IFPP - Integrated Family Planning Program

Agreement No.

FY2017/2018 2nd Year of the Project

Quarter 2: January to March 2018

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Acronym list

Acronym	Description
APE	*Agente Polivalente Elementar – Ministry of Health Approved Community Health Worker*
ART	Antiretroviral Treatment
CBOs	Community Based Organizations
CDCS	Country Development Coordination Strategy
CDFMP	Cenário de Despesas Fiscal de Médio Prazo (Midterm Fiscal Review)
CF	Community Facilitator
CHW	Community Health Worker (including APEs, PTs, other health activists)
CIHO	Communication for Improved Health Outcomes
CL	Community Leader
CMAM	Central de Medicamentos e Artigos Médicos (National Drugs, Commodities and Supplies Warehouse)
CPR	Contraceptive Prevalence Rate
CR	Community Radio
CSC	Community Score Card
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	Family Planning
FP/RH	Family planning/reproductive health
FS	Field Supervisors
FTP	First Time Parents
GIS	Geographic 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 and Spacing of 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
LTM	Long Term Method
M&E	Monitoring and Evaluation
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
NHS	National Health System
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
PHD	Provincial Health Directorate
PMP	Performance Monitoring 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)
SAPERS-CPF	Sistema de Alerta Precoce para Evitar Roturas de Stock dos Consumíveis de Planeamento Familiar, or Early Warning System to Avoid Stock Outs of Family Planning Commodities
SBCC	Social and Behavioral Change Communication
SDP	Service Delivery Point
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)
SMATG-CPF	Sistema Móvel de Assistência Técnica para Gestão dos Consumíveis de Planeamento Familiar, or System for Mobile Management of Family Planning Commodities
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STM	Short Term Method
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 of Reproductive Age
YFHS	Youth-Friendly Health Services

Project Summary

Project Title: IFPP - Integrated Family Planning Program
Duration: 5 years
Start 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 all 36 districts in Nampula and Sofala provinces in 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).

In alignment with this goal and these 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. Additionally, IFPP recognizes that increasing the 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 (January to March 2018)

During this quarter (Q2FY2), the roll-out of the cascade family planning (FP) training covered hard to reach health facilities (HFs), increasing the percentage of HFs directly supported by IFPP from 79% at end of Q1FY2 to 84% of all HFs from both provinces, with lesser progress achieved in Nampula province due to heavy rains disrupting access to remote areas. This quarter, IFPP supported the first mini-laparotomy training to perform tubal ligation under local anesthesia in Nampula province involving Health Providers (HP) coming from five different districts, as well as the roll-out of the Implanon NXT cascade trainings at district level. 157,112 new FP users and 125,960 continuer users were served under supported facilities surpassing the targets for the quarter over 100%.

Sofala increased the number of Mobile Brigades (MB) carried out by 22% when comparing with Q4FY1, while Nampula decreased the number of MBs carried out by 60%, mainly due to heavy raining and consequently the number of FP initiators and CYP decreased slightly when comparing to Q4FY1. Note that the Q1FY2 indicators were out of the common range due to implementation of the National MCH week which almost doubled all service delivery indicator's results.

IFPP Provincial and District coordinators have sustained a high level of commitment in pursuing the integration of the three IFPP tiers - the health system strengthening, the demand creation and the service delivery components - participating in more management standard compliance reviews and '*district profile'* meetings as well as participating in more community health promotion activities such as community dialogues, village health committees, and HF co-management committees.

During the current quarter, the IFPP demand generation component launched the Community Score Card (CSC) activity in 14 selected HF's catchment areas identified as the ones experiencing difficult Community-Health Facility relationship, involving SDSMAS, DPS, CBOs, HF providers and Community Facilitators. The experience was very positive. The community dialogues cycle, comprising 6 sessions, were implemented in additional HF catchment areas. Meetings with thirty-seven Locality's local Councils were carried out targeting the ones more reluctant in FP awareness activities.

HSS activities during the Jan – Mar 2018 quarter focused on conducting baseline family planning Management Standards Compliance (MSC) assessments in four new districts reached by IFPP for the first time during the reporting period. Of the nine expansion districts for year 2, only Marromeu District in Sofala Province did not conduct a baseline evaluation by the end of Q2. The average baseline score for the four new districts assessed was 57%, with assessments identifying common opportunities for improvement in the areas of HRH, Planning and M&E; subsequent quality improvement (QI) action plans were drafted to improve performance and to guide follow-up technical assistance (TA) in the implementation of corrective actions. In addition to the expansion districts third round follow-ups were conducted in 10 districts all but one of the 10 third round follow-up MSC assessments conducted during the quarter achieved an MSC score ≥80%, with an average third round score of 83% in Sofala and 89% in Nampula. Key priority and major achievement during the quarter was the continued low number of visited HFs suffering from a contraceptive stock out. The project also provided technical support in conducting bi-annual Social and Economic Plan (PES) meetings to monitor the progress and implementation of the

SDSMAS action plans in 15 districts in Nampula Province and 6 districts in Sofala Province. Another major accomplishment during the quarter was the increased level of ownership in using district profiles (DPs) to improve the generation, dissemination, and use of FP data for more evidenced-based decision-making. This was reflected in Sofala by the DPS-led initiative to guide their MCH planning and performance review meeting using a hybrid provincial profile. While in Nampula, the DPS led a workshop to build the capacity of MCH-FP and District Statistical Nucleus (NED) managers from 15 districts in DP design and usage for QI action planning. The workshop culminated in all 15 districts presenting their respective DPs and developing QI action plans during their monthly performance review meetings. The Nampula DPS insistence that all districts provide quarterly updates of their respective DPs, QI action plans, and implementation results promises to further increase ownership and contribute to the improved generation, dissemination, and use of FP data for more evidenced-based decision-making.

Major Implementation Issues

One major implementation issue has been faced by IFPP during this quarter was the rainy season which started earlier this year in Nampula (Q1FY2) having reached high intensity during Q2FY2 , blocking the roads and access to some of the districts, and damaging most of the dirt roads. Fortunately, emergency preparedness solutions had been put in place the past quarter to avoid FP commodity shortages (commodities distributed in advance to cover the full quarter and not only the month).

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

Cascade in-service training

During the second quarter of the second year of the project (Q2FY2), a total of 17 additional "eight-day facility-based trainings" were carried out (5 in Nampula and 12 in Sofala).

Table 1 –Project supported trainings at end of March 2018

# of Facility based trainings per quarter and province								
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	To date
Nampula	27	27	17	20	**91**	11	5	**107**
Sofala		30	24	8	**62**	**6**	**12**	**80**
TOTAL	**27**	**57**	**41**	**28**	**153**	**17**	**17**	**187**
# of unique Health Providers reached thru FP training per quarter and province								
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	To date
Nampula	565	408	205	240	**1418**	132	57	**1607**
							26 Alua TC	
Sofala		463	347	81	**891**	108	213	**1212**
				64 Nham. TC		3 Nham. TC	26 Nham. TC	
TOTAL	**565**	**871**	**552**	**321**	**2309**	**240**	**270**	**2819**
# of unique Health facilities reached thru FP training along quarters by province								
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	To date
Nampula (cumulative %)	43 HF involved (19%)	36 additional HF (35%)	34 additional HF (50%)	34 additional HF (65%)	**147 / 226 (65%)**	23 additional (74%)	4 additional HF	**174 / 229 (76%)**
Sofala (cumulative %)		55 HF involved (35%)	43 additional HF(62%)	14 additional HF (71%)	**112 /157 (71%)**	24 additional (87%)	13 additional	**149 /157 (95%)**
TOTAL	**43**	**134**	**211**	**259**	**68%**	**47**	**17**	**84%**

The trainings included staff from 92 HFs, 17 of which were involved for the first time since the project inception, the ones that are hard to reach. The trainings reached a total of 270 public health providers (57 in Nampula and 213 in Sofala) and 26 graduates from the Nhamatanda Pre-Service Training Center Institute (Sofala) and 26 from the Alua Pre-service Training Center (Nampula). As summarized in Table 1, since the launching of the project, a total of 2,819 health providers have been trained: 1,607 in Nampula and 1,212 in Sofala.

Cumulatively, 323 HFs have benefited from having at least one health provider trained; 174 in Nampula and 149 in Sofala, representing an increase in coverage from 79% to 84% of total project facilities from the first quarter of the second year of the project (Q1FY2) to Q2FY2.

Prior to the training of health providers, HF's need assessments are usually conducted. During the reporting period, 27 additional HF assessments were carried out, 9 in Nampula and 18 in Sofala. These baseline HF assessments focused on commodity management, infection prevention, client flow, adolescent and youth friendliness, and FP data collection and aggregation, with the objective of identifying weaknesses to be addressed during the "eight-day facility-based trainings." Based on these assessments, the project mitigated the lack of supplies and equipment needed to upgrade working

conditions and sustaining behavior change to apply the skills acquired during training. Cumulatively, 259 HFs, 131 in Nampula and 128 in Sofala, were assessed, representing 75% of HFs in Nampula and 89% of HFs in Sofala with at least one health provider already trained in FP.

