IFPP - Integrated Family Planning Program

Agreement No.

FY2016/2017 1st Year of the Project

3rd Quarter Report: April to June 2017

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Acronym list

Acronym	Description
APE	*Agente Polivalente Elementar – Ministry of Health Approved Community Health Worker*
CBOs	Community based organizations
CDCS	Country Development Coordination Strategy
CF	Community Facilitator
CDFMP	Cenário de Despesas Fiscal de Médio Prazo (Midterm Fiscal Review)
CHW	Community Health Worker (including APEs, PTs, other health activists such as IPC Agents, …)
CMAM	Central de Medicamentos e Artigos Médicos (National Drugs, Commodities and Supplies Warehouse)
CR	Community Radio
CL	Community Leader
CYP	Couple Year Protected
DDM	Depósito Distrital de Medicamentos (District Medications Depot)
DEPO/DMPA-IM	Depo-Provera
DMPA-SC	Sayana Press
DP	District profile
DPM	Depósito Provincial de Medicamentos (Provincial Medications Depot)
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
HCW	Health Care Worker
HF	Health Facility
HMIS	Management Information System
HP	Health Provider
HR	Human Resources
HRIS	Human Resources Information System
HSS	Health Systems Strengthening
HTSP	Health Timing Spacing Pregnancy
IEE	Initial Environmental Examination
IFPP	Integrated Family Planning Program
IMASIDA	National Malaria and HIV Indicator Survey
IPC	Interpersonal Communication Agents
IT	Information Technology
IUD	Intrauterine Device
LARC	Long Acting Reversible Contraceptive
LOE	Level of Effort
LOP	Life of Project
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	Oral Contraceptives
OVC	Orphans and Vulnerable Children
PDSA	Plan, Do, Study, Act
PES	Social and Economic Plan
PESOD	District Operational Social and Economic Plan
PSI	Population Services International
PPIUD	Post-Partum IUD
TA	Technical Assistance
TBA / "PT"	Traditional Birth Attendant / "Parteira Tradicional"
QI	Quality Improvement
RDQA	Routine Data Quality Audit
SAAJ	Serviços Amigos dos Adolescentes e Jovens (Youth Friendly Services - YFS)
SBCC	Social and Behavioral Change Communication
SDSMAS	District Health Welfare and Women Directorate
SGBV	Sexual and Gender-Based Violence
SIFo	Training Information System
SISLOG	Sistemas e Tecnologias - Gestão de Clientes (Local Digital Technology Company)
SIS-MA	Sistema de Informação em Saúde – Monitoria e Avaliação (HMIS)
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
TBAs	Traditional Birth Attendants
TEM+	"*TEM mais" – Private clinic network*
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
WRA	Women in Reproductive Age
YFHS	Youth-Friendly Health Services

Project Summary

Project Duration: 5 years

Starting Date: June 2016

Life of project funding: $ 34,560,000

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 United States Government (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 family planning/reproductive health (FP/RH) services, 2) Increased demand for modern contraceptive methods and quality FP/RH services, and 3) Strengthened FP/RH health systems. Under IFPP, the three intermediate results (IRs) 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 a particularly high unmet need for family planning (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 (April - June 2017)

During the reporting period, building on the strong foundation laid during the first two quarters, the IFPP project team sustained geographic coverage of high quality FP services, carrying out 41 additional technical FP trainings, building knowledge and skills for 599 additional eligible health providers from 135 different health facilities (HFs), covering a total of 53% of all HFs in Nampula and Sofala provinces. One hundred and thirty HFs (64% of total HFs with at least one health provider trained) received one or more structured mentorship visit.

The demand generation component 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 Sofala, 14 maternal and child health (MCH) nurses coming from different peripheral HFs were trained as traditional birth attendant (TBA) trainers, in addition to the 17 and 22 MCH nurses trained during the first two reporting quarters. During this reporting period, 279 TBAs were trained through cascade trainings (231 in Nampula and 48 in Sofala) hosted at the peripheral HF level in addition to the 417 previously trained. In addition to the 190 community facilitators (CFs) previously trained, 48 additional CFs were trained and equipped in Sofala to cover 38 rural HF catchment areas. In urban settings, 143 interpersonal communication agents (IPCs) are carrying out small group and one-on-one sensitization activities. In addition to the eight community radio stations from Nampula, four additional community radio stations from Sofala began broadcasting this quarter. A total of 11 community radio stations are hosting structured FP broadcasting sessions.

Health system strengthening (HSS) activities this quarter were focused on ensuring uninterrupted access to FP consumables, ensuring the routine use of data for decision making, and supporting the Ministry of Health (MISAU) to strategically plan and budget for FP interventions in the 2018 social and economic plan (PES).

Commodity stock-outs mainly occurred with pills, intrauterine devices (IUDs) and implants, which led to interruption of the provision of these methods in some supported HFs. A delay in the distribution of commodities between April and August was one of the main implementation challenges faced during this quarter. A special arrangement was made with DKT and PSI to ensure commodity availability.

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

In order to maintain quality activities while HFs covered are increasing rapidly in Nampula, the position of the Provincial Senior Service Delivery Officer was filled in mid-June. The district coordinator for cluster 7 – Nacala Porto and Nacala Velha – was selected for this position. Her replacement initiated his activities on June 1st. Furthermore, the contract for the "cluster-5" district coordinator (Mogovolas, Moma, and Larde) was terminated during the six-month probationary period. The substitute for "cluster-5" started by the end of May. Intensive roll-out of activities continued and reached all 36 districts targeted in the IFPP proposal (23 in Nampula and 13 in Sofala).

Cascade in-service training

Following the eighty-four "eight-day facility-based trainings" in the first two quarters (27 in Nampula Q1, 27 Nampula Q2, 30 Sofala Q2), the project conducted 41 additional trainings (17 in Nampula and 24 in Sofala) including staff from 135 HFs (58 in Nampula and 77 in Sofala), reaching a total of 599 public health providers (252 in Nampula and 347 in Sofala). From past quarters, a total of 1,107 (692 Q1 and 415 Q2) were trained in Nampula and 463 (Q2) in Sofala.

Cumulatively to date, 203 HFs have benefited from having at least one health provider trained; 107 in Nampula and 96 in Sofala, this represents an increase in coverage from 32% (124/382) to 53% (203/382) of total project facilities from Q2 to Q3. Including the providers trained during this quarter a total of 2,169 health providers have been trained to date (692 in Q1, 878 in Q2, and 599 this quarter).

Table 1: Project-supported Health Facilities by District and Cluster, Nampula Province at end of Q3 FY1

Cluster	Districts	HFs hosting a training and HF staff targeted through trainings		
		Q1 FY17	Q2 FY17	Q3 FY17
1	Angoche	Angoche RH Inguri ; Namitoria		Namaponda Gelo; Mepapata
	Mogincual	Namige	Quixaxe; Namige Xa-Momade Xa-Selemane	Namige Xa-Momade Mepeone
	Liupo		Liupo Quinga	Liupo Nacacana
2	Nampula City	Muhala Anchilo 25 Setembro	Marrere GH Marratane 25 Setembro	Namicopo Mutava Rex Anchilo; Marratane
3	Eráti	Namapa RH Alua	Mirrote S. Machel Jacoco	Namapa RH; Alua; Odinepa; Kutua Jacoco Namiroa; 25 Junho S. Machel; Nantoge
	Memba	Memba	Memba Chipene; Mazua	
4	Meconta	Namialo; Meconta Teterrene	Nacavala	Corrane
	Nacaroa	Nacaroa Nahadge	Nachere	Nacaroa; Muchico Saua Saua
	Muecate		Muecate	
5	Mogovolas	Nametil; Iuluti Murrerimue	Nanhupo Rio	
	Moma	Moma DH	Chalaua	
	Larde		Lardes	
6	Monapo	Monapo HC Carapira	Natete; Monapo DH Monapo Rio	Ituculo; Ramiane Murruto; Chihiri Netia; Muatuca Mecuco
	Mossuril		Nacuxa	
	Ilha Moç.	Lumbo		
7	Nacala Porto	Urban HC Nacala DH	Murrupelane	Nacala DH; Akumi Mathapue; Urban HC Murrupulane
	Nacala Velha	Nacal Velha	Mueria Barragem	
8	Murrupula	Murrupula Cazuzu Umuatho	Nihessiue	Murrupula; Cazuzu; Tiponha; Chinga; Umuatho; Nihessiue
	Rapale	Rapale Namaita	Namucaua Muleheia	Caramaja; Namaita; Muleheia; Mutholo; Namucaua
	Mecuburi		Namina; Nahipa Mecuburi; Popue Momane	
9	Ribáue	Ribaue RH Namiconha	Iapala Monapo Iapala Sede Mecuasse; EBA	Riane Iapala Sede
	Malema	Malema	Mutuali	Nioce; Malema; Mutuali
	Lalaua		Lalaua	

Prior to training health providers, 52 HF assessments were conducted during the reporting period, (30 in Nampula and 22 in Sofala); surpassing the 33 and 47 HF assessments carried out in quarters one and two, respectively. These baseline HF assessments focused on commodity management, infection prevention, client flow, and adolescent and youth friendliness.

To meet the demands of the accelerated training program, IFPP trainers were assigned to a cluster, covering up to three districts in Nampula and up to four districts in Sofala. Table 1, above, and Table 2, at right, show the number of health facilities per province and district by quarter.

Whenever possible, all clinical and technical staff in each HF were trained in order to more fully integrate FP activities into the work of other wards, and to promote active FP integration as a key objective for each HF. Support staff (including cleaners) from each HF also participated in certain theoretical sessions of the training (for non-clinical providers) to sensitize them regarding their role in removing possible barriers to access of quality FP services (for example, ensuring proper sterilization and storage of IUD insertion kits) as well as helping to create an enabling environment.

Since January 2017, APEs (Agente Polivalente Elementar – MISAU approved Community Health Worker) from the HF catchment area, participated during the first two days of the provider trainings to refresh their knowledge and to boost HF-APE coordination mechanisms, including FP commodities supply, referrals, and supportive supervision schedules.

