF during the first week of December, and followed with a mentoring visit the third week of December. This cascade will continue until all the TOTs have finished training all the HFs in their clusters, and will then dedicate their time fully to mentoring visits.

Table 2: trainings and mentoring visits

	Realized during Q1FY17 - Oct to Dec 16						Planned for Q2FY17 - Jan to March 17								
First group of the 9 HF trained	7 - 16 Nov 16	25Nov MV#1		9Dez17 MV#2			10Jan1 7 MV#3	18Jan1 7 MV#4			21Feb1 7 MV#5		16Mar1 7 MV#6	Follow up & Learning Workshop on Mentoring with Nampula province team	
Second group of the 9 HF trained			28 Nov - 7 Dez 16			22Dez1 6 MV#1	11Jan1 7 MV#2	19Jan1 7 MV#3			22Jan1 7 MV#4		15Mar1 7 MV#5		31Mar1 7 MV#6
Third group of the 9 HF trained				12 - 21 Dec 16			9Jan17 MV#1	17Jan1 7 MV#2		17Feb17 MV#3		10Mar17 MV#4			27Mar1 7 MV#5
Fourth group of the 9 HF trained									24 Jan - 2 Feb 17		20Feb1 7 MV#1		13Mar1 7 MV#2		28Mar1 7 MV#3
Fifth group of the 9 HF trained										6 - 15 Feb 17	23Feb1 7 MV#1		14Mar1 7 MV#2		30Mar1 7 MV#3
Sixth group of the 9 HF trained												27 Feb to 8 Mar 17	17Mar1 7 MV#1		29Mar1 7 MV#2
<i>Legend</i>	Trainings	Mentoring visits													

Mentoring Visit Content:

A typical mentoring visit will begin at the facility during the early hours to observe the handover from one shift of maternity ward nurses to the next; this daily meeting offers an important glimpse of the HF’s client load and service flow, and provides an opportunity for active follow-up of parturient mothers for FP counselling and post-partum FP. MCH providers (FPC, PPC, ANC, and Immunization) as well as external consultation providers trained by the project are also provided with constructive feedback and coaching during the visits, and remedial action plans are developed, as necessary. At the end of each mentoring visit, a short debrief meeting is carried out with the HF’s management team in order to share results and jointly explore solutions to overcome identified difficulties. Figure 2 below provides a detailed description of a model schedule provided to all mentors regarding expectations from each mentoring visit.

Figure 2: Detailed Mentoring Visit Schedule

7:30-8:30:	<p>Maternity Ward</p> <ul style="list-style-type: none"> * Observe the “Change of Shift” – identify potential cases of upcoming post-partum LARC and make plans for observations; * Observe 3-4 clients (observe/coach on FP counseling and/or implant/IUD insertion); * Provide constructive feedback; model clinical best practices and/or counseling best-practices; * Annotate observations in tablet Mentorship App.
8:30-9:45:	<p>Antenatal Care Ward</p> <ul style="list-style-type: none"> * Observe 2-3 counseling sessions to monitor FP and LARC counseling * Provide constructive feedback; model clinical best practices and/or counseling best-practices; * Annotate observations in tablet Mentorship App
9:45-10:30:	<p>Family Planning Room/Postnatal Care Room</p> <ul style="list-style-type: none"> * Observe 2-3 counseling sessions /insertions to monitor FP and LARC counseling and clinical proficiency;

	<ul style="list-style-type: none"> * Provide constructive feedback; model clinical best practices and/or counseling best-practices; * Annotate observations in tablet Mentorship App.
10:30-11:15:	<p>Curative Care Ward</p> <ul style="list-style-type: none"> * Observe 2-3 counseling sessions /insertions to monitor FP and LARC counseling and clinical proficiency; * Provide constructive feedback; model clinical best practices and/or counseling best-practices; * Annotate observations in tablet Mentorship App.
11:15-12:30:	<p>Maternity Ward</p> <ul style="list-style-type: none"> * Observe 3-4 clients (observe/coach on FP counseling and/or implant/IUD insertion); * Provide constructive feedback; model clinical best practices and/or counseling best-practices; * Annotate observations in tablet Mentorship App.
13:30-14:30:	<p>Data Review</p> <ul style="list-style-type: none"> *Collect record books from applicable cabinets in all participating wards; *Review FP records since last mentoring visit/training; * Annotate observations in tablet Mentorship App.
14:30-15:30:	<p>Action Plan Review</p> <ul style="list-style-type: none"> *Review provider-specific action plans with each provider; *Review institutional action plans with relevant staff members; * Annotate changes to the action plans in tablet Mentorship App.
15:30-16:30:	<p>Out-Brief Meeting with HF Directorate</p> <ul style="list-style-type: none"> *Invite Maternity In-Charge, Maternal & Child Health In-Charge, Head Nurse and Chief Pharmacist; *Highlight progress since last visit/training, compare with other similar HF; *Draw their attention to specific aspects of action plans needing greater managerial attention; *Draw their attention to specific nurses/wards needing additional support; *Annotate final observations and comments in tablet Mentorship App.

Mentorship App

To facilitate follow-up on action plans developed during mentoring visits, from one visit to the other, Pathfinder has developed and trained all project staff to use a mobile app, which allows trainers to create MCH provider-specific electronic note-taking and follow-up action plans, which are shared with the mentored providers at the time of each visit. The app provides prompts for mentors to guide them in each step of the mentoring process, and notifies mentors with reminders of the next mentoring visit to ensure providers requiring additional support are reached at appropriate intervals.

Sub- IR 1.2: Increased access to modern contraceptive methods and quality, community-based FP/RH services

TBA Trainings

IFPP's rural package strategy consists of identifying, training, and supporting traditional birth attendants (TBAs) to conduct home visits and FP counseling to women in rural districts and in rural areas of combo districts. TBAs are selected according to pre-determined selection criteria, trained and supervised by the MCH HF's trainers in partnership with the IFPP district coordinators. It is expected that TBAs will generate demand through improving knowledge of FP, countering prevailing misconceptions and biases, conveying the importance of HTSP, increasing self-efficacy, and promoting linkages with contraceptive service delivery points (IR1). TBAs are expected to target women and adolescents of reproductive age, FTPs who are pregnant and postpartum, and among medium- and high-parity women (defined by IFPP as 3+). TBAs also engage household influencers and gatekeepers (e.g., male partners and mothers-in-law).

During this quarter, the manual for TBA training was drafted and tested; the final version is expected to be ready at the end of the next quarter. During December, IFPP carried out two trainings of TBA trainers; one in Nampula City and another in Rapale. 17 MCH nurses coming from 16 peripheral HFs and one SDSMAS were trained as TBAs trainers (7 during the first training and 10 during the second one). Additionally, in order to practice the TBA trainers' skills, 48 TBAs (34 in Rapale and 14 in Anchilo) were trained during the two TOTs. The TBA's trainers received one day training previous to TBAs training. TBAs' trainers were chosen from the HF which previously benefited from an FP technical training; during next quarter, they will train the TBAs proceeding from their own HF catchment area.

Table 3: List of HF of origin/station for MCH nurses trained as TBA trainers

Cluster	HF of origin/station:
Angoche	Angoche District Hospital and Namitoria
Cidade de Nampula	Anchilo, Marrere General Hospital and one from SDSMAS
Eráti	Namapa Rural Hospital and Alua
Meconta	Meconta
Mogovolas	Nametil and Moma District Hospital
Monapo	Monapo and Carapira
Nacala Porto	Urbano and Nacala District Hospital
Rapale	Rapale and Namaíta
Ribáue	Namiconha

Trainings included: TBA role in FP promotion; effective community-level promotion and referrals; sexual and reproductive rights; female and male reproductive system; adolescent pregnancy;

STIs, HIV and AIDS; impact of gender imbalance on health issues; contraceptive methods; importance of male involvement in FP activities.



Fig 3: Training of TBAs in Rapale

IFPP intervention in urban areas has focus on three areas: (1) IPC agent training; (2) Movercado Technology; and (3) Private sector involvement in family planning.

IPC Agent Training

Thirty-nine IPC agents were identified, recruited, and trained for Nampula (25), Nacala (10), and Ilha de Moçambique (4) in November 2016. by PSI. Additional trainings in Sofala are planned for February, 2017. In Nampula, the focus and efforts were in order to ensure that the project flow was well understood by each actor. The Urban demand creation is building on the work that PSI already does through its TEM+ model, which seeks to create informed demand for family planning directly with households at the community level. PSI has created an archetype of the urban woman who the project aims to reach, called “Marieta”. This helps PSI staff to align their work with a memorable icon, which is an evidence-based profile of the intended recipient of the intervention. The flow of information and transactions between the promoter, TEM+ nurses, beneficiaries, and Movercado includes:

- IPC Agents go door-to-door in communities to promote family planning counseling to women and girls. During this visit, promoters register “Marieta” with Movercado. If “Marieta” wants family planning counseling, the TEM+ promoter will give her a voucher to go to a TEM+ clinic or to a public HF.
- “Marieta” brings her voucher to a Tem+ clinic to receive comprehensive family planning counseling in the context of informed choice – including Sayana Press. Tem+ nurses administer the contraceptives.

- For example, If “Marieta” chooses Sayana Press as her contraceptive option, this data is registered into Movercado, and she has the choice of receiving follow-up doses at the TEM+ Clinic or by the promoter who will come to her house.

PSI and Pathfinder conducted a mapping exercise in each District to identify HFs where health promoters will offer services. Health provider training on the Movercado referral system will be done in the coming quarter so that they can use Movercado and capture the number of women that seek family planning services that has been referred by IPC Agents.

Targeted Mobile Brigades (MBs) for priority populations:

In urban districts of Nampula province, IFPP will support monthly MBs tailored to secondary schools; this activity is expected to start in the coming quarter with the opening of the academic year. In Rural areas, support to MBs is also planned to start next quarter and will focus, in priority, on the HF which previously benefited from an FP technical training; previous to implementation, coordination meetings will be held with SDSMAS and MCSP in order to avoid duplication of efforts and waste of resources.

Sub-IR 1.3: Improved and increased active and completed referrals between community and facility for FP/RH services

To improve and increase active and completed referrals between the community and the HF, IFPP is using Movercado to provide referrals and/or vouchers to public sector facilities, private sector TEM+ clinics, and pharmacies (for condoms and OCs).