Table 2 summarizes the number of project-supported HFs enrolled in FP trainings with at least one health provider by district and province. Ninety-five percent (95%) of the HFs in Sofala province already have "at least one health provider trained in FP" and 76% of the HF in Nampula province. Comparatively, the Table 2 illustrates also the # of HF "with all HPs trained in FP".

Whenever possible, all clinical and technical staff in each HF were trained to more fully integrate FP activities into the work of all wards, and to promote active FP integration as a key objective for each HF. Support staff (including cleaners) from each HF participated in selected theoretical sessions for non-clinical providers of the training 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 or implant insertion and removal kits), as well as helping to create an enabling environment especially for youth and other vulnerable populations.

Class sizes during the clinical trainings continued to be limited to 15 to offer more personalized attention to trainees and to link them with future mentorship visits. Experience has shown that hosting training sessions often strengthens overall institutional buy-in. Since the beginning of the intervention, cumulatively, 105 HFs served as training centers (78 in Nampula and 27 in Sofala), balancing the need for high volume practicums while maximizing the overall project coverage resulting in high quality training with rapid and sustained integration of FP services.

Table 2: Number of project-supported Health Facilities enrolled in FP trainings, by district to date

DISTRICT	# of HF per district	# of HF with at least 1 HP trained in FP to date	% of HF already involved thru training per district	# of HF with all HP trained in FP to date	% of HF with all HP trained in FP to date
Beira	17	16	94%	2	12%
Dondo	15	15	100%	6	40%
Nhamatanda	17	17	100%	8	47%
Buzi	15	14	93%	4	27%
Chibabava	15	15	100%	3	20%
Machanga	10	10	100%	6	60%
Caia	12	11	92%	11	92%
Marromeu	9	8	89%	2	22%
Chemba	9	9	100%	7	78%
Gorongosa	14	13	93%	0	0%
Cheringoma	7	7	100%	2	29%
Maringue	9	8	89%	5	56%
Muanza	8	6	75%	2	25%
SOFALA PROVINCE	**157**	**149**	**95%**	**58**	**37%**
Angoche	19	14	74%	6	32%
Mogincual	6	6	100%	1	17%
Liupo	3	3	100%	0	0%
Npla Cid	25	9	36%	0	0%
Erati	10	10	100%	4	40%
Memba	12	12	100%	5	42%
Meconta	8	8	100%	1	13%
Nacaroa	7	5	71%	2	29%
Muecate	11	5	45%	1	9%
Mogovolas	7	7	100%	2	29%
Moma	11	5	45%	1	9%
Lardes	6	6	100%	4	67%
Monapo	17	12	71%	3	18%
Mossuril	10	3	30%	1	10%
Ilha Moç.	5	3	60%	1	20%
N.Porto	14	12	86%	4	29%
N.Velha	6	6	100%	2	33%
Murrupula	6	6	100%	4	67%
Rapale	8	7	88%	5	63%
Mecuburi	13	12	92%	7	54%
Ribaue	9	9	100%	1	11%
Malema	10	9	90%	2	20%
Lalaua	6	5	83%	0	0%
Nampula PROVINCE	**229**	**174**	**76%**	**57**	**25%**

During this reporting period, the percentage of health providers, in both provinces, who have completed the training on modern methods of contraception with passing scores on the written post-test was 95% (in Nampula, 54 successfully completed the training out of a total of 57 participants and in Sofala 203 out of 213). In both provinces, participating trainees demonstrated a high degree of commitment.

Cascade training for Implanon NXT

After the national training of trainers (TOT) of Implanon NXT supported in December 2017, the project carried out four trainings in Nampula gathering 58 HP from Nampula, one TOT from Sofala province, and 30 participants from DPS and SDSMAS; additionally, to allow the project staff supporting the cascade trainings and the mentorships visits, all IFPP technical staff and some MCSP, CHASS, PSI, DKT partner staff attended a specific training session, gathering 17 participants in Sofala and 15 in Nampula. Following the TOT, cascade trainings were carried out at district level in Sofala province gathering a total 98 trainees: Buzi (8), Caia (14), Chemba (14), Cheringoma (8), Chibabava (19), Gorongosa (10), Marromeu (11) and Nhamatanda (14).

Following MOH recommendations, and considering low availability at the national level, peripheral HFs and mobile brigades will be selected to receive the forecasted commodities. Implanon NXT expands the method mix offered at the National Health System (NHS) and represents an opportunity for girls and women from rural areas to more easily access an effective, long-lasting method. The insertion procedure for Implanon NXT is easier than the alternative implant Jadelle's insertion procedure. Implanon NXT's insertion involves only one subdermal rod and is already pre-mounted onto an applicator. The first training day focused on theory highlighting Implanon NXT features, drug interactions, side effects and adverse effects, contraindications, counselling, eligibility criteria, discussion of clinical cases, and insertion and removal of Implanon NXT and practice on anatomic models. The second day focused on a practicum session at the HF.

Photos: 1, 2, 3. Implanon NXT Cascade trainings in Nampula province

Mini-Laparotomy Bilateral Tubal Ligation Training in Nampula province

The project has supported the introduction of mini-laparotomy bilateral tubal ligation (BTL) with local anesthesia as a permanent method (PM) with the intent to enrich the method-mix pool. In Nampula province, the mCPR for female sterilization is about 0,2% (IMASIDA 2015), BTL are usually only offered to

clients during a caesarian, limiting strongly the access for women who wish to choose this method (please see successes stories). Medical equipment (BTL surgical boxes, gloves, sheets and suture threads) was previously purchased by the project; IFPP community activists were informed two months prior about the launching of mini-laparotomy BTL services. The community activists then sensitized communities to the expanded method mix. Community members were offered comprehensive counseling, including other available methods. Clients making a free and voluntary choice for the BTL procedure were then referred to the district hospital of Nacala Porto. Of note neither community activists nor acceptors were given any incentives;; leveraging the Pathfinder "MAIS" FP project, based in Maputo, two national facilitators were mobilized; 8 trainees (2 gynecologists of Nampula Central Hospital, 2 bachelor MCH nurses - RH of Ribaue and Monapo district Hospital, 2 medical doctors – Rural Hospital of Angoche and district hospital of Moma, 1 surgical officer of Angoche Rural Hospital and 1 IFPP staff) participated in the five-day training, which included practices in the mornings and theory and practical sessions with anatomic models in the afternoons. Out of the 24 acceptors, 22 benefitted from the mini-laparotomy technique and 2 needed a full anesthesia procedure due to medical reasons. The training was carried out the last week of February 2018.

Photos: 4,5,6,7. Mini-laparotomy BTL training in Nacala Porto Hospital | *Facilitators and trainees*

It's important to note that one of the Nampula Central Hospital (HCN) gynecologist is also the HCN director and the reference gynecologist at provincial level. Including them was particularly important to increase acceptance and ownership for the future, and highlights the importance of this training in reducing the maternal mortality. Each involved hospital team received the needed equipment to start offering services at their hospitals right after the training.

Photo 8, Joint MOH-IFPP Supervision in Erati district

Joint MOH-IFPP supervision:

The IFPP technical team and SDSMAS/DPS staff carried out technical support visits in 9 districts in Nampula province and 9 in Sofala, providing supervision to sixty-two (62) HFs: 24 in Sofala and 38 in Nampula strengthening the understanding and coordination to boost the use of the MOH approved FP integration guidelines and the SRH services including FP integration data aggregation tool , assessing the quality of the counseling, the techniques of method insertion, cleanliness and organization of the HF services, FP commodities and equipment management.

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 quality provision, coupled with 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 approximately 10 days after the end of the initial training. Subsequent mentoring visits are scheduled depending on the findings of the first visit, but the goal is to reach each health facility with trained HP at least once per quarter.

Table 3: Mentoring visits received by HFs

HFs categorized according to the # of mentoring visits already received to date (JFM 2018)						
District	# existing HF	# of HF trained	# of HF with			% of HFs with trained HP that received at least 1 visit
			1 to 5 visits	6 to 15 visits	>15 visits	
Beira	17	16	7	2	1	63%
Dondo	15	15	9	3	1	87%
Nhamatan	17	17	8	2	1	65%
Buzi	15	14	7	3	1	79%
Chibabava	15	15	11	2	1	93%
Machanga	10	10	2	1	0	30%
Caia	12	11	9	2	0	100%
Marromeu	9	8		2	1	38%
Chemba	9	9	7	2	0	100%
Gorongos	14	13	9	1	0	77%
Cheringom	7	7	6	1	0	100%
Maringue	9	8	7	1	0	100%
Muanza	8	6	5	0	0	83%
	157	**149**	**87**	**22**	**6**	**77%**
Angoche	19	14	9	3	1	93%
Liupo	3	3	1	2	0	100%
Mogincual	6	6	2	3	1	100%
Nampula	25	9		9	0	100%
Erati	10	10	5	2	3	100%
Memba	12	12	6	5	1	100%
Meconta	8	8	3	4	1	100%
Nacaroa	7	5	2	2	1	100%
Muecate	11	5	1	1	0	40%
Mogovola	7	7	3	1	1	71%
Moma	11	5	2	2	0	80%
Larde	6	6	5	1	0	100%
Monapo	17	11	6	4	0	91%
Mossuril	10	3	2	1	0	100%
Ilha Moç.	5	3	1	2	0	100%
NP	14	12	1	4	2	58%
NV	6	6	3	2	1	100%
Rapale	8	7	4	2	1	100%
Mecuburi	13	12	3	3	1	58%
Murrupul	6	6	2	2	1	83%
Ribaue	9	9	2	6	1	100%
Malema	10	9	6	3	0	100%
Lalaua	6	6	5	1	0	100%
	229	**174**	**74**	**65**	**16**	**89%**

Table 3 summarizes the number of mentoring visits received by HFs by province since October 2016. The number of total visits to date is related to the date of original training. Thus far, the number of visits received corresponds with the cascade training schedule.