Table 2: Project-supported Health Facilities by District and Cluster, Sofala Province – Q3 FY1

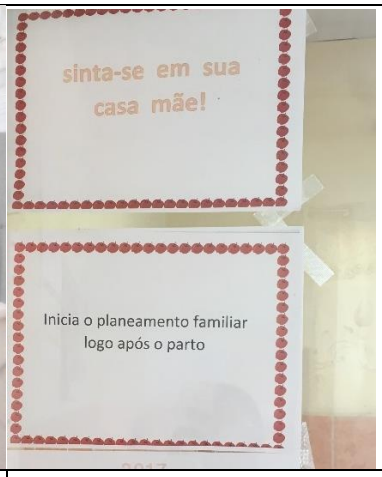
Cluster	Districts	HFs hosting trainings and HF staff targeted through trainings	
		Q2 FY17	Q3 FY17
1	Gorongosa	Canda; Jutchenge; Casa Banana; Vunduzi Gorongosa; Tsiquir Nhamissongora Nhambondo; Mucodza; Pungue;	Gorongosa; Canda; Cudzo; Mucodza; Muera; Nhamissongora; Nhambondo; Tsiquir; Pungue; Vunduzi;
	Marringue	Maringue; Nhamacala; Subue Senga-Senga Phango; Chionde Gumbalansai	Canxixe; Maringue Nhamacala; Subue Senga-Senga Phango; Chionde Gumbalansai
	Cheringoma	Inhaminga	Inhaminga; Pungue; Chite; Maciamboza; Mazamba; Inhamitanga; Nhataca
	Muanza	Muanza; Galinha; Sanguze-Muana	Muanza; Galinha; Sanguze-Muana
2	Cidade de Beira	Ceramica; Chamba Chingussura Munhava; Ponta Gea	Nhaconjo; Chingussura Ponta Gea HC Beira
	Dondo	Chinamacondo; Savane; Dondo; Canhandula Samora Machel	Mafambisse; Savane Chibuabuabua
3	Nhamatanda	Nhamatanda RH Tica; Lamego; Chiadeia; Muda Nhampoca	Nhamatanda RH Metuchira Lamego; Vinho; Mutondo; Mbimbir Nharuchonga
	Buzi	Buzi RH Chissinguana Estaquinha Marombe	Buzi RH; Bura; Rio Buzi; Guara-Guara Bandua; Barada Inhavininga; Danga
4	Caia Marromeu	Caia RH Marromeu RH	Sena; Chatala; Licoma; Murrema; Kapassene; Deve; Marromeu RH; Chupanga; Nensa
	Chemba	Mulima	Chemba; 3 de fevereiro; Goe; Senhabuzua; Cado; Catulene; Chiramba; Mulima
5	Chibabava	Chibabava Muxungue RH Mangunde Mucheve Mutindire Nhango	Muxungue RH; Revue; Massaquessa; Panja; Muligue; Mucheve Mangunde; Chinhica Chibabava
	Machanga	Machanga	Machanga

Based on experiences during the first quarter, the IFPP team opted to limit training sessions to HFs with an average of 80 institutional deliveries per month or more. The goal was to provide sufficient opportunities for hands-on practicum experience in counseling and clinical skills (such as implant or IUD insertion) to all trainees. This approach continues to be applied in Nampula where population density is high but was only possible in 18 of the 24 trainings carried out in Sofala province due to long distances between facilities and low population density. Class sizes during the clinical trainings continue to be limited to 15 to offer more personalized attention to trainees. IFPP involved 84 HFs as training centers (Tables 1 and 2), maximizing the number of HFs hosting clinical trainings, as this experience has been shown to strengthen institutional buy-in and thus more rapid and sustained integration of FP services. Whenever a participating HF is located near enough to the HF hosting the training, IFPP trainers organize the morning practicum sessions to be carried out at the nearby HFs. In this way, the participating health providers learned how to integrate the new services and tasks in the context of their daily work environment and consultation rooms while performing their usual daily tasks. This approach helped the trainers and trainees to overcome site-level barriers during the training, and prepared the participants to more easily continue with integrated service provision post-training. In general, participating trainees demonstrated a high degree of commitment.

Training practicum sessions and Mentoring visit at Chingussura HF - Sofala

Factors contributing to the successful roll-out of the clinical trainings include:

- Dissemination of the Monitoring and Evaluation (M&E) FP integration tool and the approved FP integration guidelines by MISAU which strengthened buy-in and strong implementation of FP integration by Sofala province. Nampula province was already intensively supporting the implementation since the first quarter. This was reinforced by guidance sent by the National Public Health Directorate in May 2017.
- Clarification of roles, responsibilities, and reporting between the Mother and Child Survival Program (MCSP) and IFPP at different layers of implementation (training, supervision, mentorship, and technical assistance) for the FP area boosted collaboration at all levels.
- The IFPP technical and management team carried out technical support visits in nine of 36 districts, namely at Ilha de Moçambique, Nacala Porto (2), Nacala Velha, Rapale, Meconta, Nampula city, Chibabava, Buzi, and Beira city.
- Strong commitment of each District Health Welfare and Women Directorate (SDSMAS) and Provincial Health Directorate (DPS) to improve FP coverage.

		
Fig 1: FP chat before consultations during training in Corrane HF – Meconta	*Fig 2: Facilitator demonstrating IUD insertion to trainees - Nacala Porto*	*Fig 3: IEC materials posted at clinics "Feel at home (here) mom!" and "start family planning right after birth"*

Some of the challenges encountered and relevant solutions applied include:

Challenges at HF level	**Solutions**
Stock-out of FP registration logbooks	1,000 FP consultation logbooks and 1,000 FP integration logbooks were printed and distributed
Glove shortage (surgical and observation)	46,000 Surgical gloves and 110,000 observation gloves were supplied (20,000 surgical gloves and 50,000 observation gloves to Nampula and 26,000 surgical gloves and 60,000 observation gloves to Sofala)
Shortage of syringes for implant insertion and removal (to administer anesthetic)	10,000 supplied to Nampula
Autoclaves needing repair or replacement	Coordination with DPS and purchase of equipment/spare-parts when suitable
Contraceptives shortage (implants and IUDs)	8,100 IUDs from Zambezia were redirected to Sofala; 3,000 Implants were redirected from Manica and Maputo to Sofala, and 1,000 were redirected from Maputo to Nampula
DMPA-SC shortage (APEs) & lack of information about APEs authorized per MISAU to use DMPA-SC as alternative	Information disseminated and use of DMPA-IM as alternative per September 2016 DNSP guidance.
Absence of providers at their work place during the mentorship days impedes on the provision of necessary follow-up	Mentorship days were extended to two consecutive days per HF when possible and suitable. As the number of supported HFs is increasing, it is becoming key to involve the champions at each HF to ensure coordinated scheduling.

Quality Improvement and Mentoring

Quality improvement (QI) is key to project 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. Mentorship drives the QI cycle through regular visits by project MCH nurses and district coordinators.

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. Once all HF providers have been trained, IFPP teams will dedicate their time more fully to mentoring visits.

Typical Mentoring Visit Content

A typical mentoring visit will begin at the HF 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 laboring mothers for FP counselling and post-partum FP. MCH providers (FPC, PPC, ANC, and Immunization) as well as outpatient providers already trained to provide FP services are also provided with constructive feedback and coaching during the visits. Where necessary, remedial action plans are developed to address critical skill gaps. At the end of each mentoring visit, a short debrief meeting is carried out with the HF's management team to share results and to jointly explore solutions to overcome identified challenges.

Table 3, at right, categorizes the HFs in Nampula Province per the number of mentoring visits received since October 2016. The number of total visits received to date is related to the date of original training, thus far the number of visits received corresponds with the cascade training schedule.

Table 3: HFs categorized according to the # of mentoring visits already received at end June 2017 in Nampula province

Cluster	10 visits	9 visits	8 visits	7 visits	6 visits	5 visits	4 visits	3 visits	2 visits	1 visit
1			HR Angoche		Namitória		Liupo Quixaxe	Namige Quinga	Mogincual Xa - Momade Xa - Selemane	
2					Muhala Expansão	25 Setembro	Anchilo	HG Marrere	Marratane Mutava Rex	Namicopo
3		HD Namapa	Alua			Memba Mirrote	Namahaca Mazua Chipene	S. Machel Jacoco		Odinepa
4	Namialo	Nacaroa	Meconta	Nacavala		Teterrene Muecate Nachere			Corrane	Nahadge
5			Nametil		HD Moma	Nanhupo Rio Murrerimue Iuluti Larde	Chalaua			
6				Monapo HC Carapira		Monapo Rio Natete	Nacuxa Lumbo	HD Monapo	Mecuco	Netia Muatuca
7			Urbano HC	HD Nac.Porto Nacala Velha		Barragem Murrupelane			Akumi	Mathapue
8			Umuatho Rapale	Murrupula Namaíta	Mecubúri	Nihessiue Namina	Cazuzu Namucaua Muleheia	Nahipa Momane Popue	Tiponha	Caramaja
9			Ribáue	Namiconha Malema Mutuáli		Lalaua		Mecuasse EBA HP	Iapala Monapo Iapala Sede	Riane
# HF	1	2	8	10	4	17	12	11	11	8

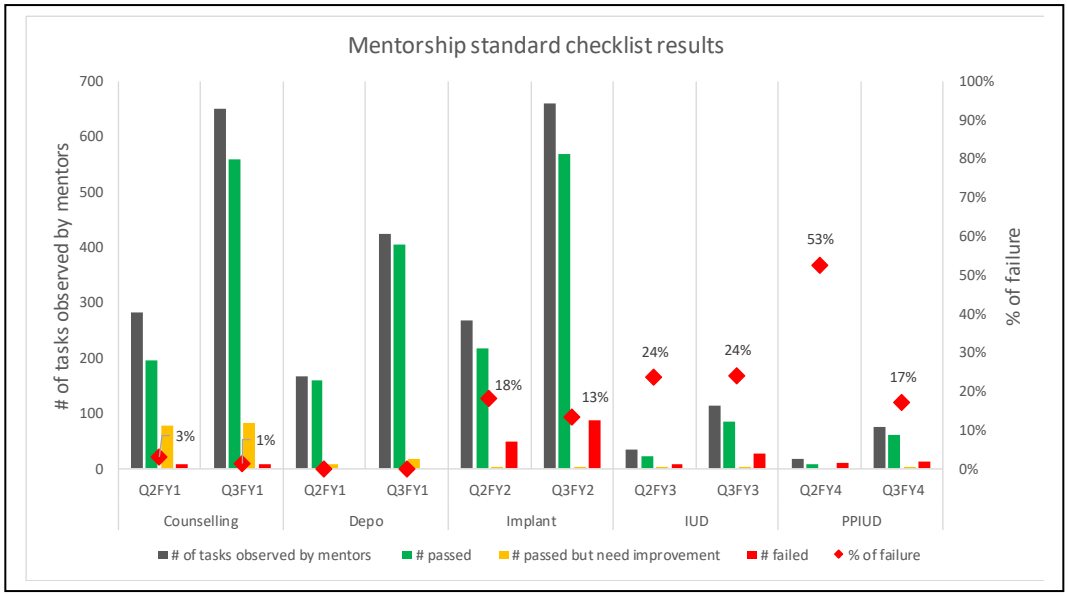
To date, 78% (84/107) of the HFs that received training also received at least one mentorship visit, and all are scheduled to continue receiving visits.

Table 4: HFs categorized per the # of mentoring visits already received at end June 2017 in Sofala province									
Cluster	9 visits	8 visits	7 visits	6 visits	5 visits	4 visits	3 visits	2 visits	1 visit
1			Dondo	Ponta Gea Chingussura	Munhava			S.Machel Canhadula Savane Nhaconjo	Chinamacondo Mafambisse HCB
2	Buzi	Nhamatanda				Tica	Chiadeia Muda Estaquinha	Lamego	Guara-Guara Rio Buzi Metuchira Mutondo Nharuchonga
3		Muxungue					Chibabava Mutindire	Nhango Machanga	
4		Marringue	Gorongosa	Inhaminga			Tsiquir	Nhamissongora Pungue	Canda, Jutchenge, Nhambondo Galinha Nsituculo Muanza Sede Phango
5	Caia				Mulima	Marromeu		Sena Chemba	
# of HFs	2	3	2	3	2	2	6	11	15

Table 4, at left, shows the HFs benefiting from one or more mentorship visits in Sofala province: 48% of the HFs with at least one provider trained (46/96) received mentorship visits. As Sofala province is not heavily populated and HFs are heavily dispersed, trainings have gathered providers from many HFs during the last two trainings. This explains the low ratio of HFs which benefitted from a mentorship visit at the end of this quarter. Mentorship visits will be a focus of attention during the next quarter.