IFPP is working with the existing IPC agents and make small modifications to the existing Movercado system to allow for immediate implementation of counselling and referral activities to generate rapid results in line with the IFPP year one strategy.

Movercado can enable, track, incentivize, and measure interactions in a program, such as:

- Sending clients personalized follow-up messages about visits from IPC Agent;
- Sending vouchers for OC’s and condoms to enable free or discounted distribution;
- Monitoring community-based agents activities;
- Collecting service data from HFs to enable project monitoring;
- Tracking and monitoring referrals;
- Generating incentive schemes to health providers or community-based agents.

In the last quarter, project team trained IPC agents in Nampula to use the Movercado platform and to conduct referrals. Additional trainings will be done with TBAs, government-led community health agents (or APEs), as well as pharmacy clerks, to validate codes for women who seek contraception in the private sector.

During this reporting period, IPC urban component had 791 confirmed referrals from the communities to HFs to FP services. Referrals on Movercado can be done with physical or electronic vouchers. Each one presents its own challenges. Using paper-based vouchers makes it difficult to track the number of vouchers that have been distributed; making it difficult to calculate the proportion of women reached through community activities reaches the facilities. Electronic vouchers allow us to measure impact of community sessions; however, many beneficiaries do not own phones or are unwilling to share their numbers for fear of losing their privacy around their contraception use. During this reporting period almost all of the referrals were paper-based.

IR 2: Increased demand for modern contraceptive methods and quality FP/RH services

IFPP prioritizes high impact demand generation activities at the individual (Sub IR 2.1) and social level (Sub IR 2.2) to be implemented in line with the phased roll-out of the project's IR1.

Sub IR2.1: Improved ability of individuals to adopt healthy FP behaviors

As mentioned above in Sub IR1.2, a first group of 48 TBAs were trained and have started their sensitization activities at community level; however, as the Movercado mobile platform was still in an adjustment phase to register the TBAs, TBA's referrals were not registered this quarter. In January, TBA Trainers will be trained on Movercado, and subsequently the training of the TBAs will be rolled-out into the 27 HF catchment's areas which benefited from technical trainings during the present quarter (mentioned in Sub IR1.1); consequently, next quarter, three to four hundred TBAs are expected to sensitize and refer members of the target populations for FP services at project-supported HFs. Follow-up meetings with the trained TBAs will be carried out at each of the 27 HFs by the TBA trainers and the respective IFPP coordinator.

As also mentioned in Sub IR1.2, IFPP leveraged PSI's existing "Tem+" intervention, by training 39 additional IPC agents in Nampula City (25), Nacala Porto (10) and Ilha do Moçambique (4). The IPC agents are providing individual counseling to the IFPP target groups, particularly adolescents and youth and post-partum women, and were immediately registered within the Movercado platform to provide referrals and/or vouchers to public sector facilities, private sector TEM+ clinics, and pharmacies (for condoms and OCs). IFPP work with the existing IPC agents and make small modifications to the existing Movercado system to allow for immediate implementation of counselling and referral activities to generate rapid results in line with the IFPP year one strategy. Seven-hundred and ninety-one referrals were registered in November and December 2016. IFPP has mapped and assessed all potential pharmacies in the urban districts and have selected 6 of them to sign MoUs, 4 in Nampula City, 1 in Nacala Porto and 1 in Ilha de Moçambique, to allow customers to use the Movercado vouchers to obtain condoms and COCs.

mCenas!

mCenas is an SMS based program which allows young people to receive critical information around family planning and contraception in a format that is appealing and culturally relevant, and that addresses some of the social contexts within which reproductive choices are often made. Under this project, mCenas will be linked to Movercado platform so that adolescents can self-enroll into the program and receive the mCenas messages every week. Participants would also be able to request additional information on contraceptives by selecting from a drop-down menu. A planning meeting took place in November to map out steps to roll out the project by the time secondary schools start-up in February. The plan includes promotional activities to ensure enrollment codes are placed in secondary schools throughout the intervention areas. PSI and Pathfinder are exploring ways for registered students to be able to request electronic vouchers and seek contraceptive services either at nearby HFs or pharmacies.

Sub-IR 2.2: Improved community environment to support healthy FP behaviors

To contribute to the IR2, Nweti is implementing a systematic community dialogue process which involves groups of adolescent girls, young couples, key community leaders and influencers. The rationale behind the community dialogues is to address the social and gender norms and drivers of non-use of modern FP, and to create more enabling environments at the community level for adherence to the FP modern methods.

Staff recruitment

During the Q1FY17, recruitment of the community team for Nampula province was completed at the beginning of the quarter and trained in community dialogue methodology using a first draft of the tool. This includes 3 Technical Support Officers (TSOs) and 14 Field Supervisors (FSs); the staff recruited participated in the induction workshop held in October in Nampula. Additionally, two TSOs for the Sofala province were recruited in December; only one participated in the Sofala induction workshop as the recruitment procedure of the second TSO was finalized after the workshop.

Leveraging community partnerships and mapping local CBOs

IFPP has taken advantage of the Nweti “Tua Cena” existing project and team to leverage the transfer of Nweti specific knowhow to the IFPP community team, to identify the CBOs, sign the respective MoUs, as well as selecting the Community Facilitators (CFs). This unique sharing experience between projects will be strengthened through a regular monthly coordination and planning meeting. To introduce the community strategy and involve the administrative and community authorities in CBOs’ identification and CF selection, IFPP community staff held meetings in the prioritized districts: Malema, Ribaué, Rapale, Meconta, Erati, Nacaroa, Mecuburi, Momba, Monapo, Nacala-a-Velha, Angoche, Liupo, Moma and Mogovolas. The numbers of CF

needed by catchment areas were planned and prioritized in alignment with IR1 roll-out. To conduct the community dialogues, one pair of facilitators, on average, will operate in each health facility catchment area. They will conduct one community dialogue per day for six weeks in a particular community area, and then move to a new community area until the whole health facility catchment area has been covered. 48 CFs were selected at the end of this quarter. Equal gender distribution within the community team and the CF was respected. CF trainings will start next quarter.

Formative research

Originally it was expected that the results of the formative research conducted by N'weti would be taken into consideration during the development of the community dialogue tool, helping in answering questions related to the socio-anthropological complexity of the different areas of implementation. However, the first attempt for the recruitment of the formative research team wasn't successful as no suitable candidates submitted bids and IFPP had to repeat the process this quarter. Recruitment procedures were more successful this quarter and it's expected that the formative research will be conducted next quarter, which will support the development of the final version of the community dialogue tool as well as providing useful baseline context for the communities in which IFPP will intervene.

Use community radio to amplify the community dialogues focused on HTSP, FP, and benefits for healthy families and communities

When the first cycle of community dialogues will be completed, Nweti will build on the dialogues and work with community radios to host shows (including dramas, interviews, radio programs and other content) to help to demystify and minimize barriers linked to FP at community level. As a first step, during this quarter, the IFPP community team identified community radio stations and prepared MoUs to be signed with the radio stations at the beginning of the next quarter.

Sub-IR 2.3: Improved systems to implement and evaluate SBCC interventions

This activity has not yet started as the SBCC project has not yet started.

IR 3: Strengthened FP/RH health systems

HSS activities in the current quarter were focused on the development and adaptation of the Management Standards Compliance (MSC) and District Profile tools. IFPP held meetings with DPS and SDSMAS managers and family planning supervisors, as well as internally with the various areas of the project, in order to adapt the tools to match IFPP's objectives and MoH priorities. Both tools will be piloted in late January and are expected to be rolled out in 9 districts in Nampula and 6 districts in Sofala by the end of the second quarter of 2017.

In addition, the project conducted a training in contraceptive commodities management and logistics best practices for IFPP district coordinators, DPS and SDSMAS MCH Nurses, and representatives of the provincial Health Pre-Service Training Institutes. These improved logistics skills will be especially critical to ensure the health system can satisfy the increased demand for services in order to avoid stock outs as IFPP begins to increase FP uptake.

IFPP's HSS activities focused in Nampula this quarter, where the project imbedded a technical advisor inside the DPS in early October, with a second advisor starting in Nampula in mid-December. The Sofala HSS technical advisor began in mid-December, with efforts focused on meeting DPS managers and reviewing FP strategic planning documents. The Sofala HSS advisor did attend the Sofala IFPP induction workshop from 5th to 9th December.

Sub-IR 3.1: Improved FP financial management, strategic planning, and budget execution

Activities within this sub-IR will include capacity building and technical assistance to the districts and DPS to appropriately include and budget for evidence-based FP strategies in the annual provincial plans (Plano Económico e Social [PES]) and district plans (the Plano Económico e Social Distrital [PESOD]). IFPP anticipates this support happening in Q3 (April-June 2017) to align with the annual planning process. IFPP will also participate in biannual meetings to monitor the implementation of the PES and PESOD, and will emphasize implementation of FP strategies as well as civil society involvement in plan monitoring.

During the reporting period, technical assistance and recommendations were provided for improving and realigning the 2017 Nampula PES for the FP program, taking into account the objectives of IFPP. During the 2017 planning and realignment meeting in Nampula City, TA was provided to assess the performance of the 2016 PES strategic plan, which focused on the FP/MCH program of the Nampula city SDSMAS.

The TA mentioned above was not provided to the Sofala DPS because the Sofala HSS technical advisor was hired at the end of December 2016.

Additional factors that also influenced the progress of this indicator include:

- SDSMAS are running out of funds and facing logistical and financial constraints to organize the annual PESOD performance and planning meetings
- Insufficient funds to carry out the execution of the activities planned in PES 2016 and to achieve the respective expected results.

Sub-IR 3.2: Improved management of commodities to ensure availability at local levels

One of the standards measured in the systems assessments requires that districts and DPSs have a clearly documented systematic plan to receive and distribute FP commodities to satisfy growing demand.

This quarter, IFPP has worked with DPS and selected districts to map out existing logistics systems and resources from DPS to district and district to HF, identifying gaps and opportunities for greater efficiency. Based on these gaps and opportunities, the project will provide mentorship and training (as needed) during the coming quarters.