To date, in Nampula and Sofala provinces, 89% or 155 out of 174, and 77% or 115 out of 149, of the HFs that received training also received at least one mentorship visit and all are scheduled to continue receiving visits during the next quarters.

Mentorship App

To ensure the consistency of mentorship and facilitate follow-up on action plans developed during mentoring visits from one visit to the next visit, IFPP uses a mentorship digital app, allowing health provider-specific electronic notetaking and follow-up action plans which are discussed and shared before leaving the HF. The app provides prompts for mentors to guide them through each step of the mentorship process and sends reminders to mentors for the next mentoring visit to ensure providers who require additional support are mentored at appropriate intervals. Out of a total of 2,819 (compared to 2,548 at end Q1FY2) eligible HPs trained by the project, 1,965 (compared to 1,710 at end Q1FY2) or 70% of them received at least one mentorship visit since the beginning of the intervention. All mentees (Figure 1), were mentored on comprehensive FP counselling on existing method-mix, 1,099 (compared to 926 at end Q1FY2) mentored on injectable administration, 1,305 (compared to 1,136 at end Q1FY2) mentored on implant insertion, 286 (compared to 235 at end Q1FY2) mentored on interval IUD insertion, and 199 (compared to 164 at end Q1FY2) were mentored on post-partum IUD (PPIUD) insertion.

Figure 1. Mentorship visits

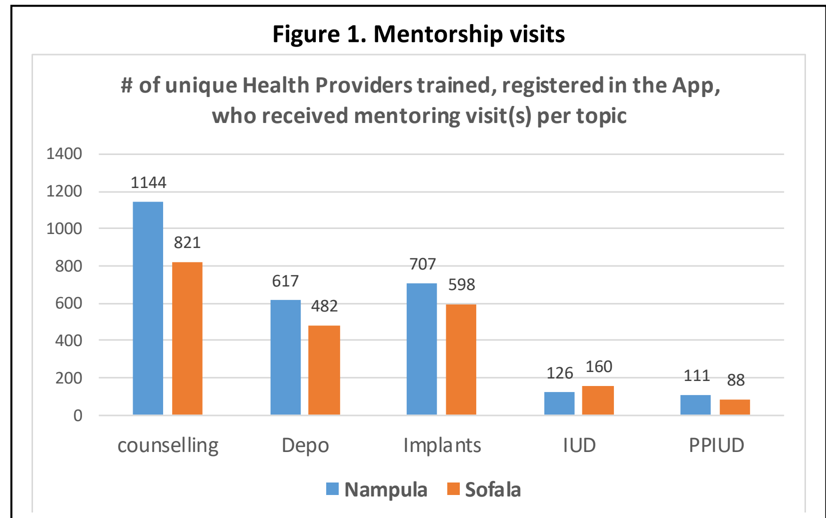
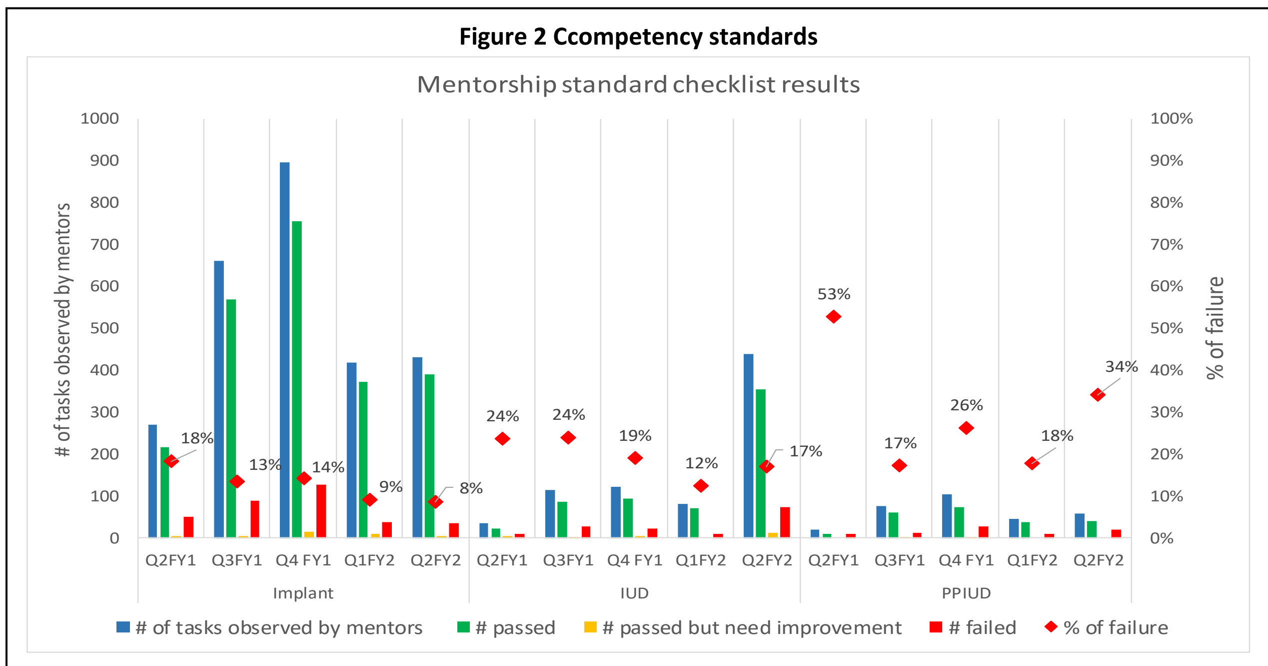


Figure 2 Ccompetency standards



During this reporting period, the total number of tasks observed by mentors increased from 1,887 in Q1FY2 to 2,417 during Q2FY2: 845 mentorships forms were fulfilled in Nampula province and 1,572 in Sofala province. As seen in Figure 2, the 'not meeting competency standards' rate is declining for implant; for interval and PPIUD insertion, the 'not meeting competency standards' rate has increased from 12% to 17% for Interval IUD – although it's important to note that 51 mentees, recently trained were mentored for the first time during this quarter – and from 18% to 34% for PPIUD (35 additional mentees mentored for the first time this quarter).

Figure 3: Unique HP mentored for IUD to date, by province.

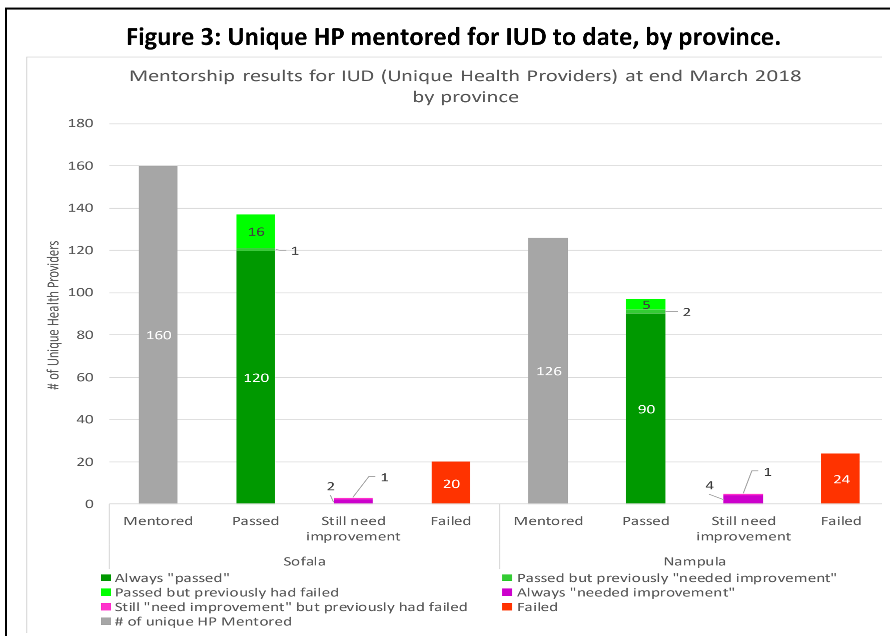
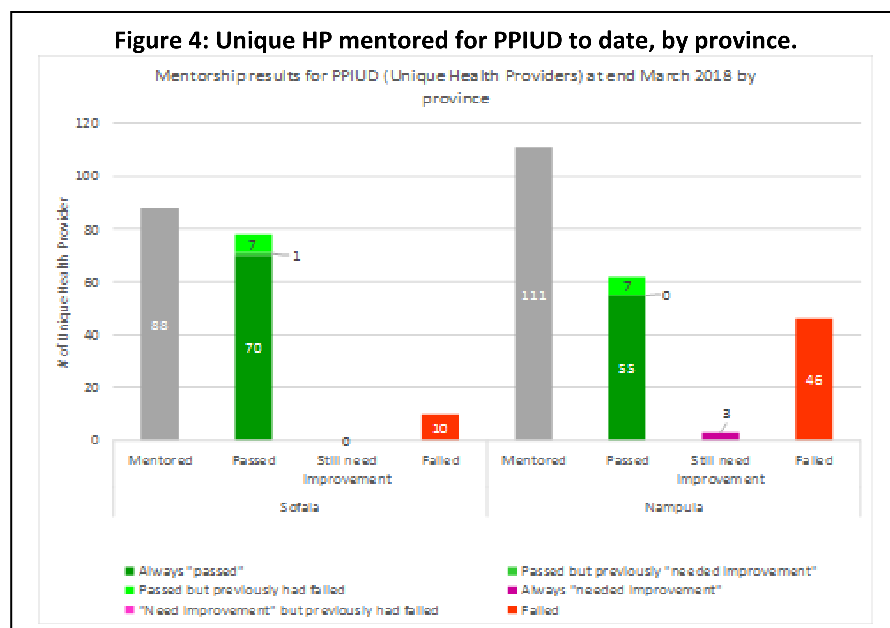