Mentorship App

To ensure consistency of mentorship and facilitate follow-up on action plans developed during mentoring visits from one visit to the next visit, IFPP has developed and trained all project staff to use a mobile app. This allows trainers to create health provider-specific electronic note-taking and follow-up action plans, which are shared with the mentored providers at each visit. The app provides prompts for mentors to guide them through each step of the mentorship process and sends reminders to mentors of the next mentoring visit to ensure providers requiring additional support are reached at appropriate intervals. Through the end of the reporting period, IFPP staff have cumulatively mentored 984 unique health providers compared to 502 through the end of the second quarter. Of the 984 health providers,



598 were mentored for counselling, 564 for implants, 415 for injectable contraceptives, 116 for IUDs, and 72 for PPIUD insertion. To ensure quality service provision and informed choice, the observation portion of the app consists of two components; the first counseling stage where all methods are introduced and the second after the client has made their selection to observe the provision of her selected method. (Note: observation of anticipatory guidance and provision commodities for pill users are included in the counseling checklist/totals as no separate procedure is performed).
The total of the tasks observed by mentors increased from 771 during Q1&2FY1 to 1,926 in Q3FY1 distributed between counselling (651), depo (425), implant (661), IUD (113), PPIUD (76); overall "not meeting competency standards" rates diminished from the Q2FY1 to the Q3FY1 (Counselling 2%, Implant 5%) and more specifically for PPIUD, from 53% to 17%. A total of 2,169 health providers were trained by the project, of whom 1,873 were trained by the end of May 2017 and should have received a mentorship visit at end of the reporting period, 984 of them received at least one mentorship visit (53%). The remaining providers (889) will be mentored next quarter as more mentors become available following completion of the intensive training phase.

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

APE trainings

During the reporting period, by request of the different SDSMAS, IFPP trained 50 APEs in family planning counselling and provision of DMPA-SC and DMPA-IM injectable in Malema (24) and Murrupula (26), to strengthen their skills and knowledge specifically for DMPA-IM injectable application as DMPA-SC isn't available in the requested quantities. Furthermore, 67 APEs, from Namaponda, Namirrôa, Nantoge, Namapa, Corrane, Mecuco, Netia, Riane, Iapala-Sede, Muchico, Saua-Saua, Caramaja, Chipene and 62 from Dondo, Nhamatanda, Buzi, Chibabava, Machanga, Caia, Chemba, Gorongosa, Cheringoma, Maringue health facility catchment areas in Sofala were integrated during the two first days of the "eight days" training sessions targeting health providers. IFPP supported Sofala DPS to produce 240 registration logbooks and 240 referral logbooks.
IFPP engaged the APE Nampula provincial manager to conduct joint-supervision visits to seventeen HFs (Namaita and Namucaua, Momane and Namina, Chica and Iapala Monapo, Naguema and Matibane, Nacala Velha, Iulute and Muatua, Micane and Moma DH, Namitoria and Namaponda, Imala and Gracio) to further support FP integration within the APE's daily tasks, the resupply of FP commodities (pills and injectables) through the HF warehouse, and further assess the main barriers to a smooth roll-out of the APE's FP program. Some of the barriers in FP counselling and method provision by APEs are: 1) weak interaction between APEs and the HF team (MCH nurse/HF responsible), as their management is more centralized at the district level (the district APE focal point meets on a monthly basis with APEs to discuss statistics and reports and resupply APE-KIT; thus in the case of shortages or if an APEs misses the district's monthly meeting, as their linkages with their own HF catchment area are not strong, they stop providing services); 2) monthly APE data form was distributed without the back-page printed, therefore data collected and reported during the period

Meeting with APEs - Muecate district

were incomplete; 3) SDSMAS are not always aware of the MISAU recommendation specifying that in case of shortage of DMPA-SC, DMPA-IM injection can be delivered to APEs as a substitution. IFPP disseminated the MISAU recommendation and will support the implementation of DPS recommendations during next quarter (per September 2016 DNSP guidance). Meanwhile, FP APE data collected increased considerably during the reporting period, still the APE FP Program has room to grow as additional APE's will be strongly engaged.

Traditional Birth Attendant (TBA) Trainings

IFPP's rural supply-side strategy involves identifying, training, and supporting traditional birth attendants (TBAs) to conduct home visits and community-based FP counseling with women in rural districts and in rural areas of the districts receiving the combined urban/rural package. TBAs are selected according to pre-determined criteria and are trained and supervised by the HF's own trainers in partnership with the IFPP district coordinators. It is expected that TBAs will generate demand by improving knowledge of FP, countering prevailing misconceptions and biases, conveying the importance of health timing spacing pregnancy (HTSP), increasing self-efficacy, and promoting linkages with contraceptive service delivery points (IR1). TBAs are expected to reach all women and adolescents of reproductive age, and to target first time parents (FTPs) who are pregnant and postpartum, as well as medium- and high-parity women (defined by IFPP as women with 3 or more children). TBAs also engage household influencers and gatekeepers (for example, male partners and mothers-in-law).

Table 5 – Summary of TBA's trainings

	Q1FY1	Q2FY1	Q3FY1
MCH nurses trained as TBA's trainers - Nampula	17	22	
MCH nurses trained as TBA's trainers - Sofala	NA	NA	14 (6 NHS + 8 IFPP)
TBAs trained in FP methods and community sensitization - Nampula	48	369	231
TBAs trained in FP methods and community sensitization - Sofala	NA	NA	48
TOTAL TBAs' Trainers	**50**		
TOTAL TBAs trained	**696**		

During the reporting period, a training of trainers (TOT) led by a trainer from Nampula province from 19 to 23 of June was conducted in Chibabava district. Fourteen MCH nurses (future TBA trainers) participated from Chemba (1 IFPP), Marromeu (1 IFPP), Gorongosa (1 NHS), Cheringoma (1 IFPP), Maringue (1 IFPP), Nhamatanda (1 IFPP and 1 NHS), Buzi (1 IFPP and 1 NHS), Dondo (1 IFPP), Chibabava (1 IFPP and 1 NHS), Machanga (1 NHS), and DPS (1). Two subsequent TBA trainings in FP were carried out, one in Chibabava (with 24 participants) and one in Nhamatanda (with 24 participants). Trainings included: TBA role in FP promotion, effective community-level promotion and referrals, sexual and reproductive rights, female and male reproductive system, adolescent pregnancy, sexually transmitted infections (STIs), HIV and AIDS, impact of gender inequities on health issues, contraceptive methods, and the importance of male involvement in FP activities.

IPC Agent Training

The project's urban demand creation strategy builds on the successful "TEM mais" or private clinic network (TEM+) model already used by PSI, which seeks to create informed demand for family planning directly at the household and community level through (home visits and community meetings). During the previous quarters, 84 IPC agents were trained: Nampula city (25), Nacala (10), Ilha de Moçambique (4), Beira (25), and Dondo (20). No additional trainings were conducted during this reporting period. However, 30 IPC agents will be trained next quarter in Nacala Porto, Nampula.

Community Facilitators (CF) training

During the reporting period, 48 additional CFs at the community level in Sofala province were selected, trained, and equipped with bicycles and other commodities to complement the existing 46 in Sofala and 144 in Nampula. After selection, CFs were trained in FP methods, gender and social norms, harmful social norms around FP, and conducting Community Dialogues (CD). The training they received provided them with correct information about FP methods, gender roles, and power relations in society. This information will support them while they facilitate CD group discussions and gradually deconstruct harmful social norms. The CFs are residents within the HF catchment areas and they will be responsible for conducting CDs. In Sofala province, IFPP will cover 38 HF catchment areas in addition to the 28 catchment areas already reached through the training of 46 CFs in the second quarter, with the aim of generating FP demand at the community level. In Nampula, 94 HF catchment areas are already being covered since the second quarter. Therefore, 52% (160/307) of HF catchment areas located in a rural area have CFs. For the time being, no additional CFs will be trained as the focus will be on supporting this initial cadre of trained CFs.

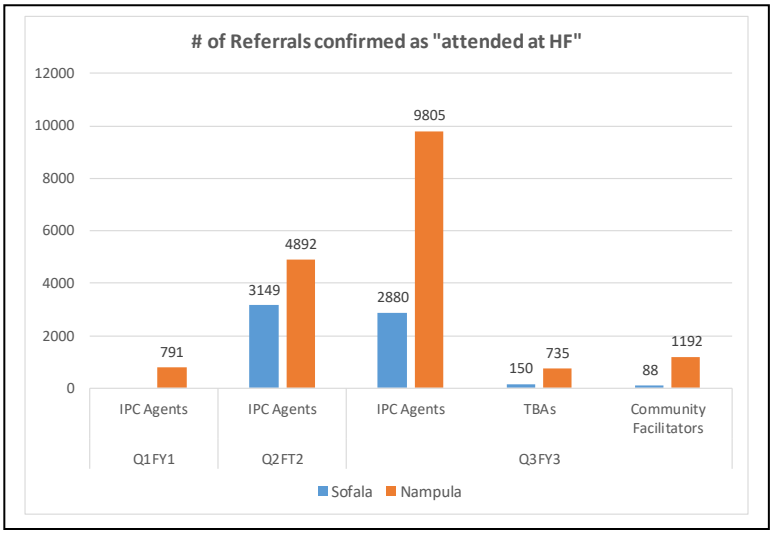
Targeted Mobile Brigades (MBs) for priority populations

Four hundred fourteen MBs in Nampula and 219 in Sofala were carried out during the reporting period. In May 2017, the "Conselho Provincial Coordenador de Saúde – Annual Provincial Review Meeting for Health Sector" was held in Nampula, convening the 21 SDSMAS, DPS, and partners. SDSMAS encouraged IFPP to support this activity as an essential one to reach last mile population. For monitoring purposes, each HF writes a monthly report to SDSMAS about the MBs carried out. The report is approved by the district medical chief officer and sent to IFPP to pay the provider's MB subsidy. The reports for MBs include data related to FP and Expanded Program on Immunization (EPI). FP methods offered include implants, pills, injectables, and condoms.

Through leveraged efforts from a different donor, PSI has been organizing MBs to offer contraception to women in hard to reach locations to ensure access. The MBs are set up with a tent, full medical equipment and consumables, and a vehicle for transportation. During this reporting period, PSI held 22 MBs including 3 in Matacuane – Beira City in Sofala. In Nampula it 9 MBs were implemented in Murrupula, 5 in Anchilo, and 5 in Mathapue (Nacala Porto).