IFPP has participated and contributed substantially to the national and Nampula provincial MCH commodity task force meetings. At Nampula level, coordination between implementing partners has been strengthened: while IFPP will support overcoming commodities distribution constraints from district to HF level, other DPS implementing partners will focus on distribution from provincial to district level. Availability of logistic commodities management forms was also assessed.

Sub-IR 3.3: Strengthened governance, including civil society engagement, for an improved FP enabling environment

After the training of the community facilitators and the implementation of the community dialogue sessions, IFPP will begin the community score card (CSC) process from May through July within the HF catchment areas already targeted with FP technical training at HF level. Each community facilitator pair will implement one CSC per HF catchment area.

Sub-IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled workers

Based on the systems assessments and resulting capacity building and systems strengthening action plans, IFPP will support DPS and district managers to more effectively manage supply, distribution, and retention of skilled FP workers. In year one, the project will support DPS and district managers to track, report, and prioritize all FP/RH in-service and on-the-job trainings using the MISAU human resource information system (SIFo), and developing GIS maps to identify districts and HFs with FP/RH training needs.

Prior to the IFPP/HSS program, there were almost no registered providers trained in FP in SIFo in 2016. With IFPP's TA, monitoring and support, 294 health providers trained in integrated FP have been registered in SIFo. The dissemination and use of the MoH's HMIS for FP-related HRH management and evidenced-based decision making is now possible and becoming a routine best practice at the Nampula DPS.

Contacts have been made with MISAU-DRH to train the District Coordinators and some DPS and SDSMAS staff in SIFo, and are expected to be registered and receive passwords after the training in order to be able to routinely register the information in the system;

Made contacts with MISAU-DRH to obtain course codes for the registration of the trainings in integrated FP that are being provided by IFPP. The codes have already provided.

Sub-IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making

IFPP will develop district profiles for each of the year one IFPP districts. These profiles will integrate all the information gathered through the facility assessments, systems assessments, and HMIS, providing a useful dashboard of strategic information to guide evidenced-based decision making. These district profiles will be updated and used during quarterly data review meetings at district and provincial level to support strategic decision-making and prioritize allocation of IFPP resources and interventions. In addition, during year one, IFPP will use routine quality improvement visits and targeted training to HFs to ensure that HFs are accurately capturing all FP services in the new facility registers, and that summary reports are accurately filled and fed up to the district and provincial levels.

During this quarter, IFPP supported the data review meetings with the Nampula DPS and 5 SDSMAS (Nampuly City, Erati, Meconta, Nacala Porto and Ribaué). This was an important opportunity to review the latest FP performance against key targets and best practices, and to discuss the proposed indicators to be incorporated into the District Profile dashboard that will serve as the basis for guiding future performance review meetings supported by the project. A District Profile dashboard and associated data collection tools were designed during the quarter, and will be piloted and rolled out in the next quarter.

Throughout the 2017 FY, IFPP will apply the MSC and DP tools in 9 districts in Nampula and 6 in Sofala, with gradual expansion in years 2-5. Districts to be prioritized in year 1 include the following: SDSMAS Nampula City, Angoche, Monapo, Ribaué, Meconta, Erati, Moma, Mecuburi and Nacala Porto. In Sofala: SDSMAS they will include: Beira City, Dondo, Gorongosa, Caia, Chibabava and Nhamatanda.

Summary of key points contributing to success

- Strong collaboration from Nampula's DPS and selected SDSMAS managers and family planning supervisors that worked with IFPP to adapt and refine the MSC and District Profile tools to the FP context (essential tools for the Technical Assistance), as well as to map out routes, schedules, and available resources for logistics of contraceptive consumables.

- Availability of critical processes and resources to guarantee the supply of FP commodities at the HF level. These include the existence of a consistent and enforceable FP commodities distribution plan at the DPM, which orients the transportation of commodities from provincial to district level depots. Critical resources in the form of large tonnage trucks also enable the distribution of large quantities of FP commodities in one trip/route. While IFPP project transportation has been important for ensuring the transportation of FP consumables from the DDM to peripheral HFs.
- Supported the Nampula DPS FP/MCH program and Provincial Commodities Depot in the realignment of their 2017 PES strategic plan, considering both the Acceleration Plan for Increasing the Utilization of FP Services and Modern Methods of Contraception, as well as and the expected demand increase for FP services.

Monitoring, evaluation, and implementation research

At central level, the IFPP project team held several meetings with the USAID M&E team in order to clarify and adjust the proposed PMP in order to reflect the closest targets while baseline survey is being planned and conducted.

IFPP is conducting a baseline population-based survey in Nampula and Sofala to provide baseline values for key outcomes indicators (mCPR, unmet need for FP, demand satisfied for FP). The survey will be conducted by Pathfinder International in collaboration with the National Statistics Institute (INE). The baseline survey protocol and questionnaire were finalized and submitted to the Bioethics Committee of the Ministry of Health and afterward to the Minister of Health for administrative approval; the appropriate clearances were received at the end of the current quarter. The recruitment and contracts of the baseline key personnel were carried out in November and December (survey coordinator, sampler and Interviewers' trainers). In the upcoming quarter, interviewers will be recruited in January, trained in February and it's expected that survey will be carried out throughout end of February and March. We note that while some IFPP project activities have commenced (facility-level trainings, IPC and TBA trainings, support to districts for commodity logistics, etc.), it is unlikely that these recently initiated activities will have already influenced population-level outcomes which often take several years to show change. Consequently, the baseline study should still be able to produce true baseline estimates for IFPP's key outcome variables in project areas.

In Nampula province, Routine Data Quality Assurance (RDQA) visits were carried out in 21 different HFs covering 19 out of the 23 districts of the province. The RDQAs focused on some of the "SISMA" – National HMIS system FP indicators (# of New User, # of continued users, # of pills delivered to beneficiaries, # of injection administered, # of implants and IUD inserted; # of PPIUD

inserted and # of institutional deliveries). The main findings observed include: new MCH register books weren't available at some HFs, thus data are collected in an exercise-book, increasing the number of errors; and some MCH providers and NED technicians weren't trained on the new MCH registration tools.

Furthermore, the M&E team supported the health data monthly closure at Marrerre and 25th of September Health Center and corrected the discrepancies and duplications identified.

Project Performance Indicators

Goal: Increase use of modern contraceptive methods

IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# new users of modern contraceptive methods	46,734	TBD		46,734			
	No target was set for this indicator due to the fact that the new MCH data collection tools were introduced in April 2016 and impacting the “FP new user” definition (now defined as first time users in their life). A target will be set after one year of implementation of the new logbooks to avoid biased information. The reported number represents 9 districts out of the 23 districts in Nampula Province and no data from Sofala province as the field work started in January.						
# continuers users of modern contraceptive methods	55,226	347,025	16%	55,226			
	During this quarter the project reached 16% of the annual targets only by reporting 9 out of 23 districts in Nampula province and none from Sofala. Implementation activities will be scaled up during the next quarters as the trainings of the HF will be completed						
Couple Years of Protection	34,303	249,272	14%	34,303			
	As mentioned above the data represents 9 out of 23 districts in Nampula and none for Sofala. Data disaggregated by method present in the PMP in annex.						
# women receiving contraceptive services in HIV services	0	6,629		0			
	Planned to start next quarter						
# postpartum clients accepting a modern contraceptive method prior to or at discharge	1,257	10,420	12%	1,257			
	As mentioned above the project it is only reporting 9 out of 23 districts in Nampula and none of Sofala and considering that mostly HF's with high numbers of institutional deliveries were selected. It's also important to note that during and after the training, providers were able to practice and offer contraceptives methods for women after delivery with support of trainers.						
# users receiving modern contraceptive methods from APEs at community level	0	15,857		0			
	Planned to start next quarter						

Comments

As we are not reporting all the 23 districts, the data reported is below the expected target for the current quarter but aligned and within the projected phase-in.

As the trainings started on the high-volume HF, the providers are reinforcing the counselling after delivery to better offer the methods before the women live the maternity.

Sub- IR 1.1: Increased access to modern contraceptive methods and quality, facility-based

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# health providers trained on modern methods of contraception	692	274	252%	692			
	The annual target was highly surpassed and revision is needed, therefore it's expected that 80% of all the health provider planned for the LOP (1332) should be trained at the end of the FY17 and in the following years will tackle the new providers and updates for the already trained through OJT.						
% of health providers who have completed the training on modern methods of contraceptive with positive score in the post test	100%	80%	100%	100%			
	All providers completed the training and had a positive score in the post test. IFPP is on track to achieve the annual expected target						
% percent of supported service delivery sites providing family planning counseling and/or services	15%	66%	9%	9%			
	All the 33 trained HF's are offering family planning counseling which represents 9% of the total number of HF (33/380), however it represents only HF's from Nampula. IFPP is on track to achieve the annual expected target						

Comments

The providers trainings are expected to tackle almost 80% of all providers during the first year as the phase-in and coverage increases to all intervention districts. The level of participation in trainings and knowledge retention after training was high encompassed with the understanding of the content and willingness for service delivery.

Sub- IR 1.2: Increased access to modern contraceptive methods and quality, Community-based

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# of additional USG-assisted community health workers (CHWs) providing family planning information and/or services	87	575	15%	87			
	IFPP is on track to achieve the annual expected target: 39 IPC agents and 48 TBAs started to provide counseling and information on contraception						
# mobile brigades conducted including contraceptive services		1,352		0			
	IFPP is delayed in starting this activity which will begin next quarter in the catchment areas of the HF which benefited from a FP training this current quarter						

Comments

During this reporting period two cadre of CHW's (IPC Agents and TBAs) were trained and started to provide information on family planning at the community level (both in urban and rural), again this linked with phased approach of the project.

Mobile brigades is linked with the CHW demand generation activities in order to bring services closer to the hard to reach communities pre-sensitized by these CHW's.

Sub-IR 1.3: Improved and increased active and completed referrals between community and facility for FP/RH services

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
% confirmed referrals from communities to facilities for FP services		20%		NA			

Comments

During this reporting period, Urban IFPP component had 791 confirmed referrals from the communities to facilities for FP services. Of these only 6 were confirmed electronically because originated electronically through Movercado, the remaining were paper-based.