Figure 4: Unique HP mentored for PPIUD to date, by province.



As seen in Figure 3 and Figure 4, Nampula HPs continue to face more technical challenges, particularly for PPIUDs, than those in Sofala province. Therefore, in March, in response to the identified weakness of HPs in Nampula, additional support was provided to mentors to increase their abilities to mentor high-need mentees through a one-week mentor's mentorship. Three facilitators (1 gynecologist and 2 MCH bachelor nurses) observed the provincial mentors during their practices, using the Health centers of "25th of September" and "1st of May", as well as the Central Hospital of Nampula as internship places.

Overall, the mentorship abilities and techniques rated during the practical mentor's mentoring sessions were high level; particular attention was given on the weaker PPIUD technique and the "Balanced

Counseling Strategy Plus"; two new IFPP mentors were integrated in order to substitute two district coordinators (1 resignation and 1 loss) as well as two new SDSMAS mentors. Afternoons were used to do an in-depth review of the weaknesses highlighted during the mornings as well as some of the usual eight-day FP training topics.

Consequent efforts were carried out this quarter to mentoring more frequently Implant, IUD and PPIUD techniques and the project will continue to multiply the opportunities taking advantage of the shift changeover meeting that takes place between maternity ward nurses as maternity daily meeting offers an important glimpse of the HF client load and service flow and provides an opportunity to give parturient women counselling and immediate PPIUD insertions and this also allows us to catch night shift workers who are otherwise missed. Meanwhile, in Nampula, despite the fact that some of the HPs still need to improve their PPIUD skills, it's remarkable that, out of 188 HFs offering institutional delivery services, already 75% are reporting offering at least 1 PPIUD and 80% at least 1 PPIUD or another PPFP method during the current quarter, while attending more than 90% of the Nampula province institutional deliveries (18,448 in March) during this current quarter; Eighteen months after the starting of the IFPP intervention, immediate Post-Partum FP services seems to have been highly disseminated across the Nampula province maternities.

Table 4: HFs with more than 500 institutional deliveries per quarter in Q2FY2 and their % of IUDPP

Health Facilities with more than 500 inst. Del. /Q	# of Inst. Del. /Q	% IUDPP
CS Muatua	552	0.0%
HC Nampula	1929	0.4%
CS iuluti	816	0.4%
HD Moma	751	0.8%
CS Namialo	658	1.2%
CS 25 de Setembro	2605	1.8%
CS Chalaua	854	2.2%
CS Murrupulane	577	4.7%
CS Muhala Expansão	1543	4.7%
CS Nacala Porto	1651	5.1%
HD Nacala Porto	893	5.6%
CS Calipo	723	6.1%
CS Rapale	554	6.9%
CS Nametil	813	7.4%
CS Alua	651	9.7%
CS Nanhupo Rio	763	10.2%
CS Nacaroa	694	17.1%

When analyzing the data in Nampula province, (Table 4 and 5), high disparities in PPIUD offering are existing between the HFs: Some HFs are attending very high numbers of deliveries and have low capacities in PPIUD offering (e.g. Central Hospital of Nampula, District Hospital of Moma and HC of Muatua, Iuluti, Namialo, 25 of September, Chalaua, Murrupulane and Muhala Expansão). Next quarter, IFPP has programed a more in-depth analysis of the reasoning behind these coverage differences through an implementation learning workshop with the heads of the HF maternity ward and HFs' directors to understand the activities and attitudes that are promoting post-partum FP offerings. Two workshops will be carried out, the first one gathering the personnel from the HFs with more than 500 deliveries per quarter and the second one with less than 500 but more than 399 deliveries per quarter.

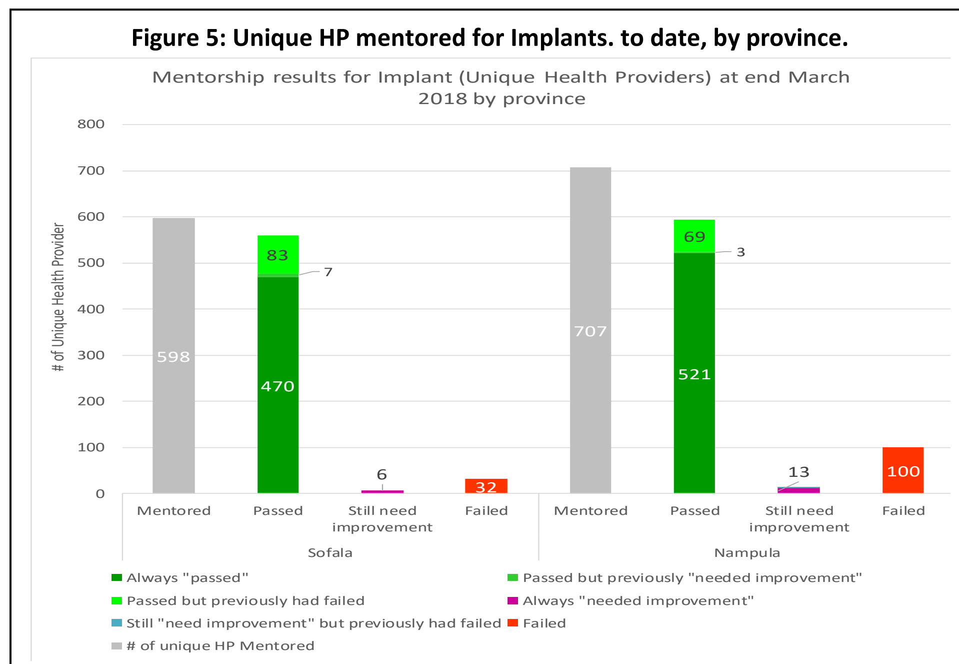
Table 5: HFs with more than 399 and less than 500 deliveries per quarter (Q2FY2) and their % of IUDPP

Health Facilities with less than 500 and more than 399 Inst. Del. /Q.	# of Inst. Del. /Q	% IUDPP
CS Namahaca	430	37.2%
CS Lapala Estação	457	22.8%
CS Meconta	490	20.8%
CS Lapala Monapo	470	15.1%
CS Riane	451	12.6%
CS Guarneia	400	10.8%
CS Monapo	416	10.3%
CS Memba	478	10.3%
CS Mirrote	445	8.3%
CS Liupo	419	7.4%
CS Namaponda	452	7.3%
CS Natete	435	6.4%
CS Carapira	407	6.4%
CS Murrupula	485	5.6%
CS Micane	434	3.5%
HR Namapa	493	3.4%
CS Monapo Rio	412	2.7%
CS Malema	455	2.6%
CS Mutuali	403	2.5%
CS Namina	462	1.7%
CS Namaita	431	1.6%
CS Netia	485	1.4%
HG Marrere	443	0.7%
CS Namitoria	440	0.5%

Additionally, IFPP will mentor the HP of nine maternities which didn't offer any PPFP during the Q2FY2 while attending more than 60 deliveries per month - Mutava Rex and Namiepe (Nampula city),

Quinga (Liupo district), Issipe and Milhana (Mecuburi), Simuco (Memba), Muculuone (Muecate), Caramaja Rapale), and Mecuasse in Ribaue district.

Figure 5: Unique HP mentored for Implants. to date, by province.



With respect to implant insertion, Nampula province also presents more challenges than Sofala in reaching the qualitative benchmark. Fourteen percent (14%) of unique providers who were mentored did not meet the competency standards, compared to a 5% rate in Sofala.