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 HFs, the 238 community facilitators are using the triplicate paper-based MISAU referral forms. The urban IPC agents and TBAs are using Movercado mobile platform (e-vouchers). Both systems have some limitations or constraints. The paper-based MISAU referral form required relatively heavy logistic and field supervisors collecting data at each health facility level. The Movercado platform uses electronic vouchers when a client authorizes enrollment in the Movercado platform utilizing their personal phone number. However,



many beneficiaries do not own phones or are unwilling to share their numbers for fear of losing their privacy about their contraceptive use. During this reporting period, 20.8 % of the referrals were electronic vouchers (304 e-vouchers versus 2,848 paper-vouchers in Sofala and 2,861 versus 9,228 in Nampula). When clients do not own a phone, or do not authorize enrollment with a phone number, community health workers (CHWs – IPC and TBA) are still able to utilize a Movercado paper-voucher. Each paper-voucher is coded and related to a unique CHW, the system still tracks and counts the number of referrals confirmed at health facility per CHW, but not the number of paper-vouchers that have been delivered to clients by each CHW. *Therefore, to report the "% of confirmed referrals", IFPP will only use the MISAU paper referrals delivered by the CFs and the Movercado electronic vouchers either delivered by the IPC agents or the TBAs but will not be able to include the Movercado paper-vouchers.*

The graph above shows a trend in the number of confirmed referrals by CHW type and by province. This quarter, the total number of confirmed referrals through health providers is 14,850 compared to 8,021 in quarter two, and 791 in quarter one. During the reporting period, all three CHW cadre have confirmed referrals reported.

If the clients have authorized enrollment with their personal phone numbers, Movercado can send clients personalized follow-up messages about visits from IPC agents as well as vouchers for oral contraceptives (OCs) and condoms to enable free or discounted distribution. Through the number of confirmed referrals, Movercado can monitor community-based agents' activities and efficiency. Movercado also generate incentive schemes to health providers and community-based agents.
IFPP distributed 3,050 paper vouchers for IPC agents and 600 paper vouchers for TBAs in Sofala, 13,450 paper vouchers for IPC agents and 7,875 paper vouchers for TBAs in Nampula.

Additionally, the IFPP rural demand component, through the efforts of the 190 CFs already trained during past quarters, referred 2,291 WRA of which 55% (1,280) were confirmed as completing a visit at the HF.

Strengthening the coordination at the HF catchment area between HF and community teams

To maximize IFPP demand generation efforts, IFPP is proactively coordinating activities between HFs and community teams with the goal of increasing access to FP methods in rural settings. With the support of the IFPP field supervisors and district coordinators, the CF's activities (community dialogues and community referrals) are progressively being discussed at the HF level, taking advantage of the planned mentorship visits. CFs are being invited to participate in a half day of TBA training held at health facility level. TBAs and the APE are participating in the community dialogue sessions. Maps of the HF catchment areas are being drafted together with HF manager to more effectively operationalize the interactions between the HF and the communities with a goal of strengthening the mobile brigades and take advantage of the existing CHWs (APEs, TBAs, and community dialogue facilitators).

Coordination meeting - Nacavala HF gathering HF team, APEs, TBAs, CFs and IFPP technical team.

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, at end of the reporting period, 696 TBAs were trained and have progressively started their sensitization activities at the community level. More intensive follow up was carried out this quarter with a small group of TBAs to increase the use of the Movercado platform and 885 referrals were confirmed at HF level, illustrating an improvement. IFPP will continue efforts next quarter and will design an alternative tool to register and support TBA activities.

Additionally, as in Sub IR1.2, by the end of the reporting period, IFPP leveraged at "*TEM+" and public health facilities FP* intervention in urban settings with the support of 87 IPC agents (compared to the 143 from last period). The IPC agents were distributed in following districts: Nampula City (12), Nacala Porto (5), Ilha do Moçambique (2), Anchilo (11), Murrupula (15), Beira (22), and Dondo (20). During the last period, there was a relatively high dropout rate (40%) which can be only partly explained with just normal IPC agents' turnover. Greater efforts must be carried out to understand and improve CHW motivation through IFPP teams. During the reporting period, 12,685 IPC agents' referrals were confirmed by health providers compared to 8,041 reached in the last quarter.

Private sector involvement in family planning

During this reporting period, PSI did not train pharmacy staff in delivery of youth friendly services either in Nampula or in Sofala. While private pharmacies offer anonymity and discretion, most people in Mozambique still favor going to public sector facilities to receive free contraception services. During the reporting period, Movercado registered that 21 vouchers were redeemed at private pharmacies in Nampula. No vouchers were redeemed at private pharmacies in Sofala. Despite the different geographies, PSI noted a low uptake of contraceptives at private pharmacies and conducted a small qualitative survey with 30 young girls aged 14-22 in Maputo, where a similar model of service delivery is implemented. Although there are cultural disparities between provinces, girls preferred to go to schools, SAAJ, or health facilities. Some girls also revealed that they bought contraception without asking for additional information due to fear of being judged or because they had never bought it themselves. Results from the survey show that over 60% of women surveyed do not seek FP advice from pharmacies, their mains source is either a health facility or school. PSI is exploring more efficient ways to reach women with respect to contraception.

Rural community facilitators of the Community Dialogues (CD)

During the reporting period, the IFPP rural community component mobilized through community dialogues. Participants include 12,990 women against 1,576 in previous quarter and 9,341 men against 1,115. While the CDs are aim to achieve gender balance, 42% of the community dialogue participants were

Findings collected through Community Dialogues:

Attendance of men in general in CD sessions is challenging. "Men's attitude is of very busy and no time to talk about FP or to sit in CD meetings held at their communities. Daily activities such as fishing or commerce are some justification used to not be in the meeting". Knowing that men tends to decide about family matters and they are the ones who dictate and perpetuate social norms, their attendance and involvement are key in IFPP strategy, therefore CDs usually are happening after 3 PM to accommodate their schedule. On the other hand, some men argue that women themselves want more children to secure the marriage and see FP as a threat to their plans. Joint meeting including both women and men creates space for dialogue and an opportunity for women to express their feelings whereas inside the house is difficult and risky.

men. During the reporting period, 950 groups have successfully completed the three first sessions compared to 108 groups last quarter.

mCenas!

mCenas is an SMS-based platform 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 was initially planned to be linked to the Movercado platform so that adolescents could 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. However, the costs that would be incurred to operationalize the platform through Movercado are not worthwhile, therefore IFPP decided to negotiate with other companies offering these services. A short code for the intervention was purchased during the reporting period from the National Institute of Communications, allowing IFPP to use reverse billing services and easily integrate the number with all existing in-country phone operators. The short code will allow beneficiaries to interact with the system without being charged for any SMS sent to the system. An account was created at the system level to perform the management of the mCenas messages (Textit is the company and platform for message management) and this account was also integrated with the Mozambican SMS aggregator used by the local operators for SMS exchange (SISLOG). The systems are interacting as needed and allow the sending and receiving of SMS. Currently, SISLOG is finalizing the negotiation with the different existing in-country phone operators to activate reverse billing services. IFPP has already tested the configuration at the system level as well as the drop-down question menu. The messages which will be sent out weekly to the beneficiaries are being configurated. Additional stories which will be directed to adolescents with and without children are being produced with the support of a local consultant. mCenas is expected to launch the first week of September and the assigned *shortcode* from Mozambique National Institute of Communications (INCM) is **1442**.

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

To contribute to the IR2, IFPP/N'weti is implementing a systematic community dialogue process which involves groups of adolescent girls, young couples, and 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 reporting period, the IFPP project recruited one Provincial Senior Officer for Sofala province and ended contract with two field supervisors in Nampula.

Leveraging community partnerships and mapping local CBOs

During Q3FY1, IFPP build partnership with 9 additional CBOs to the 79 of past quarter already existing, as the additional 48 community facilitators trained this quarter are rooted within these CBOs.

To conduct the community dialogues, on average, one pair of facilitators, operate in each health facility catchment area. They conduct one community dialogue per day for three weeks in a specific community area, and then move to a new community area until the whole health facility catchment area has been covered. In the reporting period, 1,830 community dialogues sessions in Nampula and 1,020 in Sofala were conducted compared to 324 in the previous quarter. Community referrals are being carried out with a high percentage of confirmation at the HF level. Rural demand generation components have been

set up, but did not reach its full potential as most of the team is new to carrying out the demand generation activities. Community dialogue sessions should reach one community leader group per every 1,000 inhabitants on average, but some community facilitators are carrying the community dialogues for fewer inhabitants. In order to provide the necessary support, monthly review meetings are held with field supervisors, technical support officers, and the provincial senior officer. Each cluster has considerably aligned their activities and planning resulting in more operational consistency between the demand generation and the technical support at the HF level. Leveraging efforts between the different components (demand generation, technical, and HSS) is key and IFPP will continue its efforts to strengthen integration between all three components.

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

IFPP is building on the community dialogues and working with eight community radios (CRs) in Nampula and four in Sofala to broadcast (including dramas, interviews, radio programs, and other content) and to help to demystify and minimize barriers linked to FP at the community level.

Community Radios' Training - Sofala

During the reporting period, 12 people (reporters, coordinators, and producers), coming from four additional radios based in Sofala province, attended a seven-day training and were trained in designing and disseminating informative content that promote Sexual and Reproductive Health and Rights (SRHR) and FP. The selected CRs have a minimum 50km coverage radius and could potentially reach 456,000 people. Therefore, at the end of the reporting period, IFPP could reach about 850,000 people through the FP broadcast program.

Radio Name	Location	Coverage radius	Estimate of # inh. covered
RC Acordos de Paz de Nhamatanda	Nhamatanda	75km	100,000
RC Gorongosa	Gorongosa	100km	116,000
RTVC Marromeu	Marromeu	75km	140,000
RC Caia	Caia	50km	100,000
Radio Gemeas	Nampula City		74,000
RTVC Ribaue	Ribaue	70km	29,000
RTVC Erati	Erati	70km	72,000
RTVC Namialo	Namialo	70km	35,000
Mossuril	Mossuril	70km	26,000
Memba	Memba	70km	29,000
Nacala	Nacala	70km	71,000
Parapato	Angoche	50km	54,000

Eleven out of the 12 trained radios have already started broadcasting the 16 FP themed programs. The number of topics broadcasted by each radio differed due to various barriers. For example, Nhamatanda radio has still not started broadcasting due to equipment damage, while Monapo and Ribaue radios are on schedule and 11 topics have already been broadcasted.

Sub-IR 2.3: Improved systems to implement and evaluate (Social and Behavior Change Communication) (SBCC) interventions

This activity is planned to be started next quarter as the USAID SBCC partner was awarded recently.

IR 3: Strengthened FP/RH health systems

HSS activities in the April to June 2017 quarter were focused on ensuring uninterrupted access to FP consumables, ensuring the routine use of data for decision making, and supporting the MISAU to strategically plan and budget for FP interventions in the 2018 PES plan.

The main priority in this reporting period was to minimize contraceptive stock outs at supported HFs through proactive communication between the key actors involved in the FP consumables supply chain network (IFPP HQ and provincial offices, CMAM, DPM, DDM, IFPP District Coordinators, and HF staff). Since most of the stock outs are a result of demand being higher than available supply (due to delays in the arrival of commodity shipments), IFPP supported the MISAU to shift surplus stock at sites with lower demand to meet increased demand at higher volume sites with an imminent risk of stock out.

Together with MISAU counterparts, IFPP ensured the routine use of data for decision making by preparing District Profile (DP) dashboards and analyzing the performance of key FP service delivery and program management indicators. These data analysis discussions resulted in quality improvement (QI) action plans. Considerable time and effort was invested to support FP district supervisors and HF staff to successfully implement these QI activities to improve compliance with systems and services SOPs directly related to performance.