Referrals on Movercado can be done with physical or electronic vouchers. Each one presents its own challenges. Using paper-based vouchers makes it difficult to track the number of vouchers that have been distributed; making it difficult to calculate the proportion of women sensitized through community activities who reach the facilities. Electronic vouchers allow us to measure impact of community sessions; however, many beneficiaries do not own phones or are unwilling to share their numbers for fear of losing their privacy around their contraception use. During this reporting period almost all of the referrals were paper-based.

IR 2: Increased demand for modern contraceptive methods and quality FP/RH services

Sub-IR 2.1: Improved ability of individuals to adopt healthy FP behaviors

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# contacts conducted by trained TBAs/activistas to women	791	22400	3.5%	791			
48 TBAs and 39 IPC agents were trained during this quarter and from their referrals in urban areas 791 were confirmed to HF's							

Comments

As mentioned above, the number of contacts has been challenging to capture, therefore IFPP project team is aligning paper-based and electronic vouchers to better capture not only the confirmation of referrals but also the counseling sessions conducted.

Sub-IR 2.2: Improved community environment to support healthy FP behaviors

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# community dialogues conducted on FP		768		0			
	Planned for next quarter						
# community radio sessions broadcasted on FP/HTSP		84		0			
	Planned for next quarter						

Comments

The community facilitators training is planned to start in January 2017; the community dialogue tool revision is taking longer than expected.

As the identification of local community radios and the establishment of the Memorandum of Understanding (MOU) started in Nampula province, radio broadcasting is planned to start next quarter.

Sub-IR 2.3: Improved systems to implement and evaluate SBCC interventions

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# meetings held with SBCC project to plan/coordinate SBCC approaches		NA					
	Activities postponed to next quarter						
# capacity building sessions for community radios and community groups in SBCC for FP		NA					
	Activities postponed to next quarter						

Comments

Unicef through its IREX project is one of the existing provincial partners, the other one is ICS – *Instituto de Comunicação Social*; coordination meetings as well as radio broadcasting are planned for upcoming quarter.

IR 3: Strengthened FP/RH health systems

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# DPS including FP interventions in annual PES and budget	1	2	50%	1			
	The DPS of Nampula has included FP interventions in their annual PES and Budget						
# SDSMAS/DPS achieving satisfactory scores in MSC assessment	0	2	0	0			
	The MSC tool will start to be implemented next quarter, positive trends are expected to be observed in quarter 4.						
% USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide	NA	20%	NA	NA			
	Data collection at HF level will start next quarter in Nampula.						
% of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	6.8%	60%	6.8%				
	26 HF in Nampula province have all eligible health providers trained on a total of 380 HF targeted in the two provinces.						

Sub-IR 3.1: Improved FP financial management, strategic planning, and budget execution

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# DPS and SDSMAS staff receiving TA/capacity-building in FP planning, budgeting and implementation	4	60	7%	4			
	Provided service training and recommendations for improvement and realignment of the 2017 DPS Nampula PES; the four members of the provincial MCH team received service training through Project Team and FP advisor that has been seconded to the DPS's.						

Sub-IR 3.2: Improved management of commodities to ensure availability at local levels

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# of supported districts with a documented FP logistics map to optimize commodity distribution, requisition and reporting	0	2 DPS and 29 Districts	0%	0			
	Assessed 1 DPS, 1 DPM, 1 CA and 13 SDSMAS in Nampula, gathering the information to produce the logistics maps next quarter (Districts assessed include Nacala Porto, Meconta, Erati, Mogovolas, Malema, Ribaué, Monapo, Muecate, Mossuril, Ilha de Moçambique, Nacala Velha and Memba)						

Comments

The maps have not been developed, but the required information has already been collected in Nampula Province (CMM, existing means of transportation, distances from DDM to HF among others). In Sofala Province the mapping process will start next quarter as soon as the team is deployed at the field level.

Sub-IR 3.3: Strengthened governance, including civil society engagement, for an improved FP enabling environment

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# of HF that undergo CSC feedback processes through community discussions at least once per year	0	15	0%	0			
Planned to be implemented during quarter 3 of FY17 (May to July)							

Comments

The activities contributing to this indicator were not planned for the present period, since they will be implemented after the dialogue process has started.

Sub-IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled workers

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# DPS, SDSMAS & HF staff trained in family planning that are registered in e-SIFO (database)	294	274	107%	294			
294 Technical/Health care providers trained at HF level in Integrated Family Planning with information recorded in SIFO,							

Comments

IFPP Annual target has already been surpassed; there is a need to review the target as IFPP intend to train the first year about 80% of all the 1665 health providers planned for the LOP – Length of the Project. 692 health providers were reported as trained this current quarter but only 294 were registered in e-SIFO (first 9 concomitant trainings carried out in the week of 7th of November); the two others series of trainings will be registered in January 2017.

Sub-IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making

Indicator	Total	Annual Target	% Achieved	Q1	Q2	Q3	Q4
# of districts that hold quarterly data review meetings using district profiles	0	29	24%	0			
planned for next quarter							

Comments

The district profile tool was developed and adapted during this quarter in order to capture FP information and it will be applied the upcoming quarter.

Major Implementation Issues

No major implementation issues are being faced by IFPP at this time. The geographic areas were not settled among all partners until early September 2016, and IFPP has quickly implemented the necessary preparatory work (e.g., office space, human resources, harmonization with provincial level) for Sofala Province. At the end of the Q2FY17, the Sofala office was settled and the provincial team was hired, briefed, and trained to carry out the first trainings at HF level early January 2017.

The starting up of the rural community component is slightly delayed owing to the difficulty to recruit the right formative research consultants. At the end of December, the consultants were selected and the formative research is expected to be implemented next quarter.

Collaboration with other donor projects

During this reporting quarter, main coordination meetings took place with Government (Provincial health directorates) and other partners such as MCSP, CHASS and ICAP.

As previously mentioned, the approval from MoH took longer than expected, therefore a quick alignment and planning session was held with both approved provinces engaging all the SDSMAS directors, Medical Chief Officers and DPS staff, as well as other USG and non-USG partners in the province. These meetings were instrumental to refine and tailor intervention packages (Urban, Combo and Rural) as well the workplan for each province. Thus, serving as an opportunity to feed information into PES and to avoid duplication of resources and activities already existing in each province.

A coordination meeting was held with MCSP and USAID to clarify roles, responsibilities and reporting at different layers of implementation (training, supervision, mentorship and technical assistance). Additionally, follow-up meetings were scheduled as well the developed material sharing between IFPP and MCSP.

Coordination with clinical partners such as ICAP in Nampula and CHASS in Sofala, was crucial in order to lay the foundations to roll out FP/HIV integration in all ART health facilities.

Upcoming Plans

IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services

- Will conduct Project Review meeting in Nampula province early January.
- SWOT analysis with MOH MCH Facilitators and IFPP technical team on results already achieved through already conducted trainings.
- Roll-out of 50 FP Trainings at HF level and subsequent mentoring visits.
- Prepare the FP technical update contents and practicum skills that IFPP should offer to the APEs, together with Nampula DPS (APEs provincial responsible and provincial public health responsible).
- Strengthen the availability of the contraceptive methods for APEs based within the catchment areas of the HF which previously benefited from an FP technical training.
- Coordinate with USAID MCSP partner to share responsibilities in the support to be given in each HF which previously benefited from an FP technical training through Mobile Brigades to increase access of FP commodities to remote communities.

IR 2: Increased demand for modern contraceptive methods and quality FP/RH services

- Roll-out of the TBA's training at peripheral level focusing in priority the HF which already benefited from health provider training.
- Follow up of the TBAs and IPC agents trained in FP, including coaching on the use of Movercado.
- Carry out the formative research to finalize the community dialogue tool.
- Train 100 community facilitators to implement community dialogue sessions to boost an enabling environment at rural communities.
- Sign MoU with community radios and start broadcasting in combo areas.

IR 3: Strengthened FP/RH health systems

- Continue to provide TA to the DPS and SDSMAS managers in PES and PESOD results based planning, budgeting, implementation, and monitoring.
- Test and roll-out the district profile tool and the MSC tool at SDSMAS level.
- Finalize the mapping of the contraceptive logistics system.

Evaluation/Assessment Update

Evaluations, Assessments, Studies, and Audits Include any and all types of evaluations, financial or programmatic, internal or external.
Planned: List evaluations, assessments, studies and/or audits planned for next quarter
Formative research
Baseline population based survey (to be representative for each province)

Success Story

When IFPP first started in June 2016, there were major family planning consumables supply chain constraints that led to frequent contraceptive stock outs and disruptions in FP services. One of the major problems was the lack of consistent transportation from district level to where FP services are provided at the HF level due to the few working vehicles and limited MOH funds to ensure routine maintenance and fuel. However, with the onset of IFPP's HSS interventions to strengthen logistics and supply chain management, there has been a marked decrease in the number of reported stock outs at HF. This major accomplishment was achieved by working with each of the major stakeholders along the supply chain from the DPM to the DDM to the HF. The project is providing TA to the DPM to ensure a monthly logistics plan is formerly drafted, and then systematically monitored during the days each month when FP consumables are transported from provincial to district level. IFPP then leverages its District Coordinator field presence to track the flow of DDM consumables requisitions from HFs to the SDSMAS, and then provides support to ensure that any transportation gaps are filled by project vehicles to guarantee uninterrupted availability of FP consumables at site level. The project also established an alert system whereby any stock outs identified by the LMIS or HF / IFPP staff can be immediately responded to by project technicians in the field at district and provincial levels. This support has not only reduced the amount of time it takes for FP consumables to reach their target HF destination each month, but has also reduced stock outs to less than 1% of supported sites. These improvements are expected to be further sustained and institutionalized once IFPP implements the FP logistics management tools, which include detailed logistics maps outlining the most efficient routes (by considering distances, costs, type of available transportation resources, etc.), and defining clear objectives that respond to health system needs, including those specific to FP and how to accurately forecast needs.