Summary of the main observations of the mentoring and technical support visits:

- *Technical skills:* difficulties persist in immediate postpartum counseling skills, especially for long-term methods. The PPIUD insertion technique is the most difficult for HPs and they need more mentorship to improve their self-confidence.
- *Family Planning integration*: in most of the trained HFs, FP methods are offered, but non-MCH providers need more mentorship and follow-up with respect to long-term method provision, particularly implants insertion that non-MCH HP are more asked for by their clients.
- *M&E logbooks*: more SRH/FP logbook 's daily summaries are correctly fulfilled when comparing with previous quarters even if still challenges remain. Problems arise when the regular MCH nurse in charge of the FP/SRH consultation is absent and there is a substitute nurse who is not familiar with the process. However, with the introduction of the HF data aggregation sheet, there was a significant improvement in the reporting of all FP data from other departments in the monthly HF summary form. Still, the aggregation of the National Health Week FP data was poorly summarized in the monthly HF summary form.

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

Agente Polivalente Elementar trainings (APEs).

IFPP support to Agente Polivalente Elementar (APE), or Ministry of Health Approved Community Health Workers, is a key activity that will increase FP access for the hard to reach rural population. Most APEs were already trained on FP in 2016, before IFPP started. However, the MOH felt that APEs were not providing significant FP services through APEs by the end of 2016. As such, the MOH requested that IFPP strengthen APEs skills and increase support and supervision to effectively integrate FP in their daily tasks.

Table 6: Distribution of APEs trained in FP thru IFPP, per province and district

DISTRICT	# of HF	# of HF with at least 1 APE (source: DPS)	# of HF with at least 1 APE trained thru IFPP	# of active APEs (source: DPS)	# of APEs trained in FP				% of APEs trained thru IFPP
					FY1	Q1 FY2	Q2 FY2	Total to date	
Beira	17	1	NA	1	NA	NA	NA	NA	NA
Dondo	15	8	5	20	13	0	0	13	65%
Nhamatanda	17	15	15	38	3	3	32	38	100%
Buzi	15	9	2	19	5	0	0	5	26%
Chibabava	15	11	6	19	7	0	0	7	37%
Machanga	10	7	9	23	3	0	20	23	100%
Caia	12	9	6	19	12	3	0	15	79%
Marromeu	9	7	6	20	0	0	18	18	90%
Chemba	9	6	6	10	7	3	0	10	100%
Gorongosa	14	9	9	40	8	0	32	40	100%
Cheringoma	7	7	6	22	10	0	11	21	95%
Maringue	9	6	7	10	2	0	7	9	90%
Muanza	8	6	0	29	0	0	0	0	0%
SOFALA	**157**	**101**	**77**	**270**	**70**	**9**	**120**	**199**	**74%**
Angoche	19	13	1	45	9	0	0	9	20%
Liupo	3	4	1	15	5	0	0	5	33%
Mogincual	6	3	1	22	6	0	0	6	27%
Nampula D.	25	5	5	8	15	0	0	15	188%
Erati	10	10	5	49	25	0	0	25	51%
Memba	12	10	3	34	18	0	0	18	53%
Meconta	8	7	2	31	9	10	0	19	61%
Nacaroa	7	6	3	30	13	0	0	13	43%
Muecate	11	10	10	32	20	0	11	31	97%
Mogovolas	7	5	2	49	18	0	0	18	37%
Moma	11	8	5	39	21	0	0	21	54%
Lardes	6	5	2	10	5	2	0	7	70%
Monapo	17	10	4	43	23	0	0	23	53%
Mossuril	10	6	1	31	3	0	0	3	10%
Ilha Moç.	5	NA	NA	NA	0	0	0	0	NA
N.Porto	14	NA	NA	NA	0	0	0	0	NA
N.Velha	6	6	2	34	13	0	0	13	38%
Murrupula	8	6	6	29	33	0	0	33	114%
Rapale	13	11	4	21	9	0	0	9	43%
Mecuburi	6	8	6	26	36	0	0	36	138%
Ribaue	9	9	2	50	18	0	0	18	36%
Malema	10	7	6	31	29	0	0	29	94%
Lalaua	6	5	5	32	19	13	0	32	100%
NAMPULA	**229**	**154**	**76**	**661**	**347**	**25**	**11**	**383**	**58%**
Both	**386**	**255**	**153**	**931**	**417**	**34**	**131**	**582**	**63%**

Therefore, IFPP included APEs working in IFPP HFs in the first two days of HF provider trainings to refresh their knowledge and to boost HF and APE coordination mechanisms, including FP commodities supplies, referrals, and supportive supervision schedules. During Q1FY2 and Q2FY2, respectively, 34 and 131 additional APEs were trained. Cumulatively, by end of Q2FY2 IFPP has now trained 58% of active APEs in Nampula representing 76 HF catchment areas and 74% of active APEs in Sofala representing 77 HF catchment areas.

This Q2FY2, the Nampula provincial APE Supervisor was supported to supervise the following districts and HFs: Angoche (Aube, Namitoria e Namaponda), Meconta (Namialo e Nacavala), Moma (Micane, Uala, Briganha e Savara), Murrupula (Cazuzu, Umuatho e Nihessiue), Malema, Lalaua, Muecate (Imala, Gracio, Napala e Muecate sede), Nacala Velha e Mecubúri (Malite, Milhana, Nahipa e Mecubúri Sede). The main recommendations are summarized in Table 5. Additionally, Joint IFPP – SDSMAS supervision was carried

out in Nacala-Velha; Meetings were organized with the HF APE supervisor of Meconta, Muecate and Nacaroa districts to improve their abilities to better supervise and support their respective APEs.

The number of women of reproductive age (WRA) served by APEs are increasing steadily in Nampula province (Q2FY1 – 5,503; Q3FY1: 14,126; Q4FY1: 12,804; Q1FY2: 17,892; Q2FY2: 20,012) and more irregularly in Sofala province (Q2FY1 – 2,842; Q3FY1: 5,497; Q4FY1: 6,300; Q1FY2: 5,558; Q2FY2: 7,627).

Table 7: Main difficulties identified and recommendation given through the APE provincial responsible supervision visit.

HFs	Weaknesses identified	Recommendations
Cazuzu; Mecuburi; Momane; Namilao; Nacavala; Uala; Aube, Muecate	Weak follow-up of APE's activities by the MCH/FP responsible at the HF	The MCH/FP responsible at the HF level must participate to the monthly "APE-HF" meeting
Murrupula; Meconta; Moma; Muecate	The distribution of the FP commodities is carried out by the district APE responsible	The distribution of FP commodities must be carried out by the peripheral HFs and led by the HF MCH/FP responsible
Momane; Popue;	no registration of the FP commodity distribution to APEs	registration of FP commodities distributed to APEs must be registered on the deposit stock card
Murrupula;	Aggregation of the HF APE's FP data is registered on free forms	use the monthly HF FP integration logbook
Momane, Namialo; Meconta; Moma; Nametoria; Aube; Namaponda	APE's FP data are not included in the HF monthly summary	include APE's FP data in the monthly HF FP summary
Mecuburi	SDSMAS has not oriented HFs how to report APE's FP data	SDSMAS must orient HFs how to report these data
Muite	APEs coverage related to FP are far below the planning estimates	HF staff must discuss data during the monthly data review and the ways how to improve the coverage
Uala; Micane	MCH nurse is not aware that APEs scope of work includes FP	Meeting with MCH nurses and explain the importance of the APEs carrying out FP services at community level
Moma; Nametoria; Aube; Namaponda	APEs still are facing difficulties to use correctly the FP register form	APE responsible must carry out an M&E update during next APE monthly meeting
Nametoria; Aube; Namaponda	APEs aren't aware about the MOH orientation to use depoprovera in absence of sayana press	Diffuse MOH orientation

To boost the involvement of APEs for FP delivery, IFPP is carrying out, in both provinces, the following activities: 1) support the DPS APE supervisor for integrated supervision, focusing on counselling and the delivery of short term FP methods, FP registration in the APE logbook, referrals to HF for long acting FP methods, and management of traditional birth attendants (TBAs) FP referrals which are directed to APEs. 2) Improve the supply of short term contraceptive methods (STM) available to APEs in both provinces. 3) Provide technical support at the monthly “APEs – HF” coordination meeting for data analysis, experience sharing, and restocking FP methods and commodities. 4) Support the dissemination of the MOH recommendation (September 2016 National Public Health Directorate guidance) that in the case of a shortage of DMPA-SC (Sayana Press), DMPA-IM injection can be provided by APEs as a substitution.

Traditional Birth Attendant (TBA) Trainings

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

Table 8 – TBAs trained in FP methods and community sensitization

	FY1	Q1 FY2	Q2 FY2	Total per province	Grand Total
Nampula	762	22	35	819	1072
Sofala	92	101	60	253	

During Q2FY2, five cascade trainings were hosted at peripheral HFs which drew 95 TBAs (60 in Sofala – districts of Machanga, Cheringoma, Maringue, Muanza – and 35 in Nampula – district of Angoche and Liupo). The three-day training focused on the TBA role in FP promotion, effective community-level promotion and referrals, sexual and reproductive rights, the female and male reproductive system, adolescent pregnancy, sexually transmitted infections (STIs), HIV and AIDS, the impact of gender inequities on health issues, contraceptive methods, and the importance of male involvement in FP activities.