In addition, the HSS team worked with DPS, SDSMAS, and central and district hospitals in Nampula and Sofala provinces to prepare the 2018 MISAU PES. This involved providing technical assistance to strategic planning SOPs and ensuring the inclusion of FP activities in the 2018 PES/PESOD. FP activities and budgets were then aligned with the central, provincial, and district government health sector plans (Guidelines in PESS 2014-2019), as well as cross-sectoral priorities from the GRM's five-year strategic plan (Plano Quinquenal do Governo: 2015-2019), and Nampula and Sofala MCH/FP program priorities.

Lastly, the project provided technical and financial support to the DPS HR Department in Sofala and Nampula provinces to revitalize district in-service training centers to ensure each district meets the minimum quality standards for building capacity of FP staff. Thus, each district nominated in-service training focal points, who were then key in improving the completeness and accuracy of data reported (on in-service trainings for integrated family planning) in the MISAU in-service training information system (SIFO).

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

Activities included capacity building, technical assistance (TA), financial support to the DPS Department of Provincial Planning and Cooperation (DPPC) to prepare and conduct provincial and district 2018 MISAU PES and PESOD, and meetings with the involvement of key MISAU stakeholders (such as DPS and SDSMAS planners, including directors, medical chief officers, chief financial officers, statistics officers) and provincial level partners. This resulted in a PES/PESOD draft aligned with the priorities of the central, provincial, and district governments for the health sector, cross-sectoral priorities of the PQG (2015-2019), and priorities of Nampula and Sofala provinces in MCH and FP.

Several aspects contributed the positive performance of this indicator, including:

•Health technicians were trained in the areas of strategic planning, MCH and FP, HR and pharmacy (DDM) in planning methodologies, alignment of the activity plans with the PES/PESODs during TA visits, and monitoring the implementation of the QI action plans prepared during evaluation of the program management standards compliance (MSC);

•Clarity in the priorities defined by the MISAU in the guidance documents (PQG, PES and CFMP) and methodologies for the preparation of PES/PESOD 2018.

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

As commodity shipments at national level were delayed from April to August, contraceptives stock was below the minimum required at the central, provincial, and district warehouses, specifically for implants and pills. Subsequently, stock-outs at Service Delivery Points occurred. To avoid and mitigate the length of the SDPs stock-out, IFPP teams supported more efficient communication between stakeholders at all levels (DPS, DDM, IFPP District Coordinators, and HFs) and between provinces (1,000 implants transferred from Manica to Sofala), to track FP commodity stocks, and prevent and minimize existing stock-outs through the redistribution of commodities from low demand sites to high demand sites with an imminent risk of stock-outs or who were already experiencing stock-outs. Using IFPP vehicles and other local partners, the project supported a timely response to HFs' emergency restock requests for FP commodities available at district and provincial depots in these provinces. During this reporting period, the increase of FP demand combined with the dynamic at SDP levels with the offer of contraceptives at multiple consultation rooms, the Couple Year Protected (CYP) delivered to beneficiaries has increased considerably despite the nationally low stocks of pills and implants. This has been possible due to the strengthening of the relationship with DKT, which loaned implants (2,000 for Nampula and 1,000 for Sofala out of 40,000 nationally) to the national health system. Out of the 51 HF registering at least one commodity stock out, 32 were related to POP and/or COC stock out, 18 to implant, 14 to IUD and 12 to Depo Provera. Depo Provera stock-out cases are not related to the delay of shipments but reflect the weak stock management at some health facilities. IFPP will continue focusing efforts during next quarter on FP commodity management.

# of contraceptives stock out	# of mentored HF			Stock out per provinces (%)		Stock out at project level (%)	
	Nampula	Sofala	Total	Nampula	Sofala	No	Yes
	71	40	111				
0	32	28	60			54%	
> ou = 1	39	12	51	55%	30%		46%
Distribution of the stock outs by number of contraceptives							
1	27	7	34	69%	58%		67%
2	6	3	9	15%	25%		18%
3	4	1	5	10%	8%		10%
4	1	1	2	3%	8%		4%
5	1	0	1	3%	0%		2%

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

Community score card (CSC) process implementation should be implemented from May through July each year. During this first fiscal year, IFPP has not carried out the CSC exercise as IFPP was focusing on the setting and expansion of the community dialogues groups and sessions, far more strategic than the implementation of the CSC process. The first-year target of implementing 15 CSC groups became unrealistic due to the delay in carrying out the initial formative research planned for the IR2.

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

Based on the system 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.

To support this action, IFPP has:

- Provided technical assistance (TA) for the coordination of in-service training activities in 14 districts (Nampula: Nacala Velha, Nacala Porto, Monapo, Ilha de Moçambique, Mossuril, Erati, Moma, Angoche and Sofala: Beira, Nhamatanda, Gorongosa, Caia e Chibabava, and Dondo). These 14 SDSMAS have already started coordinating in-service training activities for FP services. However, there is a need to provide some additional refresher trainings on how to use the SIFO information systems, as well as to provide SIFO passwords to some staff in order to ensure that each training is registered at the district level.
- Supported DPS SIFO operators to correctly enter data into SIFO regarding the trainings provided to health providers by IFPP, which resulted in 430 health providers registered in the system in Nampula and 186 registered in Sofala this quarter.
- Strong collaboration, coordination, and communication between the key skakeholders involved in registering SIFO data, ensuring the strict control of the quality of the records in the SIFO forms during the trainings.

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

During this quarter, IFPP provided TA to prepare 12 DP dashboards, using that strategic information to guide data analysis meetings focused on key FP service delivery and program management performance indicators. The goal was to identify opportunities for improvement, review performance of QI action plans developed and implemented last quarter, and draft new QI action plans and support their implementation.

- Eight DPs were developed and data analysis meetings were held in Nampula Province, including the following SDSMAS: Nampula City, Angoche, Monapo, Ribaue, Erati, Meconta and Nacala Porto and the DPS)
- Four DPs were developed and data analysis meetings were held in Sofala Province, including the following SDSMAS: Nhamatanda, Gorongosa, Dondo and Beira City;
- Conducted FP health systems assessments in four districts, and supportedFP/RH program supervisors to implement evidenced-based QI action plans based on the assessment results in 11 districts
- Four FP health systems assessments were conducted, including two in Sofala Province (Nhamatanda and Gorongosa) and two in Nampula (Mecuburi and Moma)
- Eleven QI plans were implemented based on FP health systems assessment results, including seven in Nampula Province (Nampula City, Angoche, Monapo, Ribaue, Erati, Meconta and Nacala Porto) and four in Sofala Province (Dondo, Beira, Caia, and Chibabava);

Constraints and solutions related to IR 3 challenges

Constraints

- IFPP district coordinators have difficulties in some districts to secure the necessary time in the monthly data analysis meeting agenda to present the performance of FP indicators and disseminate the QI action plans with all peripheral HF managers
- Despite the efforts made in improving the process of distribution and management of contraceptive stocks, more than 20% of supported HFs continue to report stock outs of contraceptive methods

Solutions

- Persistently persuade the District Statistical Nucleus (NED) and MCH district managers to adhere to the practice of using DPs as a basic tool for analyzing and discussing FP indicators
- Provide TA and consistent monitoring of stocks and the distribution process of contraceptives to avoid and/or minimize stock outs of contraceptive and FP supplies in the HFs, including FP registration books and other HIS materials

Monitoring, evaluation, and implementation research

During this reporting period, the following key activities were conducted:


RDQA activity in Chibabava

Technical support and RDQA visits in HFs

The M&E team provided technical support to 36 HFs in Nampula and 15 HFs in Sofala. These technical support visits allowed the team to work jointly with the HF and district teams to review the quality of data registry and reporting, to ensure proper filling of all required fields in FP logbooks, to more clearly identify and report new and continuing users, and to prepare FP data for monthly data review meetings. The M&E team conducted 51 RDQAs to project supported HFs.


Data review meeting in Chibabava

Data Review Meetings

District data review meetings and support to prepare monthly HF statistics were carried out at nine SDSMAS and six specific HFs, which proved to be instrumental in tracking progress of FP and other key indicators per HF. Meetings allowed staff to identify issues. For example, not all APE data was being reported by the HF in the same catchment area. It also provided an opportunity for staff to determine the available stock of SRH commodities in each HF area.

Training in the management of SISMA-MISAU

In Nampula, the M&E staff trained the district coordinators and project officers in the use of the SISMA-MISAU as more extensive support is necessary at district and provincial levels to strengthen MISAU partners and improve data use and analysis.

Table 6: Support carried out by the M&E team

		Q1 FY1	Q2 FY1	Q3 FY1	TOTAL
Nampula	Supervision only	0	0	1	1
	RDQAs only	22	3	10	35
	Supervision and RDQAs	0	7	26	33
	Integrated supervision	0	6	21	27
	Support in the HF statistic	0	0	0	0
	Support monthly discussion of data at HF	0	0	3	3
	Support monthly discussion of Data at district	0	4	3	7
Sofala	Supervision only	0	13	12	25
	RDQAs only	0	1	8	9
	Supervision and RDQAs	0	0	7	7
	Integrated supervision	0	0	0	0
	Support in the HF statistic	0	0	3	3
	Support monthly discussion of data at HF	0	0	0	0
	Support monthly discussion of Data at district	0	1	6	7

Baseline Survey (Population-based)

All field work was completed in the previous quarter. During this reporting quarter, the IFPP team focused on data analysis. Preliminary results will be presented in July to USAID and a preliminary report is expected to be delivered mid-August.

FP and Environmental Compliance

At end of this quarter, 62 (17%) of Health Facilities covered by the project received at least one initial visit for environmental compliance (56 in Nampula and six in Sofala), and 28 (9%) of HFs for FP compliance. Most of the facilities were not fully compliant (approximately 90%) and the main reasons are that not all the staff are trained in FP compliance and the unavailability of all biohazard safety material for waste management in some of the facilities (for Environmental Compliance). The table below shows the HFs that received FP/Environment compliance visits.

The FP and environment compliance is conducted using the app and at the end of each session the action plan is generated and signed by HF heads and mentors.