Financial Information

Line Item	Total Life of the Project Budget (LOP)	Total Amount Obligation (to date)	Mortgage	Planned Expenditures for the quarter	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures)	Pipeline	Planned for next quarter (Jan to March)	Balance
					Prior	This Quarter	Total				
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=E+F	(H)=F/D-1	(H)=B-G	(J)	(K)=J-I
Personnel	7,930,442	2,124,673	5,805,769	205,250	124,405	194,860	319,265	-5%	1,805,408	237,631	1,567,777
Benefits & Fringe	1,891,125	511,822	1,379,303	88,750	45,292	63,755	109,047	-28%	402,775	89,101	313,674
Travel	2,739,333	784,120	1,955,213	103,200	3,060	82,015	85,075	-21%	699,045	75,093	623,952
Other Direct Costs	756,000	589,515	166,485	420,420	1,393	101,260	102,653	-76%	486,862	45,500	441,362
Supplies/Equipment	413,895	253,149	160,746	226,380	1,801	629,111	630,912	178%	(377,763)	24,500	(402,263)
Total PI direct Costs	13,595,123	3,610,892	9,984,231	97,500	608	326,022	326,630	234%	3,284,262	240,960	3,043,302
Contractual	3,382,112	1,146,142	2,235,970	180,600	19,721	259,428	279,149	44%	866,993	165,016	701,977
Total Direct Costs	30,708,030	9,020,313	21,687,717	1,322,100	196,280	1,656,451	1,852,731	25%	7,167,582	877,801	6,289,781
Indirect Costs	3,851,970	1,179,687	2,672,283	171,873	38,824	317,756	356,580	85%	823,107	192,938	630,169
Grand Total	34,560,000	10,200,000	24,360,000	1,493,973	235,104	1,974,207	2,209,311	32%	7,990,689	1,070,739	6,919,950

Annexes

- PMP
- Workplan

IFPP
Performance Monitoring Plan

Performance Indicator	Definition of Terms	Data Sources	Disaggregations	Schedule/Frequency	Person responsible	Baseline	Province	Target Yr 1	Q1	Total
Goal: Increase use of modern contraceptive methods										
Modern contraceptive prevalence rate	The percent of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in time. Modern methods include pills, male and female condoms, IUD, implants, injectables, and female voluntary surgical contraception, and Lactational Amenorrhoea Method (LAM). <u>Numerator:</u> The number of women of reproductive age and who are using (or whose partners are using) modern FP methods to avoid or delay pregnancies. <u>Denominator:</u> Total number of women of 15-49 surveyed	IFPP Household survey	Total	Baseline/ endline	M&E team	To be informed after baseline survey	Total		NA	-
			Nampula				Nampula	NA	-	
			Sofala				Sofala	NA	-	
Unmet need for family planning	The percent of women who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child <u>Numerator:</u> The number of women of reproductive age who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child <u>Denominator:</u> Total number of women of 15-49 surveyed	IFPP Household survey	Total	Baseline/ endline	M&E team	To be informed after baseline survey	Total		NA	-
			Nampula				Nampula	NA	-	
			Sofala				Sofala	NA	-	
% demand satisfied for modern contraception	The percent of sexually active women of reproductive age who want to delay, space or limit births who are currently using a modern contraceptive method. <u>Numerator:</u> The number of sexually active women of reproductive age who are currently married or in a union who want to delay, space or limit births who are currently using a contraceptive method. <u>Denominator:</u> Total number of sexually active women aged 15-49 surveyed.	IFPP Household survey	Total	Baseline/ endline	M&E team	To be informed after baseline survey	Total		NA	-
			Nampula				Nampula	NA	-	
			Sofala				Sofala	NA	-	

IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services

# new users of modern contraceptive methods	Number of new users adopting a modern contraceptive method at project-supported facilities. As of April 2016, a new user for a specific contraceptive method is defined by the MOH as someone who is a first time user of contraceptive methods in general (has never used a method before). Methods include pills, IUD, implant, injectables, and female voluntary surgical contraception. The following methods are excluded because the newly revised MOH forms cannot distinguish between new and continuing users: condoms (recorded only as commodities distributed); and LAM (recorded only as number currently using).	HMIS - SRH and FP consultation summary		Quarterly	M&E team	NA	Total	TBD	46,734	46,734
						NA	Nampula	TBD	46,734	46,734
						NA	Sofala	TBD	-	-
# continuers users of modern contraceptive methods	Number of contraceptive users who visit a project-supported facility for re-supply (short-acting methods) and/or support for method side effects or complications. These also include those that are switching methods, as they will be classified by the MOH as continuing users of contraception. Methods include pills, IUD, implant, and injectables. The following methods are excluded because the newly revised MOH forms cannot distinguish between new and continuing users: condoms (recorded only as commodities distributed); LAM (recorded only as number	HMIS - SRH and FP consultation summary		Quarterly	M&E team	509,773	Total	347,025	55,226	55,226
						367,118	Nampula	300,991	55,226	55,226

	currently using); and female sterilization (repeat visits not recorded). This indicator is a cumulative measure. (please note that a women may be count more than one time during the year depending on the FP method accepted)					142,655	Sofala	46,034	-	-
Couple Years of Protection	CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. Methods included are: pills, IUD, implant, injectables, and female voluntary surgical contraception.	HMIS - SRH and FP consultation and cirgical theatre room for female sterilization, Post partum registration form for PPIUD and Ppimplant	Method type (pills, IUD, implant injectables, female voluntary surgical contraception)	Quarterly	M&E team	384,475	Total	249,272	36,518	36,518
						216,400	Nampula	196,424	36,518	36,518
							Pills		4,259	4,259
							Injectable		17,322	17,322
							Implant		14,676	14,676
						IUD		261	261	
						168,075	Sofala	52,848	-	-
							Pills		-	-
							Injectable		-	-
							Implant		-	-
IUD		-	-							
# women receiving contraceptive services in HIV services	Number of women who receive contraceptive counseling and methods within HIV testing, care & treatment services at project-supported facilities. (please note that a women may be count more that one time during the year depending on the FP method accepted)	HMIS - FP integrated services taily sheet		Quarterly	M&E team	-	Total	6,629	-	-
							Nampula	3,919	-	-
							Sofala	2,710	-	-
# postpartum clients accepting a modern contraceptive method prior to or at discharge	Number of postpartum clients at project-supported facilities who accept a modern contraceptive method prior to or at discharge from the facility.	HMIS - Post partum summary form	Method type (IUD, implant)	Quarterly	M&E team	N/A	Total	10,420	1,257	1,257
							Nampula	8,585	1,257	1,257
							Sofala	1,834	-	-
# users receiving modern contraceptive methods from APEs at community level	Number of women who receive a modern contraceptive method (pills, condoms, injectables) from APEs at community level.	APEs summary form	NA	Quarterly	M&E team	-	Total	15,857	-	-
							Nampula	14,421	-	-
							Sofala	1,436	-	-
Sub- IR 1.1: Increased access to modern contraceptive methods and quality, facility-based										
# health providers trained on modern methods of contraception	Number of health providers trained by the project on modern methods of contraception (including LAM, short-acting methods, LARC and PM where applicable). This includes training on comprehensive contraceptive counseling as well as method	Training records	Total	Quarterly	M&E team	-	Total	274	692	692
			Nampula				Nampula		692	692

	provision.		Sofala				Sofala		-	-
% of health providers who have completed the training on modern methods of contraceptive with positive score in the post test	Percent of health providers who have completed the training on modern methods of contraceptive with positive score in the post test <u>Numerator:</u> Number of participants who achieve a positive score in the post test <u>Denominator:</u> Total number of course participants tested	Training records	Total	Quarterly	M&E team	-	Total	80%	100	100
			Nampula				Nampula		100	100
			Sofala				Sofala		-	-
% percent of supported service delivery sites providing family planning counseling and/or services	The percent of supported service delivery sites providing family planning counseling and/or services, as verified through recording of service statistics in contraceptive counseling and method provision. <u>Numerator:</u> Number supported service delivery sites providing family planning counseling and/or services <u>Denominator:</u> Total number HF supported by the project	HMIS - SRH and FP consultation summary	Total	Quarterly	M&E team	TBD (pending facility assessments)	Total	66%	9%	9%
			Nampula				Nampula		9%	9%
			Sofala				Sofala		-	-

Sub-IR 1.2: Increased access to modern contraceptive methods and quality, communitybased FP/RH services

# of additional USG-assisted community health workers (CHWs) providing family planning information and/or services	# of additional USG-assisted community health workers (CHWs) providing family planning information and/or services	Training records	APEs, TBAs, Activists, IPC agent	Quarterly	M&E team	-	Total	575	86	86
							Nampula		86	86
							APES		-	-
							TBAs		48	48
							IPC agents		38	38
							Activits		-	-
							Sofala		-	-
							APES		-	-
							TBAs		-	-
							IPC agents		-	-
Activits	-	-								
# mobile brigades conducted including contraceptive services	Number of mobile brigades conducted by HF with project support that include contraceptive services.	Mobile brigade records	BY province	Quarterly	M&E team	3,984/year	Total	1,352	-	-
							Nampula		-	-
							Sofala		-	-

Sub-IR 1.3: Improved and increased active and completed referrals between community and facility for FP/RH services

	Percent of referrals by APEs and TBAs/activistas for contraception services that are completed. A completed referral is defined as a client going to the facility following referral by a project-supported APE or TBA/activista. For clients referred by TBAs/activistas, referrals are confirmed via unique referral codes						Total		-	-
--	--	--	--	--	--	--	-------	--	---	---