Table 9: HF having carried out the "TBA – HF" review meeting

District	HF having carried out the "TBA – HF" review meeting in Nampula Province
Nampula	Marrere, Anchilo e Namiconha
Nacala – a Velha	Nacala a Velha, Mueria, Barragem, Salinas,
Meconta	Meconta, Teterrene, Namialo, Nacavala e Corrane
Muecate	Muecate
Nacaroa	Nacaroa e Nahadge
Angoche	Namitoria, Namaponda, Aube
Mogincual	Namige e Quixaxe
Ribaue	HR Ribaue, Namiconha, Iapala Monapo, Iapala Sede
Lalaua	Lalaua Sede
Malema	Malema Sede e Mutuáli
Monapo	Monapo, Carapira, Natete, Netia, Mecucu, Muatuca
Ilha de Moçambique	Lumbo
Mossuril	Nacuxa
Nacala – a - Velha	Nacala -a – Velha, Mueria, Barragem, Salinas
Moma	Chalaua
Mogovolas	Iuluti, Nanhupo rio, Nametil sede
Eráti	Namapa, Alua, Mirrote, Nantonge
Memba	Memba Sede, Namahaca e Mazua

In each HF with TBAs already trained, review meetings were held, led by the HF MCH nurse. These follow-up meetings focused on TBAs sharing FP community sensitization experiences, a review of FP referrals, and discussing completed FP referrals including successes with the different sub-groups (parturient

Photo 9, 10. TBA meetings at Namapa and Iuluti HFs

referrals and PPFP pre-sensitization including FTPs; adolescents; medium and high parity women). Additionally, the MCH nurses prepared one refreshment training topic.

Interpersonal Communication Agent (IPC) 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 this reporting period, 34 new Interpersonal Communication (IPC) agents were trained to extend urban demand generation activities in Angoche city (8), 19 in Nampula City and 17 in Beira City to substitute the ones who resigned mainly because they were recruited by the National Commission of Election to carry out the community education and mobilization related to the local elections of next October.

Community Facilitators (CF) training

During this reporting period no training of additional CF was held. Note that during the past quarter (Q1FY2), IFPP trained the 203 CF on topics related to the fourth, fifth and sixth community dialogue's sessions while 35 additional CFs (11 in Sofala and 24 in Nampula) were trained for the first time on the contents of the sessions 1 to 6. This Q2FY2, 30 CFs involved in the community score cards process (CSC) were trained on this topic for 4 days.
The 119 CFs pairs (male and female) are covering 160 rural HF catchments areas (94 in Nampula and 66 in Sofala). Therefore, 52% (160/307) of HF catchment areas located in a rural area have CFs. For the time, no additional CFs will be trained as the focus will be on supporting this initial cadre of trained CFs.

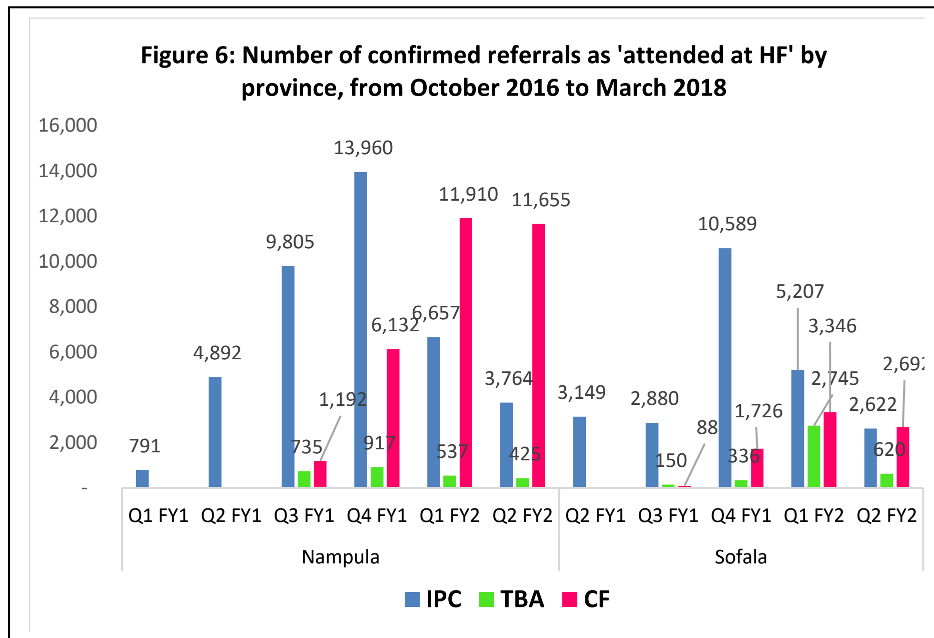
Targeted Mobile Brigades (MBs) for priority populations

During the reporting period, IFPP supported fewer Mobile Brigades (MB) than in past quarters: a total of 340 MBs (117 in Nampula and 223 in Sofala) were carried out; the number of MBs in Nampula province, has dropped considerably, mainly due to the January heavy rains and the subsequent degradation of most of the dirty tracks. In addition, usually, HPs are enjoying more holidays in the first quarter of the calendar year; furthermore, two district coordinators of the nine existing were mainly absent - one had been sick and has since passed away and the other resigned middle of February. Their substitutes were recruited middle (Nampula City) and end of March 2018 (Rapale, Mecuburi and Murrupula districts cluster).
As MBs are key in increasing access to FP particularly for rural areas, district community health responsible for the districts of Moma, Angoche, Monapo, Meconta, Nacala Porto, Ribaue and Erati participated in one day of the February IFPP quarterly meeting in Nampula. They were invited to participate in detailed planning of the next MBs in order to include more of the MBs points covered through the MCH national health week.

It's worth highlighting that within the context of IFPP – PSI partnership, 66 MBs (not reported above) targeting 10 secondary schools in Nampula city and 18 in Beira city, were performed through PSI FP Dutch funded project.

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

Figure 6 shows trends in the number of confirmed referrals by CHW type, quarter, and province. The total number of confirmed referrals by health providers is 21,778 for Q2 FY2, a 39% decrease from previous quarter. Mainly related to the fact that half of IPC agents in Nampula resigned and were enrolled in STAE. Additionally, some delays in paying the HP confirmed referrals incentives may have diminished the number of referrals confirmed through Movercado by the MCH nurses.



Note that TBAs refer clients to health facilities mainly without referral slips and prefer to personally accompany the women to the HF. The illiteracy rate of TBAs is high; HF providers in Nampula report seeing women referred by TBAs without a paper voucher. As a result, IFPP is piloting a paper-based tool that could more easily record TBA activities at a monthly accompaniment meeting at each HF led by the HF MCH nurse. This pilot activity is still running.

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

A total of 46,940 women contacts have been reported this quarter.

TBAs

As mentioned above in Sub IR1.2, by the end of Q2FY2, 1072 TBAs have been trained and have started their sensitization activities at the community level.

To date, sensitization contacts performed by TBAs are being under reported (1,109 contacts reported), as only the confirmed referrals by HP are being counted as contacts. HP of the peripheral HF which benefited from TBAs FP training are carrying out monthly and/ or quarterly meetings and fulfilling a one-page report which should facilitate the reports of the contacts as well as the confirmed referrals; the priority target groups for TBAs are first time parents (FTPs) who are pregnant or postpartum, and target medium- and high-parity women (defined by IFPP as women with three or more children).

Interpersonal Communication Agent (IPC)

Additionally, by the end of the reporting period, IFPP leveraged at "TEM+" and public health facilities FP intervention in urban settings with the support of 94 active IPC agents who reported having contacted 8,644 women during Q2FY2.

Health Provider one-page report to be fulfilled at the monthly TBA meeting

Nome das PTs que participaram na reunião e relação de referências			(n)	(c)	(n)	(c)
Nome da PT (n) e comunidade de actuação (c) →						
Número de Grávidas e parceiros (casais) referidos para a CPN para testagem HIV e aconselhamento em PF pós parto		Realizadas				
		Confirmadas				
		Por re-aconselhar				
Número de Grávidas referidas a parto na maternidade (e já pré aconselhado para o PF pós parto)		Realizadas				
		Confirmadas				
		Por re-aconselhar				
Número de Mulheres referidas para a CPP/PF	Adolescentes ainda sem filhos	Realizadas				
		Confirmadas				
		Por re-aconselhar				
	Mulheres com 1 a 4 filhos	Realizadas				
		Confirmadas				
		Por re-aconselhar				
	Mulheres com mais de 4 filhos	Realizadas				
		Confirmadas				
		Por re-aconselhar				

Rural community facilitators of the Community Dialogues (CD)

During Q2FY2, 37,187 contacts with women were carried out through community dialogues.
The community team remobilized the groups who already completed sessions one to three of the community dialogue trainings so that they could participate in sessions four to six. About 95% of the members of the groups formed in March and April 2017 were remobilized. The remobilization process was strongly supported by local leaders.

The community team remobilized the groups who already completed sessions one to three of the community dialogue trainings so that they could participate in sessions four to six. About 95% of the members of the groups formed in March and April 2017 were remobilized. The remobilization process was strongly supported by local leaders. In total, 628 groups successfully completed the six community dialogues sessions thru 1,726 additional sessions (four, five, and six) focusing on myths, taboos, and individual, cultural and institutional barriers.