Province	Environment Compliance	Compliant	FP Compliance	Compliant
Sofala	Buzi; Estaquinha; Nhamatanda; Lamego; Metuchira e Nhanchonga		Buzi; Caia; Chiadeia; Estaquinha; Muda; Nhamatanda; Tica	
Nampula	25 de setembro; Akumi; Barragem; Cazuzu; Chalaua; Chinga; Chipene; HR de Angoche; HR de Monapo; HR dede Namapa; HR de Ribaue; Itoculo; Iulluti; Lalaua; Larde; Lumbo; Marratane; Marrere; Mathapue; Meconta; Mecuco; Mecuburi; Memba; Mirrote; Moma; Monapo; Muecate; Mueria; Murrupelane; Mutava Rex; Mutuáli; NV; HD Nacala Porto; Nacala Porto; Nacaroa; Nachere; Nacuxa; Namahaca; Namaíta; Namitória; Namicopo; Namina; Natete; Netia; Nihessiue; Quixaxe; Ramiane; Rapale; Teterrene; Tiponha; Umuatho; Muatuca; Murruto; Ontupaia	HD de Nacala Porto	25 de setembro; Akumi; Barragem; Carapira; Itoculo; Iulluti; Larde; Marratane; Marrere; Mathapue; Memba; Muhala Expansão; Murrupelane; NV; Nacuxa; Namahaca; Namitória; Namicopo; Netia; Ramiane; Rapale; Ontupaia	Ramiane; Ontupaia
Total of HF	**62**	**1**	**28**	**2**

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

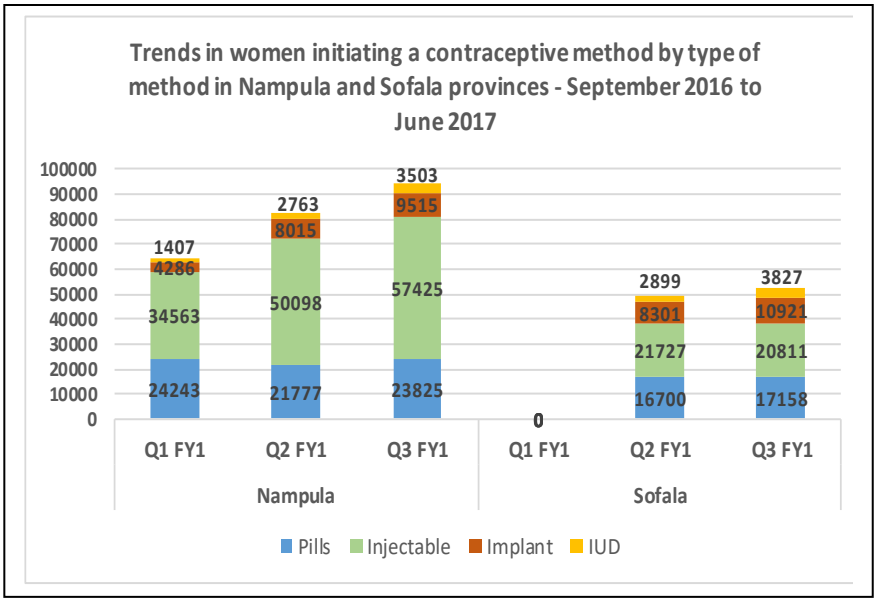
Indicator	LOP Target	Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.A. # new users of modern contraceptive methods	542,210	TBD		46,836	108,406	121,236	
	No target was set for this indicator since the new MCH data collection tools were introduced in April 2016 and impacted the "FP new user" definition (now defined as first time users in their life). The second and third quarter numbers represent 36 districts in Nampula and Sofala when the quarter one reported number represented 17 most populated districts in Nampula Province.						
1.B. # continuers users of modern contraceptive methods	658,968	347,025	78%	58,246	100,692	110,854	
	IFPP is on track for this first year.						
1.C. Couple Years of Protection	2,922,512	249,272	148%	47,519	144,732	176,502	
	Data disaggregated by method is presented in the PMP in the annex. We have already achieved the yearly target as IFPP accelerated the start-up in all 36 targeted districts, and we have surpassed the target by 48%.						
1.D. # women receiving contraceptive services in HIV services	18,465	6,629	19%	80	416	763	
	Introduction of data collection form (FP integration logbook) at the health facility level is progressive as it was introduced after provider training. Data collection through the pilot M&E form was disrupted during the second quarter as MISAU orientations had not yet been conducted, and use began again only in May 2017 after MISAU guidance. Second quarter data represents 25 HFs and third quarter data represents 41 (34 in Nampula + 7 in Sofala). In Sofala data collection for this indicator is beginning again very slowly and no data are being collected in 12 of the 36 districts (33%), including Angoche, Erati, Ilha, Larde, Memba in Nampula and Beira, Nhamatanda, Chibabava, Machanga, Caia, Gorongosa, Muanza and Maringue in Sofala.						
1.E. # postpartum clients accepting a modern contraceptive method prior to or at discharge	330,059	10,420	193%	1,156	5,891	13,114	
	During the third quarter of this fiscal year, 3,595 PPIUD were inserted (2,478 in Nampula and 1,117 in Sofala) and 9,519 women accepted another modern contraceptive method prior to discharge (6,962 in Nampula and 2,557 in Sofala)						

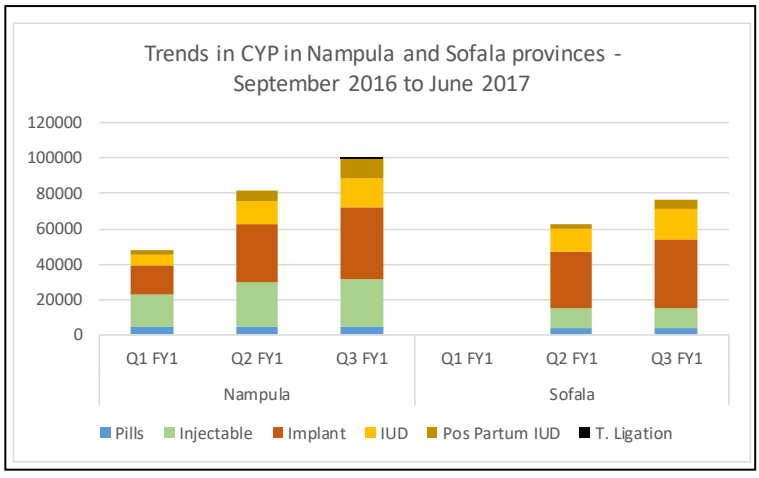
1.F. # users receiving modern contraceptive methods from APEs at community level	83,612	15,857	176%	0	8,345	19,623	
	Support activities have been carried out this quarter in both provinces. *14,126 were reported in Nampula and 5,497 in Sofala.*						

Comments

Indicators in general attested the strong take-off and sustained expansion of IFPP.

More specifically, note that for the "number of new users of modern contraceptive methods," despite the definition introduced by the MISAU, in April 2016 - when new registration FP consultation logbooks were introduced – most likely represents the number of "adopters" instead "first time users" as adopters are both "first time users in life" and "re-initiators." To do a more meaningful analysis the trends per quarter and per province of initiators (assumed to be new and re-initiators) are shown in the graph above.

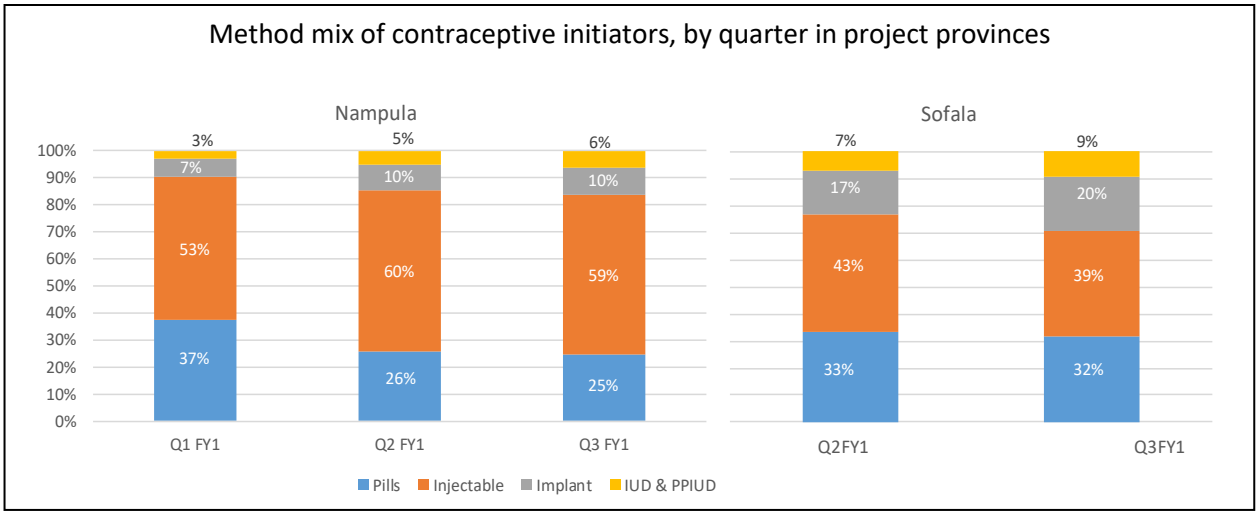




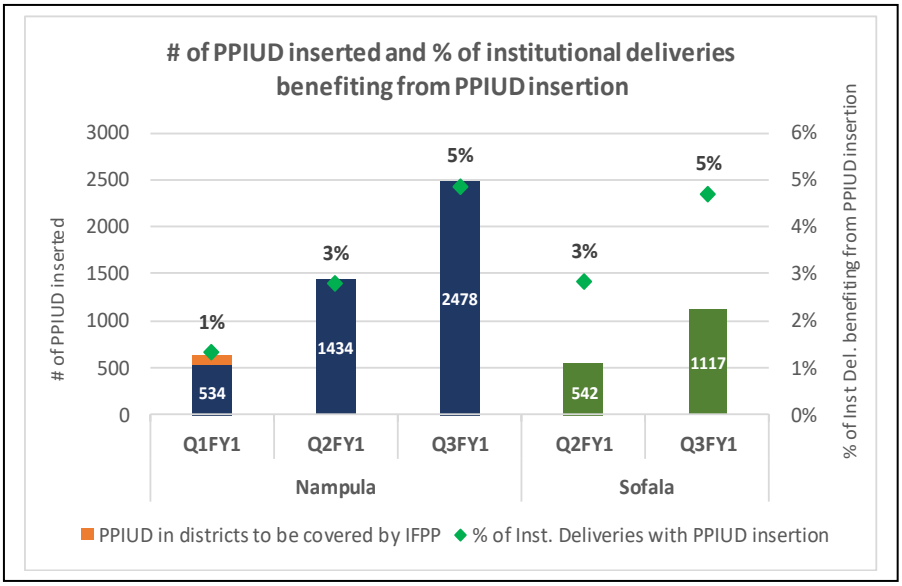
Regarding CYP, in the first quarter only 17 districts out of 23 in Nampula province and none in Sofala were covered. In the first quarter, there was 47,519 CYP. During the second and third quarters, IFPP carried out activities within all 36 districts of the targeted project intervention areas, therefore results presented on a quarterly base are now comparable. In the second quarter, 81,847 CYP were reported in Nampula and 62,885 CYP in Sofala. In the third quarter, 99,807 CYP were reported in Nampula and

76,695 in Sofala.

The below graph represents the trends of the method mix per quarter and per province. Nampula province is on the onset of its shifting from short acting methods to Long Acting and Reversible Contraceptive - LARC (Q1 – 10% and Q3 – 16%) while Sofala province had already initiated its shifting before IFPP began but is strengthening its shifting (24% to 29%).



IFPP interventions are aiming to increase access to FP methods in immediate post-partum period, the National Health System (NHS) is offering PPIUD, implants, and pills at the maternity level. The number of postpartum clients accepting a modern contraceptive method prior to or at discharge has strongly increased in both provinces from 1,156 in the first quarter to 9,440 in the third quarter in Nampula (representing 17.4% of PPFP uptake) and from 1,823 to 3,674 (representing 15.4% of PPFP uptake) in Sofala. The graph on the right highlights the increasing trend of women who deliver in facilities and subsequently accept an IUD (from 1% to 5% in Nampula and from 3% to 5% in Sofala), attesting to the relevance of the IFPP "in situ" training and mentorship strategy.