% confirmed referrals from communities to facilities for FP services	sent to the Movercado system via SMS by facility-based providers when the client reaches the facility. For clients referred by APEs, referrals are confirmed via two-part paper referral forms (the client presents the referral form at the facility and it is kept on a 'pin') <u>Numerator</u> : # of referrals by TBAs/activistas/APEs for contraception services that are completed (the client goes to the facility). <u>Denominator</u> : total # of referrals by TBAs/activistas/APEs for contraception services	Movercado records (TBA/activista clients), Paper-based forms (APE clients)	BY province	Quarterly	M&E team	-	Nampula	20%	-	-
							Sofala		-	-
IR 2: Increased demand for modern contraceptive methods and quality FP/RH services										
% women reporting partner/family support for FP practices	The percent of women (married or in a sexual union) of reproductive age who report that their partners support family planning practices. <u>Numerator</u> : Number of women of reproductive age surveyed who report that their partners support their family planning practice <u>Denominator</u> : Total number of women of 15-49 surveyed currently married or in a union	IFPP Household survey	BY province	Baseline/ endline	M&E team	-	Total		NA	-
							Nampula		NA	-
							Sofala		NA	-
Sub-IR 2.1: Improved ability of individuals to adopt healthy FP behaviors										
# contacts conducted by trained TBAs/activistas to women	Number of contacts with women conducted by trained TBAs/activistas to provide information on FP/HTSP, ANC, institutional delivery, postpartum and newborn care and EBF, and link with service delivery points. This refers to one-on-one contacts with women through home visits at community level.	Movercado	NA	Quarterly	M&E team	-	Total	22,400	791	791
							Nampula		791	791
							Sofala		-	-
Sub-IR 2.2: Improved community environment to support healthy FP behaviors										
# community dialogues conducted on FP	Number of community dialogues conducted on FP-related topics. CD sessions are conducted with roughly 30 community members as part of a structured 6-week series of discussions examining gender norms, community pressure for early and frequent childbearing, and specific barriers to services among target populations.	Community facilitator records	NA	Quarterly	M&E team	-	Total	768	-	-
							Nampula		-	-
							Sofala		-	-
# community radio sessions broadcasted on FP/HTSP	Number of community radio sessions developed by the project that are broadcasted on FP/HTSP topics. Radio programs include dramas done by local theater groups, debates with champions, discussions with HF providers to increase community-health system integration, and announcements of mobile brigades.	Project records	NA	Quarterly	M&E team	-	Total	84	-	-
							Nampula		-	-
							Sofala		-	-
Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message (I have seen that you are expecting to offer community dialogues and broadcast FP/RH messages)	<u>Numerator</u> : Number of women in union who are currently using a modern method of contraception <u>Denominator</u> : Total number of women of reproductive age in union <u>Audience</u> " is defined as the intended population for the program (e.g., pregnant women for antenatal care, youth in a specific age range for an adolescent program). "Recall" may include spontaneous mention and/or aided recall. (The distinction between the two types of recall is explained in the next indicator, Percent of audience that know of a product, practice or service) "Specific message" refers to a communication with some identifiable aspect (e.g., logo, jingle, character) that the respondent could not name unless s/he had been exposed to the communication. This indicator is calculated as: (Number of audience members who recall a specific message /	IFPP Household survey	NA	Baseline/ endline	M&E team	To be informed after baseline survey	Total		NA	-
							Nampula		NA	-
							Sofala		NA	-

Sub-IR 2.3: Improved systems to implement and evaluate SBCC interventions										
# meetings held with SBCC project to plan/coordinate SBCC approaches	Number of meetings held with USAID-funded SBCC project to plan and coordinate SBCC approaches.	Project records	Na	Annually	M&E team	-	Total	TBD	-	-
							Nampula		-	-
							Sofala		-	-
# capacity building sessions for community radios and community groups in SBCC for FP	Number of capacity building sessions for community radios and community groups in SBCC for FP	Project records	Na	Quarterly	M&E team	-	Total	TBD	-	-
							Nampula		-	-
							Sofala		-	-

IR 3: Strengthened FP/RH health systems

# DPS including FP interventions in annual PES and budget	Number of DPS that include Family planning intervention in their annual PES and Budget	PES document		Annual	M&E team			2	1	1
# SDSMAS/DPS achieving satisfactory scores in MSC assessment	The number of SDSMAS and DPS achieving an overall satisfactory score in the MSC assessment which includes the following components: Planning, Financial, Logistics, HRH, HIS, and health programs management. Definition of satisfactory is achieving greater than or equal to 80% compliance with MoH standards.	MSC assessment tool	Disaggregated by components: Planning, Financial, Logistics, HRH, HIS, and health programs management	Bi-annual	M&E team	TBD during assessment	Total	2	-	-
							Nampula		-	-
							Sofala		-	-
% USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide	The percent of project-supported health facilities that have experienced a stock out of contraceptive methods at any time during the reporting period, at the facility's storeroom, for any contraceptive methods that the SDP is expected to provide. Stock out is defined as the lack of availability of any contraceptive method that the SDP is expected to provide. <u>Numerator:</u> The number of SDPs that experience a stock out of any contraceptive method at any time during reporting period, regardless of duration or number of methods that were out of stock. <u>Denominator:</u> The number of monitored SDPs that are expected to provide one or more contraceptive method.	Health facility FP logistics stock cards	BY province	Quarterly	M&E team	TBD during assessment	Total	20%	0%	0%
							Nampula		0%	0%
							Sofala		-	-
% of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	The percent of project-supported health facilities in which all eligible health providers (defined as all HCWs working in SDPs with FP services, assuming all HCWs are allowed to provide methods as per policy/law) have been trained in a range of modern contraceptive methods (defined as provision of all short-acting methods and at least one long-acting method). <u>Numerator:</u> The number of project-supported health facilities in which all eligible health providers have been trained in a range of modern contraceptive methods. <u>Denominator:</u> The number of health facilities supported by the project.	Health facility training records	BY province	annually	M&E team	TBD during assessment	Total	60%	7%	7%
							Nampula		7%	7%
							Sofala		-	-

Sub-IR 3.1: Improved FP financial management, strategic planning, and budget execution

# DPS and SDSMAS staff receiving TA/capacity-building in FP planning, budgeting and implementation	Number of FP managers at provincial and district level receiving in service training for planning and budgeting activities in the PESOD / PES	Project records	BY province	Annually	M&E team	-	Total	60	4	4
							Nampula		4	4
							Sofala		-	-

Sub-IR 3.2: Improved management of commodities to ensure availability at local levels

# of supported districts with a documented FP logistics map to optimize commodity distribution, requisition and reporting	Number of project-supported districts that have developed a documented FP logistics map (which may include geographical and tabular displays of distribution routes by date, available transportation type, distances, costs in terms of fuel and time, and destination from provincial to district to SDP at HF and community levels) to optimize commodity distribution, requisition and reporting.	District Profile, FP Logistics Maps	BY province	Annually	M&E team	TBD during assessment	Total	2 DPS and 29 Districts	-	-
							Nampula		-	-
							Sofala		-	-
Sub-IR 3.3: Strengthened governance, including civil society engagement, for an improved FP enabling environment										
# of HF that undergo CSC feedback processes through community discussions at least once per year	Number of project-supported health facilities that undergo processes for receiving and discussing Community Score Card (CSC) feedback through community discussions at least once per year.	HF-community meeting minutes	BY province	Annually	M&E team	N/A	Total	15	-	-
							Nampula		-	-
							Sofala		-	-
Sub-IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled workers										
# DPS, SDSMAS & HF staff trained in family planning that are registered in e-SIFO (database)	Number of DPS, SDSMAS and health facility staff trained in family planning in project-supported districts, that are registered in the e-SIFO human resources database of the MoH.	SIFo	BY province	Annually	M&E team	N/A	Total	274	294	294
							Nampula		294	294
							Sofala		-	-
Sub-IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making										
# of districts that hold quarterly data review meetings using district profiles	Number of project-supported districts that hold quarterly data review meetings using district profiles to inform FP decision-making.	District meeting minutes	BY province	Annually	M&E team	N/A	Total	29	-	-
							Nampula		-	-
							Sofala		-	-

Integrated Family Planning Program (IFPP) Year 1 Detailed Workplan (June 2016-September 2017)

Partners: Pathfinder International, N'weti, Abt Associates, PSI

		Quarter 4 2016				Quarter 1 2016			Responsible Party	Deliverables Quarter 4	Achieved	Deliverables Q1 FY17	Comments
		June	July	Aug	Sept	Oct	Nov	Dec					
										June, July, Aug, Sept		Oct, Nov, Dec	
IFPP start-up													
	Cooperative agreement signed	x							Pathfinder	Agreement signed	Activity completed		Activity completed in Q4 FY16
	Hold pre-award conference with USAID	x							Pathfinder	Pre-award conference held	Activity completed		Activity completed in Q4 FY16
	Prepare and execute letter of authorization for partners	x							Pathfinder	Letters executed	Activity completed		Activity completed in Q4 FY16
	Prepare and execute all partner subagreements		x	x					Pathfinder	Subagreements executed	Activity completed		Activity completed in Q4 FY16
	COP and all key staff assume post	x	x						Pathfinder, Abt, N'weti, PSI	Key staff in place	Activity completed		Activity completed in Q4 FY16
	Preparation/adaptation of all staff job descriptions. Selection and hiring of provincial and district staff	x	x	x	x	x			Pathfinder, Abt, N'weti, PSI	Staff hired	Activity completed		Activity completed in Q4 FY16
	Establishment of provincial and priority district offices: identification of space (including shared space in SDSMAS), renovation and adaptation conducted, internet and procurement for offices			x	x	x			Pathfinder	Provincial and select district offices in Nampula established	During the present quarter it was done for Nampula province	Provincial and selected districts in Sofala established	During the Q4 FY16 this activity was completed for Nampula province and in the reporting period it was completed form Sofala
	Establishment of Standard Operating guidelines for basic procedures and routine management and financial processes		x	x	x				Pathfinder	Guidelines and procedures developed	Activity completed		Activity completed in Q4 FY16
	If needed, develop logo and/or any updated branding		x	x	x				Pathfinder	Updated branding submitted to USAID, if needed			Not needed
IFPP Workplanning and start-up deliverables													
	Conduct team building workshop focusing on IFPP strategy and technical approaches (across all IRs), and clarification of roles and responsibilities	x							Pathfinder, Abt, N'weti, PSI	Workshop conducted	Activity completed		Activity completed in Q4 FY16
	Conduct year one work plan development workshops with key staff from all partners	x	x						Pathfinder, Abt, N'weti, PSI	Workplan workshop conducted	Activity completed		Activity completed in Q4 FY16
	Submit year one workplan draft		x						Pathfinder	Draft workplan submitted	Activity completed		Activity completed in Q4 FY16
	Submit final year one workplan			x					Pathfinder	Final workplan submitted	Activity completed		Activity completed in Q4 FY16
	Submit environmental mitigation and monitoring plan (EMMP)			x					Pathfinder	EMMP submitted	Activity completed		Activity completed in Q4 FY16