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 key community leaders and influencers. The rationale behind the community dialogues is to address the social and gender norms and drivers of the lack of use of modern FP. The rationale is also to create a more enabling environment at the community level for adherence to modern FP methods. Community leaders are important gate keepers and educators.

Fostering an enabling environment for demand creation

To boost the local leadership involvement in the areas in which CFs were facing a deficit of the community Leadership involvement, IFPP, in coordination with the head of the Locality ("Chefe da Localidade"), has supported a one-day meeting focus on gather the members of the *Conselhos Locais da Localidade* (CLL); this Local Council is an organ of consultation of the Local Administration authorities, in search of solutions to fundamental questions that affect the life of the local communities, their well-being and sustainable development in which participate the community authorities.

Table 10: Distribution of the CLL meetings by province and district

Pro-vince	Districts	# of Meeting with CLL
Sofala	Marromeu	2
	Maríngue	2
	Chemba	2
	Caia	1
	Machanga	1
	Chibabava	2
	Nhamatanda	3
	Buzi	1
Nampula	Mogovolas	3
	Angoche	3
	Moma	1
	Ilha de Moçambique	3
	Monapo	4
	Nacala à Velha	2
	Meconta	1
	Liúpo	2
	Mogincual	1
	RIbaué	2
	Lalaua	1
	Total	37

Thirty -seven meetings were held in 8 districts in Sofala province (Marromeu, Marringue, Chemba, Caia, Machanga, Chibabava, Nhamatanda and Buzi) and 11 districts in Nampula province (Mogovolas, Angoche, Moma, Ilha de Moçambique Monapo, Nacala Velha, Meconta, Liupo, Mogincual, Ribaue, Lalaua). The main objective was to create a more enabling environment for FP behaviour change within their communities and to strengthen their leadership in order to increase the community participation in the community dialogues. These meetings included participation from the HF Director, the MCH responsible, as well as the provider in charge of the community involvement. The main questions discussed included: *In your opinion, what are the reasons for the low use of methods of contraception at community level? What could each of us do to improve the use of FP in your family circle and in your community?*

Photo: 11. CLL meeting in Meconta district

The final exercise was map drawing of the community highlighting the main roads, the schools, the health center, the APEs, the best-known PTs and the MBs concentration points.

Leveraging community partnerships through CBOs

Technical support visits were carried out, targeting the 88 community based organizations (CBOs) to more qualitatively implement the agreement signed with IFPP and continue with the plan for follow-up activities, including monitoring CF activities at the community and HF level, which were designed and partly jointly implemented with IFPP staff. CBO representatives were also involved in the Community Score Cards process.

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 dramas, interviews, and radio programs to help to demystify and minimize barriers linked to FP at the community level.

Table 11: Radio sessions by radio

Province & district		Radio name	Broadcasting Q3 FY1	Q4 FY1	Q1 FY2	Q2 FY2
Nampula	Mossuril	CR Mossuril	4	9	4	MOU in process to te extended
	Monapo	CR Monapo	22	26	22	
	Meconta	CRT Namialo	22	14	0	
	Memba	CR Memba	12	16	0	
	Erati	CR Namapa	10	16	0	
	Ribaue	CRT Ribaue	22	13	0	
	Angoche	CR Parapato	18	16	2	
	Nampula	CRT Gemeas	12	15	0	
Sub-total			**122**	**125**	**28**	**0**
Sofala	Nhamatanda	CR Acordos de Paz	0	16	11	4
	Gorongoza	CR Gorongoza	4	14	18	12
	Caia	CR Caia	8	8	9	4
	Marromeu	CR Marromeu	8	18	8	4
Sub-total			**20**	**56**	**46**	**24**

CR staff were prepared to broadcast 16 sexual and reproductive health rights (SRHR) and FP programs. Within IFPP's communication and sensitization approach, the CRs complement the messages transmitted during CD sessions with CFs, promoting SRHR, FP rights, and duties of citizens to raise public awareness about SRHR and the benefits of FP services. During Q2FY2, four CR signed their agreement for the continuation of the broadcasting of the complementary sessions that accompanies the community dialogue sessions 4, 5 and 6. The CR of Sofala province have broadcasted 24 emissions.

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

During Q2FY2, a coordination meeting was held with IREX in Nampula province, and further collaboration was agreed to leverage resources in trainings in order to embed FP content in all the trainings conducted by IREX with technical support from IFPP

IR 3: Strengthened FP/RH health systems

HSS activities during the Jan – Mar 2018 quarter focused on conducting baseline family planning Management Standards Compliance (MSC) assessments in four additional districts reached by IFPP for the first time. Of the 9 expansion districts for year 2, only Marromeu District in Sofala Province did not conduct a baseline evaluation by the end of Q2, which was due to the constant delays and unavailability of the SDSMAS counterparts (the other 4 expansion districts were assessed last quarter). Another key priority and major achievement this quarter was the continued reduction in the percent of visited HFs that had a contraceptive stock out. Through a combination of proactive communication between the key actors involved in the FP supply chain management, coupled with TA to ensure HFs, district, and provincial medications depot managers properly forecast family planning commodities needs and plan for their

efficient distribution, IFPP was able to ensure a threefold reduction in stock outs from 14% July - September 2017 to 4% October-December 2017 and maintaining the trend of 4% in this quarter January-March 2018. IFPP's HSS team also provided TA and financial support to both provinces to ensure correct use the MOH's human resources for health (HRH) training information system (SIFo) to register staff who receive in-service training. The project also provided technical support in conducting bi-annual (semi-annual) PES meetings to monitor the progress and implementation of the SDSMAS action plans in 15 districts in Nampula Province and 6 districts in Sofala Province.

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

Activities within this sub-IR include capacity building and technical assistance to the districts and DPS to appropriately apply the standard operating procedures (SOPs), using the Management Standards Compliance tool, and budget for evidence-based FP strategies in the annual provincial plans (Social and Economic Plan [PES]) and district plans (the District Operational Social and Economic Plan [PESOD]); the PES/PESOD cycle throughout the year includes monitoring of the annual PES/PESOD and understanding the next cycle by May-July.

During Q2FY2, the HSS team provided TA to 87 Sofala and Nampula DPS and SDSMAS program managers on the implementation of the FP activities. This involved supporting the preparation of monthly and quarterly workplans to guide implementation and facilitate routine monitoring of PES performance.

Table 12 illustrates the trends in MSC assessments carried out since the beginning of the IFPP intervention at SDSMAS and DPS level. The FY2 targets are to maintain satisfactory scores (≥80%) in FY1 districts who graduated (7 districts) and support those who did not graduate in FY1 to achieve better results (Erati, Meconta, Nacala Porto, Dondo, Nhamatanda, Chibabava, Caia, Gorongosa). Nine additional districts were enrolled to receive regular MSC assessments (Memba, Mogovolas, Nacala Velha, Murrupula, Malema, Buzi, Machanga, Marromeu).

Table 12: MSC trends by district

Legend: < or = 60%; >60% < or = 70%; >70% < or = 80%; >80% < or = 90%; >90% < or =100%

	MSC District Scores Over Time (Target: achieve satisfactory scores ?80%)							
		FY1 (Oct. 16 - Sept. 17)			FY2 (Oct. 17 - Sept. 18)			
	DISTRICT	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NAMPULA PROVINCE	Angoche	40%		92%		94%		
	Mogincual							
	Liupo							
	Nampula D.	39%		83%		90%		
	Erati	37%		75%		84%		
	Memba				55%			
	Meconta	68%		70%				
	Nacaroa							
	Muecate							
	Mogovolas					57%		
	Moma		42%	85%		85%		
	Lardes							
	Monapo	50%		92%		91%		
	Mossuril					53%		
	Ilha Moç.							
	N.Porto	41%		66%		90%		
	N.Velha				56%			
	Murrupula					49%		
	Rapale							
	Mecuburi		41%	81%		88%		
	Ribaue	41%		92%				
	Malema				38%			
	Lalaua							
SOFALA PROVINCE	Beira	63%		86%		89%		
	Dondo	60%		71%		82%		
	Nhamatanda		65%		83%			
	Buzi				74%			
	Chibabava	60%		73%		79%		
	Machanga					67%		
	Caia	54%		66%				
	Marromeu							
	Chemba							
	Gorongosa		66%					
	Cheringoma							
	Maringue							
	Muanza							

During this quarter, MSC assessment was conducted in 14 districts, including four *Round 1* (R1) baseline assessments (3 in Nampula Province, the districts of Mogovolas, Murupula and Mossuril; and 1 in Sofala Province, Machanga District), and 10 round 3 (R3) assessments (7 in Nampula Province, the districts of Angoche, Nampula, Erati, Moma, Monapo, Nacala Porto and Mecuburi); and 3 in Sofala Province, the city of Beira, and the districts of Dondo and Chibabava). Of these 10 R3 MSC evaluations, 9 achieved a score greater than 80% (3 for the first time, while the other 7 maintained their greater than 80% score achieved in R2). The only district with 3 rounds of MSCs that did not achieve the targeted over 80% performance is Chibabava, which come very close at 79%. In all 14 districts where MSCs were conducted in the Jan-Mar quarter, IFPP's HSS team supported district managers to develop and update quality improvement (QI) action plans to improve performance and to guide follow-up TA in the implementation of corrective actions.