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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
1.1.1. # health providers trained on modern methods of contraception	1,665	274	792%	692	878	599	
	The annual target was defined taking into account a progressive start-up of activities. However, an accelerated start-up was carried out to reach the MISAU 2020 FP targets. This quarter, 347 eligible health providers were trained in Sofala and 252 in Nampula; a total of 2,169 were trained since the beginning of the project.						
1.1.2. % of health providers who have completed the training on modern methods of contraceptive with positive score in the post test	80%	80%	100%	94%	91%	93%	
	This reporting period, 93% of trained providers completed the training and had a positive score in the post test. IFPP is maintaining its % above the expected target (80%).						
1.1.3. % of supported service delivery sites providing family planning counseling and/or services	100%	66%	81%	9%	33%	53%	
	All the 203 trained HFs are offering family planning counseling which represents 53% of the total number of HF (203/382). IFPP is on track to achieve the annual expected target.						

Comments

The providers' trainings are expected to reach almost all providers during the first year as the phase-in and coverage increases to all intervention districts. 2,169 providers were already trained at end of this reporting period, surpassing IFPP LOP target. The LOP target will be revised during the year two workplan preparation. The level of participation in trainings and knowledge retention after trainings was high as the percentage of health providers who have completed the training on modern methods of contraceptive with a positive score in the post test remains above 80% (IFPP benchmark).

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
1.2.1. # of additional USG-assisted community health workers (CHWs) providing family planning information and/or services	3,735	575	221%	87	678	506	
	IFPP has already achieved the annual expected target, at the end of the third quarter, 1,271 CHW have been trained of whom 253 are APEs, 696 are TBAs, 84 are IPC agents, 238 are community facilitators.						

1.2.2. # mobile brigades conducted including contraceptive services	47,306	1,352	81%	0	457	633	
	IFPP supported mobile brigades in HF catchment areas that benefited from a FP training this current quarter (414 in Nampula, 219 in Sofala).						

Comments
At the end of this reporting period, 1,271 demand generation CHWs (238 CFs, 696 TBAs, and 84 IPC agents and 253 APEs) have already been trained and are providing information on family planning at the community level (both in urban and rural). A special note is that the APEs also provide service delivery for pills, injectables, and condoms.

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
1.3.1. % confirmed referrals from communities to facilities for FP services	40%	20%	147%	NA	13.6%	34.8%	
	This indicator is only available with clients owning a phone for the CHW using Movercado and for the referrals carried out by the CFs who are using the MISAU triplicate forms. During the reporting period, 12.4% e-referrals by TBAs were confirmed at HF, 19.6% for the IPC agents, and 55.9% for the paper referrals carried out by the community facilitators using MISAU triplicate forms.						
# of community referrals confirmed at facility level				791	8,041	14,850	
	This subset of indicator was adopted to have the number of absolute referrals that are completed at the facility level, thus showing the community contribution in facility data on service provision						

Comments
Numbers of confirmed referrals at the HF level increased considerably during this quarter. By calculating the percent of WRA already referred at the end of the reporting period, from community to HF for FP consultation, the impact of the community component become clearer: 23,682 (sum of the confirmed referrals at HF level) divided by the expected number of WRA in both provinces in 2017 (1,801,483) tells us that within three quarters of the implementation of the activities, 1.3% of all WRA living in both provinces were referred to and were confirmed as having attended the HF level. It seems promising.

Challenges using Movercado
Movercado is an SMS platform that uses mobile phone text messaging to connect community health promoters, beneficiaries, health facilities, and pharmacies to expand access to health products and services. Movercado has two features – the use of electronic vouchers (onDemand) and paper vouchers. When using electronic vouchers, the health promoter registers the beneficiary's phone number in the system, providing immediate information about the individual. This then allows IFPP to follow up with them and find out the quality of their session and/or health service. Using paper vouchers only provides information once the person reaches the facility and the code is validated by a nurse. Many beneficiaries

do not own phones or are unwilling to share their numbers for fear of a lack of confidentiality pertaining to their use of contraception. During this reporting period, almost all the referrals were paper-based.

Once the beneficiary reaches a health facility, the nurse validates the code, either paper or electronic, to validate that the beneficiary came in for a service. When the client presents an electronic voucher, the nurse can automatically report the type of method chosen by the beneficiary.

In rolling out the project, we found that there are a few limitations to the system considering project requirements – the system does not capture the number of paper-vouchers given to each beneficiary or the number of FP sensitization sessions that took place but did not result in a referral. This information is considered important so that program managers can see how many people each actor (IPC agent or TBA) reaches during a reporting period. However, a new code (BCC) was created this quarter that will allow actors to register each interaction they have with a potential client who is not receiving a referral (or paper). Another major challenge we currently have with the system is that many of the rural actors do not own a mobile phone, making this system incapable of recording the number of people reached or referred to a health facility. This limitation is a major barrier since it prevents IFPP from making mobile payments at the end of the month.

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	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
2.1.1. # contacts conducted by trained TBAs/activists to women	1,147,520	22,400	335%	791	11,260	63,024	
	The boosted rural demand component has changed the scenario of the number of contacts conducted by the activists. IFPP has produced 75,075 contacts in total at end of quarter three, attesting a strong start-up of the demand generation component. IFPP is also aware that this number is still only representing 6.5% of our LOP target.						

Comments

In June, a new code (BCC) was introduced in the Movercado system to report the number of contacts carried out through TBAs and IPC agents. While IFPP is aware that it will be easy to be used by the IPC agents, IFPP also is aware that it will be challenging for most TBAs.

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
2.2.1. # community dialogues conducted on FP (6 sessions completed)	13,056	768	0%	0	0	0	
	Planned to be reported next FY when the 6 programmed CD sessions will end in the second quarter of year two.						
# of CD sessions implemented	**78,336**	4,608	69%	0	324	2,850	
	We added this sub-indicator to monitor the progresses carried out by the						

	community component; indeed, no Community Dialogue will be completed this project year as the six sessions completing a Community Dialogue cycle will be distributed along one full year. 1,020 community dialogue sessions in Sofala and 1,830 in Nampula were reported this quarter. The total community dialogue sessions achieved at the end of the reporting period is 69% of our yearly target.						
2.2.2. # community radio sessions broadcasted on FP/HTSP	714	84	169%	0	0	142	
	122 community radio sessions were broadcasted in Nampula and 20 in Sofala.						

Comments

Originally it was expected that the formative research conducted by N'weti would take place during the October – December 2016 period, and that this research would be taken into consideration during the development of the community dialogue tool, helping to answer 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 was not successful as no suitable candidates submitted proposals and N'weti had to repeat the recruitment process. The formative research was carried out in the second quarter and results will be incorporated in the fourth, fifth, and sixth sessions of the community dialogue cycle which will be carried out in the second year of the project. This delay in obtaining the formative research inputs will consequently delay the 768 community dialogues which were planned to be completed during the first fiscal year.

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
2.3.1. # meetings held with SBCC project to plan/coordinate SBCC approaches		NA		NA	NA	NA	
	Planned in next quarter						
2.3.2. # capacity building sessions for community radios and community groups in SBCC for FP	TBD	2	100%	0	1	1	
	24 Community Radio Members were trained in Nampula during the second quarter. In the third quarter, an additional training targeting the four CRs of Sofala was carried out, reaching 12 CR collaborators.						

Comments

The meeting with Communication for Improved Health Outcomes (CIHO), the SBCC project funded by USAID, is scheduled for next quarter.

IR 3: Strengthened FP/RH health systems

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.A. # DPS including FP interventions in annual PES and budget	2	2	100%	1	2	2	
	Realigned the 2017 PES and respective budget for FP activities in Nampula and Sofala provinces. Alignment of the monthly, quarterly and semester work plans with PES and PESOD plans.						
3.B. # SDSMAS/DPS achieving satisfactory scores in MSC assessment	36	2	NA	NA	0	0	
	In Sofala Province, the baselines were conducted in Jan-Mar 2017 for Beira City - 63%; Caia - 48%; Chibabava - 59%; Dondo - 38% and in Apr-Jun 2017 for Gorongosa - 65%; Nhamatanda - 65 % In Nampula Province, the baselines were conducted in Jan-Mar 2017 for Nampula City - 39%; Angoche - 35%; Monapo - 50%; Ribaue - 44%; Erati - 37%; Meconta - 33%; Nacala Porto - 41% and in Apr-Jun 2017 for Mecuburi - 41 %; Moma - 42%						
3.C. % 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	48%	46%	
	Out of the 111 HFs monitored for stock-out, 51 experienced some stock-outs. Redistribution activities between HFs and between provinces have been carried out to minimize stock-outs. Nationwide, the stocks of pills, implants, and IUDs are below expected quantities. Additionally, some partnerships were established with DKT for implant and IUDs						
3.D. % of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	100%	60%	42%	7%	20%	25%	
	At the end of the second quarter, 20% of all health facilities in both provinces (68 HFs in Nampula and seven HFs in Sofala) had all eligible health providers trained. By the end of the third quarter, 25% of all HF had all eligible providers trained: 80 HFs in Nampula and 16 HFs in Sofala, for a total of 225 HF in Nampula and 157 HF in Sofala. Still, two trainings are planned by cluster during next quarter, IFPP is aiming to be close to the first fiscal year target.						

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.1.1. # DPS and SDSMAS staff receiving TA/capacity-building in FP planning, budgeting and implementation	60	60	87%	4	35	52	
	31 staff in Nampula and 21 in Sofala received TA.						

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.2.1. # of supported districts with a documented FP logistics map to optimize commodity distribution, requisition and reporting	2 DPS and 36 Districts	2 DPS and 29 Districts	74%	0	11 districts	23 (14 in Sof; 9 in Nampula)	
	In the second quarter in Sofala, 11 logistics maps were already developed by Abt staff under CHASS project (only Caia and Gorongosa do not have), and two districts need to be updated (Beira and Chibabava). In the third quarter in Nampula, nine logistic maps were developed in the nine districts set as priority for the first year of the project in Nampula. However, it is still necessary to further disseminate the maps and provide on the job training on their usage to the district pharmacy and logistic staff. In Sofala the maps for the two remaining districts (Caia and Gorongosa) and DPS were developed.						

Comments
The following factors contributed to the success of this indicator:

- Increased coordination and collaboration by DPS staff in providing all necessary information for the preparation of the logistics maps for priority districts (nine districts)
- Availability of medicines and supplies distribution plans at the provincial (DPM) and district (DDM) level and distances information between HF and district headquarters

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.3.1. # of HF that undergo CSC feedback processes through community discussions at least once per year	280	15	0%	0	0	0	
	This activity will be reported in next fiscal year						

Comments
The activities contributing to this indicator are postponed to next fiscal year as the beginning of community dialogues at the community level were launched in March 2017. The CSC process should be carried out only after community dialogues has been completed at community level. Additionally, the CSC process must be implemented at the latest between April and June of each year to have the CSC results being incorporated in the Government PES (June to August).

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.4.1. # DPS, SDSMAS & HF staff trained in family planning that are registered in e-SIFo (database)	1,665	274	554%	294	598	625	
	625 additional technical/health care providers trained at HF level in Integrated Family Planning with information recorded in SIFo, (430 in Nampula and 195 in Sofala) totaling 1,517 health providers with information recorded in SIFo.						