	Develop and submit gender analysis			x					Pathfinder	Gender analysis submitted	Activity completed		Activity completed in Q4 FY16
	Submit draft M&E plan and PMP		x						Pathfinder	Draft M&E plan and PMP submitted	Activity completed		Activity completed in Q4 FY16
	Submit final M&E plan and PMP			x					Pathfinder	Final M&E plan and PMP	Activity completed		Activity completed in Q4 FY16
	Submit baseline data (not including baseline survey)					x			Pathfinder		Activity completed	Baseline data submitted to USAID	Activity completed in Q4 FY16
	Establish project FP compliance system, including translating all FP compliance tools			x	x	x			Pathfinder	FP compliance system put in place	The FP compliance system was completed and translated in to portuguese, next quarter the training and implementation will start	FP Compliance training conducted to mentors and project staff and implementation started in intervention districts	Continuous activity to be conducted once a year per HF
Introduction and coordination with government, implementing partners, and other donors													
	Introductory planning meetings with Central MOH		x						Pathfinder	Introductory meeting held	Postponed for next quarter		Postponed for next quarter after workplan discussion with Sofala DPS (agreed with MOH)
	Introductory visits and planning meetings with DPS			x	x				Pathfinder, Abt, N'weti, PSI	2 introductory visits held (Nampula, Sofala)	Postponed for next quarter		Activity completed
	Introductory coordination and planning meetings with prioritized districts				x	x	x		Pathfinder, Abt, N'weti, PSI	Introductory visits to 4 districts	Postponed for next quarter		Overall planning with all SDSMAS and operationalization planning with 17 districts in Nampula
	Introductory coordination meetings with MCSP, CHASS (Manica and Sofala), UNFPA, commodity partners		x	x	x	x			Pathfinder, Abt, N'weti, PSI	Coordination meeting held	Coordination meetings held with MCSP and CHASS		MCSP at central level and in Nampula and with CHASS Sofala
	Official launch of IFPP in each province					x	x		Pathfinder, Abt, N'weti, PSI		Postponed for next quarter	Project launched in Nampula and Sofala	The official launch was conducted in Nampula and in Sofala pre-launching was held with DPS, SDSMAS and Partners
Project Management and Coordination													
	Hold bi-annual IFPP Steering Committee meetings with consortium partners							x	Pathfinder, Abt, N'weti, PSI		Planned for next quarter	Biannual steering committee meeting held	Consortium partners meeting regularly considering intensive phase of the project
	Hold monthly meetings with MISAU project focal point (from MCH Department)			x	x	x	x	x	Pathfinder	2 monthly meetings with MISAU held	Dra. Aneth Dinis will be responsible as point person and wil turn to quarterly	1 meetings with MISAU held	Postponed for next quarter after discussion in Sofala
	Participate in routine national technical working groups (HRH Observatory, commodity committee, SWAP meetings, annual health partner meetings)	x	x	x	x	x	x	x	Pathfinder	Working group meetings attended	Activity completed	Working group meetings attended	Participated in SWAP, and commodities taskforce meetings
	Hold MISAU and USAID IFPP "high level special committee" meetings								Pathfinder		Planned for next quarter		Postponed for next quarter
	Hold meetings with USAID AOR (to be determined with AOR)	x	x	x	x	x	x	x	Pathfinder	Meeting with AOR held	Activity completed	Meeting with AOR held	One meeting per month held, and recurrently happening for every 2nd Monday of the month
	Hold management and technical meetings with staff (at central, provincial, and district level)		x	x	x	x	x	x	Pathfinder, Abt, N'weti, PSI	Management and technical meetings held	Activity completed	Management and technical meetings held	Activity completed in Q4 FY16

	Quarterly programmatic reports including M&E and at least two Success Stories (due 30 days after end of quarter), submitted					x			Pathfinder		Planned for next quarter	Quarterly report submitted	Quarterly programmatic report delivered on January 31st
	Quarterly financial reports (due 30 days after end of quarter) submitted					x			Pathfinder		Planned for next quarter	Quarterly financial report submitted	Quarterly financial report delivered on January 31st
	Hold internal quarterly reviews of monitoring data to assess performance and identify gaps/challenges					x			Pathfinder		Planned for next quarter	Internal review of data held	Postponed for next quarter, January
	Annual report including M&E data (due 45 days after end of fiscal year)								Pathfinder		Planned for next quarter		Planned for Q1 FY18
	Routine environmental and FP compliance			x	x	x	x	x	Pathfinder		not done, postponed for next quarter	Routine FP and environmental compliance conducted	Training to use the app conducted, will be rolled out in next quarter
Monitoring and evaluation, implementation learning, research													
	Conduct population based baseline survey, including IRB and analysis			x	x	x	x	x	Pathfinder		The protocol and survey were developed during this quarter and will be submitted to IRB next quarter	Baseline protocol developed	Protocol was approved by the IRB and submitted for administrative approval by the MoH
	Set up performance monitoring system, Key indicator Table in Pathfinder's Online Data System, data collection tools and reporting templates		x	x	x				Pathfinder	Performance monitoring system established	postponed for next quarter after the approval of the PMP		Postponed for next quarter after the approval of the PMP
	Set up project database			x	x				Pathfinder	Project database set up	postponed for next quarter after the approval of the PMP		postponed for next quarter after the approval of the PMP
	Conduct start up M&E workshop to orient staff to M&E roles/responsibilities, data collection tools and reporting templates				x				Pathfinder	M&E orientation workshops conducted	Posponed for next quarter		Posponed for next quarter
	Collect routine monitoring data for output indicators and intermediate outcome indicators		x	x	x	x	x	x	Pathfinder, Abt, N'weti, PSI	Routine data collection and monitoring begins	Posponed for next quarter	Routine data collection and monitoring	Data as been collected routinely and monitoring
	Develop Data Quality Assurance (DQA) plan		x	x	x				Pathfinder	DQA plan developed	Posponed for next quarter		Activity completed. The DQAs will be done in the same moment that the assessment to HF will also be done and then repeated every 6 months for follow up on the action plans delevolped.
	Implement DQA procedures (spot checks at facility and community level; data quality checks in project databases; refresher training for project staff, providers, etc.)				x			x	Pathfinder	DQA procedures implemented	Posponed for next quarter	DQA procedures implemented	During the current quarter it was implemented 21 DQAs at project HF
	Project orientation to IL and initial question brainstorm								Pathfinder		Planned for next quarter		Planned for March in next quarter
	Plan and prepare to conduct mainstream AFS study								Pathfinder and WHO		Planned for Q4		Planned for Q4

	Plan and prepare to conduct APE performance improvement mechanisms study								Pathfinder and Bixby		Planned for Q4		Planned for Q4	
	Quarterly M&E supervisory visits from the central to provincial and district offices							x	Pathfinder		Planned for next quarter	M&E supervisory visit from central to provincial and district office conducted	No supervision visit from central level to provincial level was conducted during this quarter, but a regular schedule of call have been made for close follow up.	
	Monthly M&E supervisory visits from provincial to district						x	x	x	Pathfinder	Planned for next quarter	Monthly supervisory visits from province to district conducted	During the current quarter visits were conducted in Nampula province by the M&E team went to the districts with the aim of assessing and performing DQAs to trained HF's	
Short-term technical assistance														
	STTA for FP Compliance, Environmental compliance, GIS, and other project systems					x			Pathfinder	FP compliance STTA completed			STTA for FP compliance was done by the Sarah Unninayar from PI HQ	
	STTA for adolescent and youth and gender								Pathfinder				Not planned for this quarter	
	STTA IT set up and systems						x		Pathfinder			IT STTA completed	Field Technology Manager supported the set-up of Sofala Province and Servers for Maputo and Nampula	
	STTA for M&E							x	Pathfinder			M&E STTA completed	Postponed for Q4	
	STTA for FP service delivery quality and integration								Pathfinder				Not planned for this quarter	
	STTA for year 2 workplanning								Pathfinder				Not planned for this quarter	
	STTA for HSS management start up					x			Abt	STTA for HSS management start-up completed			Not planned for this quarter	
	STTA for HSS							x	Abt			STTA on HSS completed	Postponed for Q3	
Project Goal: Increased use of modern contraceptive methods by target populations														
IR 1: Increased access to a wide range of modern contraceptive methods and quality FP/RH services														
Sub IR 1.1: Increased access to modern contraceptive methods and quality, facility-based FP/RH services														
1.1.1	Conduct facility assessments, including resulting plan for quality improvement, with district counterparts						x	x	x	Pathfinder		Postponed for next quarter	49 facilities assessments conducted	Assessment was conducted in 36 HF (30 in Nampula and 6 in Sofala)
1.1.2	Hold district workshops to determine "smart integration" plan per type of health facility								Pathfinder		Postponed for next quarter		Postponed for Q3	

1.1.3	Conduct TOT for district trainers in FP (national training curriculum), including LARC					x	x		Pathfinder		Postponed for next quarter	2 TOT conducted (1 Central, 1 in Nampula)	Activity completed. 2 TOT were conducted in Maputo, one for the Nampula team and the other for the Sofala team
1.1.4	Conduct provider in-service trainings on FP and adolescent-friendly services (AFS), including MCH nurses and "integrated" FP providers (e.g., clinical officers for HIV treatment)						x	x	Pathfinder		Postponed for next quarter	50 health providers trained	692 providers trained in/from 33 Health Facilities
1.1.5	Integrate adolescent-friendly services (AFS) through provision of adolescent-focused counseling materials and provider training, and revitalization of existing separate space YFS (integrated in 1.1.4)						x	x	Pathfinder		Postponed for next quarter	50 health providers trained on AFS	692 providers trained in 33 Health Facilities including to offer services to Adolescents (mainstreamed with above training)
1.1.6	Support integration of FP (into post-partum, HIV, immunization, PAC) through reorganizing client flow, providing counseling tools, data collection forms, and co-locate commodities (as appropriate)						x	x	Pathfinder		Postponed for next quarter	25 health facilities with FP integration into one or more other service	33 Health Facilities are integrating FP into 1 or more other service
1.1.7	Support district MCH nurse to provide quarterly supportive supervision on FP/RH services to facilities (including addressing commodity logistics/security and HMIS data quality)							x	Pathfinder		Postponed for next quarter	25 health facilities receive quarterly district supervision	Posponed to next quarter
1.1.8	IFPP program staff conduct systematic quality improvement visits (monthly, every two months, quarterly based on the needs of the facility)						x	x	Pathfinder		Postponed for next quarter	25 facilities who received at least one quality improvement visit (within the quarter)	21 health facilities received first mentoring visit to improve services
1.1.9	Collect client perspectives on quality of facility services and community counseling through bi-annual call surveys, and use it to improve services								Pathfinder and PSI				Not planned for this quarter
1.1.10	Strengthen co-management committees, including improving regular meetings, advocacy around FP provision and commodity management, and quality of services,								Pathfinder				Not planned for this quarter
Sub IR 1.2: Increased access to modern contraceptive methods and quality, community-based FP/RH services													
1.2.1	Train APes on FP counseling and method provision (including injectables), data collection, commodity resupply, and referrals								Pathfinder				Not planned for this quarter. 21 health facilities received first mentoring visit to improve services
1.2.2	Support districts to conduct monthly meetings with APes to review FP data quality, provide FP commodities, and support performance								Pathfinder				Not planned for this quarter
1.2.3	Support peripheral health facility MCH nurse to supervise the APes (during mobile brigades)								Pathfinder				Not planned for this quarter