Comments

TA for the coordination of in-service training activities was provided in 14 districts (Nampula: Nacala Velha, Nacala Porto, Monapo, Ilha de Moçambique, Mossuril, Erati, Moma, and Angoche and in Sofala: Beira, Nhamatanda, Gorongosa, Caia e Chibabava, and Dondo). These 14 SDSMAS have already started coordinating in-service training activities for FP services, however, there is a need to provide some additional refresher trainings on how to use the SIFO information systems, as well as to provide SIFO passwords to some staff to ensure that each training is registered at district level. DPS SIFO operators were supported to correctly enter data into SIFO regarding the trainings provided to health providers by IFPP.

Table 7: Percentage of HF provider trained on FP thru IFPP and already registered in e-SIFO

	Q1FY1	Q2FY1	Q3FY1
Both provinces	42%	57%	70%
Nampula	42%	51%	74%
Sofala	NA	70%	64%

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

Indicator	LOP Target	Annual Target	% Achieved	Q1	Q2	Q3	Q4
3.5.1. # of districts that hold quarterly data review meetings using district profiles	36	29	45%	0	11	13	
	In Nampula, the DPS and nine SDSMAS (Cidade de Nampula, Angoche, Moma, Monapo, Ribaue, Erati, Meconta, Nacala Porto and Mecuburi) held data review meetings using District Profile (DP). In Sofala, the DPS and four SDSMAS (Beira, Dondo, Nhamatanda and Gorongosa) held data review meetings using DP.						

Comments

TA was provided to implement the QI action plans produced based on the evaluations of the FP District Systems (Baseline). Improvement was made in the performance data collection tool of FP District Profile indicators, after correcting some inconsistences verified at the baseline assessment. Districts have taken ownership of the DP tool and now recognize its importance in the analysis of FP indicators.

Major Implementation Issues

No major implementation issues are being faced by IFPP at this time. Nevertheless, three issues are worth mentioning:

1) Limited understanding and dissemination of the national FP Integration guidelines by MISAU to DPS which slowed the full roll out and use of "FP integration" M&E tool. An immediate intervention was required and through close collaboration and a co-chair role in the family planning technical working group, an official communication and roll out plan with M&E tools was sent to each DPS, which was signed by the National Public Health Director. Additionally, a national workshop on FP integration is planned for next quarter, convening all provincial medical chief officers and MCH supervisors to ensure the standardized roll out where no FP implementing partner is available to support.
2) Stock-out of commodities, mainly IUDs and implants, lead to the interruption of these methods being ofered in some supported HFs. This was mainly due to delay in commodities shipments from April to August. Redistribution was needed from Manica to Sofala, which was supported by IFPP. Additionally, a special arrangement was made with DKT to borrow commodities to maintain minimal stocks. Forty thousand implants and 3,000 IUDs were delivered to CMAM and sent to Sofala and Nampula with IFPP support.
3) Discontinued direct support by UNFPA and other donors to DPS through sub-agreements for MCH Program led to reduced resources in overall support in MCH, including commodities and consumables.

Collaboration with other donor projects

During this reporting quarter, coordination meetings took place with Government (Ministry of Health, Provincial health directorates and District Directorates of Health) and other partners such as MCSP and ICAP at provincial level.

The main agenda items at the discussion with the MISAU was the support to the national FP program and engagement to develop the investment case for Global Financing Facility (GFF) alongside with USAID, Worldbank, WHO, UNICEF, and Netherlands. The MISAU has shared the need for a second FP advisor at MISAU level, similar to the provincial level advisor for system strenghtening for the FP National Program. Pathfinder was given the task to prepare and present the proposed targets for the FP component under investment case and to prepare the technical notes for selected indicators such as CYP, New FP Clients or Adopters, and modern contraceptive prevalence rate (mCPR). At the provincial and district level, regular meetings were held to coordinate and plan activities each month such as trainings, mentorship visits, supervision visits, mobile brigades, commodities redistribution, and data review meetings. A national SRH commodities quantification workshop is planned for next quarter and IFPP will take the technical lead role for FP commodities.

A coordination meeting was held with MCSP to support the roll out of provincial planning for PESOD both at provincial and district level.

Coordination with clinical partners such as ICAP in Nampula is continuously taking place as the roll out of FP/HIV integration in all Antiretroviral Treatment health facilities takes place, therefore this has been a slower process in Sofala province through CHASS due to other competing priorities and demands a the clinical level for clinical partners.

A potential partnership in the Population Health and Evironment (PHE) will be explored with Gorongosa Park for the buffer zone in order to leverage existing resources and efforts in Sofala Province.

Upcoming Plans

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

- Support MISAU roll-out of FP integration guidelines and data collection tools
- Continue FP trainings at HF level and subsequent mentoring visits
- Continue FP trainings for community based providers (APEs)
- Strengthen the availability of the contraceptive methods at the HF level and for APEs based within the catchment areas of the HFs by reinforcing the SRH commodities taskforce at the central and provincial level
- Continue coordination meetings with MCSP to leverage the support to health facilities and directorates, for the Mobile Brigades planning to increase access of FP commodities to remote communities;
- Continue to conduct compliance (FP and environment) follow-up visits monitoring action plans to previously visited HF's and starting for new HF's.

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

- Roll-out of the TBA training at the peripheral level, prioritizing the HFs 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;
- Refine community dialogues tools and roll-out based on formative research results;
- Strengthen the technical capacity of the field supervisors to roll out the rural demand generation strategy as designed;
- Initiate an implementation learning cycle on the use of Movercado involving all users.

IR 3: Strengthened FP/RH health systems

- Conduct the second round of MSC FP systems assessments in 11 SDSMAS in Nampula and Sofala provinces to measure the level of improvement achieved in adherence to MISAU management standards for MCH/FP, planning, M&E, HR, and DDM-Logistics;
- Produce geospatial maps (GIS) using the MISAU HR Information Systems (e-CAF & SIFO) to identify HR/FP training needs according to identified gaps in the priority districts in Nampula and Sofala, namely SDSMAS of Nampula City, Angoche, Monapo, Ribaue, Erati, Meconta, Nacala Porto, Moma and Mecuburi; Beira, Dondo, Caia, Chibabava, Gorongosa, and Nhamatanda (first phase - year 1 of the project).

Evaluation/Assessment Update

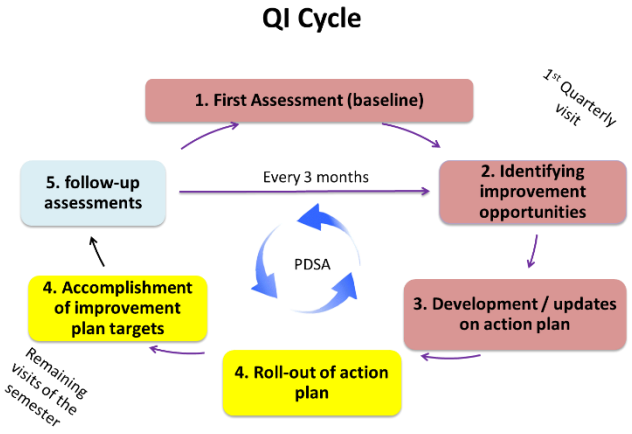
Evaluations, Assessments, Studies, and Audits Include any and all types of evaluations, financial or programmatic, internal or external.
Planned: List evaluations, assessments, studies and/or audits planned for next quarter
• Formative research completed and data being used to inform the CD tools development • Baseline survey field work completed, data analysis and report will be presented next quarter

Success Story

Using Data for Decision Making to Improve Family Planning

The Problem

Prior to the implementation of the IFPP project, the SDSMAS did not have an appropriate tool to analyze FP indicators and conduct a situation analysis of the FP program and other related health systems (logistics, HRH, etc.) to enable targeted evidence-based interventions to strengthen the FP/RH program. This absence of a systematic evidenced-based approach to program management made it very difficult for FP program managers to effectively and efficiently identify opportunities for improvement, assess root causes, and test and implement solutions to improve performance.



Intervention

IFPP uses a Plan-Do-Study-Act QI approach to strengthen FP program management and improve the quality of services. During the two last quarters, IFPP provided TA to nine priority districts in Nampula to prepare FP District Profiles, guide data analysis meetings to identify opportunities for improvement, conduct root cause analysis of the contributing factors, and draft QI action plans to strengthen FP program performance. The project then worked with each district to support implementation of QI action plans until the next round of FP DPs are elaborated and performance is assessed again to determine what has improved and what continues to be an opportunity for improvement that requires further action.

Dashboard de Desempenho Distrital

Distrito: ANGOCHE — Período: JANEIRO A MARÇO DE 2017
rovíncia: NAMPULA — Data: 19 DE MAIO DE 2017

N/O	Painel de Indicadores de Desempenho	Meta (Trimestral)	Resultado neste Período (Jan-Marco/17)	Resultado do Período Anterior (Out-Dez/16)	Tendência	
1	Nº novas utentes de planeamento familiar (Nº de novas utentes no trimestre que aceitaram pela 1ª vez na sua vida o uso de qualquer método moderno de contracepção) Fonte: Resumo Mensal CSR/PF	7,631	3,200	3,395	∧	42%
2	% das Primeiras Consultas de Saúde Reprodutiva (CSR) que pertencem ao grupo etário de 15 a 19 anos (Nº de Primeiras CSR de 15 a 19 anos / Nº total de primeiras consultas) Fonte: Resumo Mensal CSR/PF	25%	18%	12%	V	73%
3	Nº de mulheres continuadoras de planeamento familiar (Nº de utentes que já fizerem PF com algum método moderno alguma vez anteriormente) Fonte: Resumo Mensal CSR/PF (meta = 80% da meta para novas utentes de PF)	6,105	2,786	2,663	V	46%
4	% de métodos fornecidos da longa duração (DIU e Implante) ((A soma das novas utentes que iniciaram DIU + o nº que iniciaram implante) / nº que	20%	6%	5%	V	28%
5	% de utentes que receberam serviços de planeamento familiar noutras consultas Fonte: Nº total de utentes na 5ª linha da Ficha de Resumo de PF Integrado / Nº total de primeiras consultas e consultas seguintes (linhas 1 e 2) no Resumo Mensal de CSR/PF	10%	0%	0%	>	0%
6	% de partos em que foi inserido DIU no pós-parto imediato	15%	2.6%	0.3%	V	17%
7	Nº de utentes que receberam métodos de planeamento através de um APE na comunidade (Pílula e Injectável) Fonte: Resumo Mensal do APE	763	727	160	V	95%
8	% das US sem rotura de stock dos métodos de planeamento familiar*	100%	81%	100%	∧	81%
	Índice Geral de Desempenho	100%	48%	36%	V	48%

Results

Conducted on a quarterly basis, this systematic evidenced-based approach to program management has shown districts the value of using data for decision making and enabled them to more effectively identify their needs and channel their requests for support and implementation of QI interventions in a more strategic way.

The second round of District Profiles were produced in April to June 2017, with results presented to the district managers. TA was provided to use the DPs to guide data analysis meetings and prepare QI action plans to improve performance in 9 districts in Nampula Province. IFPP then worked in close collaboration with the DPS Operations

Research Unit to study the persistent challenges that the district teams were unable to improve from the first to the second round of district profiles. In these nine districts, four districts (Angoche, Moma, Meconta, and Ribaue) elaborated operations research protocols to investigate the root causes behind this poor performance to then more effectively identify possible solutions to improve key performance FP service delivery indicators.

Annexes

- PMP
- Workplan
- Financial information