1.2.4	HF conduct routine mobile brigades (service outreach to communities that include all methods of contraception, except IUD) in urban areas (markets, schools, companies) and in rural areas						x	x	Pathfinder			100 mobile brigades conducted	Postponed for next quarter, after training of providers
Sub IR 1.3: Improved and increased active and completed referrals between communities and facilities for FP services													
1.3.1	Review and print paper referral forms for APEs to use to refer to public facilities for FP/RH services								Pathfinder				Not planned for this quarter
1.3.2	Set up of movercado platform for TBAs to make referrals				x	x	x		PSI	The movercado platform was set up, training will happen next quarter		Movercado system for TBA referral and facility referral confirmation established	Project team trained IPC agents in Nampula to use the Movercado platform and to conduct referrals. Additional trainings will be done with TBAs during next quarter
1.3.3	Roll-out (gradual deployment) of Movercado platform for TBAs (with confirmation of referrals at health facilities)							x	PSI			80 TBAs pilot test Movercado, IT support and follow-up provided	Postponed for next quarter
1.3.4	Discussion of referral data in CMC meetings, CLC meetings, etc to increase community involvement and ownership								Pathfinder				Not planned for this quarter
IR 2: Increased demand for modern contraceptive methods and quality FP/RH services													
Sub IR 2.1: Improved ability of individuals to adopt healthy FP behaviors													
2.1.1	Identify and train TBAs (and/or other existing activists) for counseling and referrals						x	x	Pathfinder and PSI			80 TBAs trained to pilot the system	48 TBAs trained during the quarter
2.1.2	Hold supervision meetings with TBAs (monthly in first year and gradually move to quarterly meetings) to review quality and confirmed referrals (Movercado data)							x	Pathfinder			80 TBAs receive monthly supervision	Postponed for next quarter, as they were trained late this quarter
2.1.3	Develop partnership and subawards with local partners								Pathfinder				Not planned for this quarter
2.1.4	Explore opportunities to integrate FP into non-health work								Pathfinder				Not planned for this quarter
2.1.5	IPC agents, existing activists provide counseling, referrals, and vouchers to pharmacies, TEM+ clinics, and public sector facilities				x	x	x	x	Pathfinder and PSI	28 existing IPC given orientation on new referral strategy in Nampula and begin referrals to 15 pharmacies		29 existing IPC given orientation on new referral strategy in Sofala and begin referrals in 5 pharmacies;	39 IPC agents were identified, recruited, and trained for Nampula (25), Nacala (10), and Ilha de Moçambique (4)

2.1.6	Organize and enter all mCenas messages into Movercado (for year 2 roll-out)								Pathfinder and PSI					During the current quarter several meetings took place to discuss and to organize the roll out of mCenas in the next quarter including refinement of text messages.
Sub IR 2.2: Improved community environment to support healthy FP behaviors														
2.2.1	Conduct formative research to develop SBCC/community dialogue content		x	x	x	x	x		N'weti	Consultant firm hired and formative research conducted			formative research report submitted	Postponed for next quarter. Only the this quarter was possible to recruit the formative research team.
2.2.2	Conduct community dialogues with 5 groups per community for six weeks each.					x	x	x	N'weti				15 CBOs mapped and MOU signed; 52 pairs of facilitators trained and conducted community dialogues.	As the identification of local community radios and the establishment of the Memorandum of Understanding (MOU) started in Nampula province, radio broadcasting is planned to start next quarter.
2.2.3	Use community radio to amplify the community dialogues focused on HTSP, FP, and benefits for healthy families and communities						x	x	N'weti				6 Community Radios identified and MoU established; 2 Community radios producers trained	
2.2.4	Male champions recognized and supported to engage with other men in the community to create an enabling environment for FP and HTSP								N'weti					Not planned for this quarter
Sub IR 2.3: Improved systems to design, implement, and evaluate SBCC interventions														
2.3.1	Hold coordination meetings with USAID-funded SBCC project to plan and collaborate on SBCC approaches at facility and community level					x			Pathfinder and N'weti				Coordination meetings held with SBCC partners	Unicef through its IREX project is one of the existing provincial partners, the other one is ICS – Instituto de Comunicação Social; coordination meetings as well as radio broadcasting are planned for upcoming quarter.
IR 3: Strengthened FP/RH health systems														
Sub IR 3.1: Improved FP financial management, strategic planning, and budget execution														
3.1.1	Second a IFPP project technical advisor to each DPS				x	x	x	x	Abt	Advisors hired and seconded to Nampula	Advisors were hired and will be working at DPS in Nampula next quarter		Advisors hired and seconded to Sofala DPS	Activity completed
3.1.2	Assess DPS and selected SDSMAS family planning systems using Management Standards Compliance (MSC) Tool								Abt					Not planned for this quarter
3.1.3	Develop capacity building and systems strengthening action plan for DPS and prioritized districts based on systems assessments, provide technical and financial support to implement action plans								Abt					Not planned for this quarter
3.1.4	Provide TA and capacity building to DPS and selected district FP managers for development of annual plan (PES/PESOD), that includes high impact FP practices								Abt and Pathfinder					Not planned for this quarter

3.1.5	Provide TA and capacity building to DPS for budgeting for FP within PES/PESOD								Abt					Not planned for this quarter
3.1.6	Train and build capacity of DPS and SDSMAS staff, as needed, on skills to implement the FP component of PES/PESOD (FP technical updates, training on results-based planning using PDSA and budget tracking)				x	x			Abt		Postponed for next quarter			Provided in service training and recommendations for improvement and realignment of the 2017 DPS Nampula PES; the four members of the provincial MCH team received in service training through Project Team and FP advisor that has been seconded to the DPS's.
3.1.7	Participate and provide technical support for biannual PES / PESOD meetings to monitor FP plan implementation progress at district and provincial level							x	Abt			Performance review and planning meetings held at supported DPS and SDSMAS		

Sub IR 3.2: Improved management of FP commodities to ensure availability at local levels

3.2.1	Map contraceptive commodity system from DPS to district to facility to community providers (APEs) to identify gaps								Abt					Not planned for this quarter
3.2.2	Provide mentorship and training (as needed) to DPS, districts, and facilities to address gaps in commodity system management								Abt					Not planned for this quarter
3.2.3	Explore and pilot Movercado to strengthen contraceptive supply monitoring and logistics								Abt and PSI					Not planned for this quarter
3.2.4	Project staff participate and contribute to convening national and provincial MCH commodity task force				x			x	Pathfinder and Abt	MCH commodity task force meeting supported	Done	MCH commodity task force meeting supported		Project team participated at central level and supported the revitalization in Nampula and will take place in January
3.2.5	Establish and support MCH commodity task force at district level								Pathfinder and Abt					Not planned for this quarter

Sub IR 3.3: Strengthened governance and civil society engagement to support increased FP use

3.3.1	Conduct community score card process, including disseminating outcomes and follow-up to ensure implementation of plans					x	x	x	N'weti			6 CSC training package adapted		Planned to be implemented during quarter 3 of FY17 (May to July)
3.3.2	Support communities, local organizations, and advocacy networks to develop and execute advocacy plans to raise issues identified by CSC at district and provincial level								N'weti			Brochures developed disseminated		Not planned for this quarter
3.3.3	Based on advocacy plans, train local community radio journalists and other RH/FP champions for advocacy								N'weti					Not planned for this quarter
3.3.4	Hold provincial FP conferences/workshops								Pathfinder, N'weti, Abt					Not planned for this quarter

Sub IR 3.4: Improved government capacity to increase supply, distribution, and retention of skilled FP workers

3.4.1	Based on MSC assessment, provide TA on areas of weakness in human resource management for FP/RH providers								Abt				Not planned for this quarter
3.4.2	Support SDSMAS and DPS HRH managers to track and report all FP/RH in-service and on-the-job trainings using the MoH's HRIS (SIFo)								Abt				Not planned for this quarter
3.4.3	In partnership with the FP working group, provide technical assistance at national level to revise provider cadre job descriptions to include FP					x	x	x	Pathfinder				Not planned for this quarter
3.4.4	Provide technical support to the pre-service training institutes to incorporate a FP/RH module for new clinical officers (non-MCH nurses)								Pathfinder and Abt				Not planned for this quarter
Sub IR 3.5: Improved generation, dissemination, and use of FP data for more effective decision-making													
3.5.1	Through quality improvement visits to facility, build facility capacity to accurately record and use service data using new HMIS forms (including printing forms and reviewing use in quarterly review meetings)					x	x	x	Pathfinder and Abt			25 facilities who received at least one quality improvement visit (within the quarter)	33 HF's supported
3.5.2	Through training and capacity building, support APes to collect routine data on FP counseling and provision and support data flow to facilities (and up)								Pathfinder and Abt				Not planned for this quarter
3.5.3	Convene quarterly data review meetings at district and provincial level to review FP/RH service delivery data and inform decision-making based on district profiles							x	Pathfinder and Abt			4 districts conduct quarterly data review meetings	Postponed for next quarter
3.5.4	Generate and use district profiles to support effective data-informed decision making								Abt			District Profile template developed	District profile template was developed and will be implemented next quarter
3.5.5	Capacity building for district and province analysis and use of FP/RH service delivery data for provincial and district planning							x	Abt			Capacity developed through participatory data analysis meetings	Postponed for next quarter