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

Another key priority and major achievement during Q2FY2 was the maintaining in the percent of HFs that had a contraceptive stock out (4% of HFs assessed). As stated earlier, through a combination of proactive communication between the key actors involved in FP supply chain management, coupled with TA to

ensure HFs, district, and provincial medication's depots, managers properly forecast family planning commodities needs and plan for their efficient distribution. Note that IFPP is coming from a stock out percentage of 14% in July-September. By the end of the quarter, 28 out of 36 supported districts in Sofala and Nampula had logistics maps, route plans, and schedules to ensure efficient supply chain management for commodities and the laboratory network.

Out of the 79 HFs monitored for stock outs during the quarter, 3% (two health facilities in Sofala) experienced a stock out of one or more FP commodities for one or more days. These results are consistent with Q1 results.

This is due to a combination of factors, most notably the availability of FP commodities at the national level, as well as a number of IFPP supported interventions: strategies implemented since Q1FY2 are aiming to improve supply chain management and include: i) weekly follow up of any imminent or total stock outs identified by IFPP district coordinators in their routine TA monitored using the project's CommCare-based digital health data collection tool (where problems identified, conduct route cause analysis followed by development of a documented QI action plan); for instance, TA teams identified 1 site in Sofala and 2 sites in Nampula that were in danger of imminent stock out during the quarter; however, IFPP intervened to delivering additional commodities from the district medications depot before FP services were interrupted. ii) ensure each health facility's pharmacy manager correctly and systematically uses the MOH stock cards and requisition forms, iii) strengthen communication between HF pharmacy managers and SDPs to ensure internal requisition forms are systematically used to properly manage contraceptive inventories at site level; iv) work with stakeholders at all levels (DPM, DDM, and HF) to support a shift in FP forecasting methodology, using the maximum monthly consumption in the last three months to ensure sufficient stock predictions; v) strengthen communication between key stakeholders along the supply chain through provincial and district task force meetings involving DPM, DDM and MCH health professionals to meet on the 25th of each month to analyze consumption data and contraceptive commodity requisitions from each health facility to ensure enough stock is ordered to respond to the growing demand for FP commodities; for instance, this Q2FY2, the project supported 2 provincial and 5 district FP task force meetings involving DPM, DDM and MCH health professionals to analyze maximum monthly consumption data and contraceptive commodity requisitions from each health facility to ensure enough stock is ordered to respond to the growing demand for FP commodities; and vi) support quarterly supervision visits of the DPM to the DDM and from the DDM to the HF level using the MOH / CMAM TA guide.

During this quarter, IFPP worked with DPS, DPM and district counterparts to select 5 districts in each province to pilot the SMATG-CPF (*Sistema Móvel de Assistência Técnica para Gestão dos Consumíveis de Planeamento Familiar*, or System for Mobile Management of Family Planning Commodities) and SAPERS-CPF (*Sistema de Alerta Precoce para Evitar Roturas de Stock dos Consumíveis de Planeamento Familiar,* or Early Warning System to Avoid Stock Outs of Family Planning Commodities) platforms.

Selected pilot districts include Muanza, Machanga, Gorongosa, Chibabava and Maringue in Sofala, and Moma, Mogovolas, Memba, Erati and Ribaue in Nampula Province.[1]

Also the project focused on preparing the necessary provincial authorizations to launch the pilot, as well as registering HF and district pharmacy managers in the TextIt digital health platforms. The pilot is expected to begin by the end of April 2018.

SMATG-CPF and SAPERS-CPF

Using the TextIt platform, the SMATG-CPF, which is intended to prevent future stock outs, works by sending an SMS to participating HF pharmacists on the 24th of each month, initiating a question and answer dialogue whereby the HF pharmacist responds to three questions related to each of the five key family planning commodities:

- How much is in stock now?
- What is your average monthly consumption rate over the last three months?
- How much do you plan to requisition in your next monthly request to the district depot for medications?

If the answer to the last question is outside the expected range as defined by the MOH standard forecasting calculation, then the system provides follow-up advice to the pharmacist and informs both the DDM manager and IFPP technical advisor in order to provide timely support.

SAPERS-CPF is initiated by the provider, whereby participating pharmacists are provided with a number where they can send a free SMS to initiate a dialogue with the text it platform that enables them to report an imminent or actual stock out. In conjunction with the normal paper-based requisition that a pharmacist would normally submit to their DDM manager to request emergency stock, SAPERS-CPF provides a no-cost rapid response solution that immediately informs the DDM manager and IFPP technical advisor about the stock out so an emergency response can take place as soon as possible.

[1] None of the 10 pilot districts selected are participating in the MOH's tablet-based information system for logistics management at HF level (aka SIGLUS in Portuguese) in 2018.

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

Photo 12, Ratings at community group level

During this quarter, the Community Score Card (CSC) process was carried out at 14 selected HF in the districts of Chibabava, Buzi, Nhamatanda, Cheringoma and Chemba in Sofala province (6 HFs) and Angoche, Moma, Memba, Rapale, Mongovolas, Nacala a Velha, Meconta e Erati in Nampula province (8 HFs). The 14 HFs were pre-selected based on the quality of their existing relationship with communities in their catchment area, favoring the HFs with clear weaker relationships based on the Community Dialogue's sessions conducted. In each province, the CSC process starts with a five-day training gathering members of the respective SDSMAS and DPS as well as the representatives of CBOs and the 30 Community Facilitators (CF) involved in sensitization activities in these specific HF's catchment areas, and the IFPP respective field supervisors; in total, 40 participants attended the training in Nampula and 36 in Sofala province.

Table 13: Training participants and HF selected for the CSC

Provinces	Districts	HF targeted	Training participants: SDSMAS & DPS	OCBs	CFs	Field Sup.
Nampula	Angoche	Namaponda	8	8	16	8
	Moma	Moma				
	Memba	Chipene				
	Rapale	Namaita				
	Mogovolas	Iuluti				
	Nacala Velha	Barragem				
	Meconta	Corrane				
	Erati	Alua				
Sofala	Nhamatanda	Vinho	10	6	14	6
	Cheringoma	Cheringoma				
	Marromeu	Marromeu				
	Chemba	Catulene				
	Chibabava	Goonda				
	Buzi	Bandua				
Total			**18**	**14**	**30**	**14**

Two CSC trainings have included 18 members of SDSMAS and DPS, 14 IFPP field supervisors, 30 IFPP CF and 14 CBO representatives. After the training, 8 community groups per catchment HF were established - 4 in distant villages and 4 in more nearby villages - and 1 group of HP; a total of 112 community groups and 14 HP's group were carried out; in Nampula province, eight interface meetings during which representatives of the community groups and members of the HP's group debated the results of the ratings obtained at community level and at HF level, were performed. While in Sofala province, theses six meetings are scheduled for the first week of April. Action plans for each HF catchment area are drafted during these interface meetings in order to improve and regularly monitor the quality of the "community – HF" relationship; as expected, revitalization of the co-management committee and improvement of the HF service quality were key points discussed.

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

Based on the system assessment, capacity building, and systems strengthening action plans, IFPP supported DPS and district managers to more effectively manage the supply, distribution, and retention of skilled FP workers. In year one, the project supported 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 develop geographic information system (GIS) maps to identify districts and HFs with FP/RH training needs.

IFPP provided TA in the institutionalization of district in-service training nucleus, strengthening staff competencies in operating the MOH's HRIS or SIFO platform. The project also developed and distributed clear SOPs for the reporting and registration of in-service trainings using SIFO forms in the respective platform, and provided TA to ensure all SIFO district operators were assigned database usernames and passwords. Overall, this support is expected to decrease the volume of forms to be recorded at the provincial level, thereby streamlining the training registration process and ensuring more complete data in SIFo.

The next step will be to more pro-actively manage personnel changes related to HRH transfers (relocation related annual leave, in-service specialty training, post relocations, etc.). For instance, out of 229 HFs in Nampula this quarter, an in-depth analysis shows that FP services indicators had particularly low performance in 66 HFs with high HRH turnover. However, those with higher levels of staff retention maintained or even increased their performance. This data will be further analysed together with DPS and SDSMAS managers to identify and implement potential solutions.

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

The use of district profiles to guide quarterly data analysis meetings has strengthened the FP program's capacity to acquire strategic information and use it for evidenced-based decision making to improve program performance.

In Q2FY2, 18 districts held data review meetings using district profiles (DPs) which were developed and analyzed with IFPP support. Specific sites included 11 SDSMAS in Sofala (Beira, Dondo, Nhamatanda, Buzi, Gorongosa, Machanga, Chibabava, Caia, Chemba, Marromeu and Cheringoma) and 7 in Nampula (Mogovolas, Angoche, Nacala-a-Velha, Ribaue, Nampula City, Mossuril and Memba). TA was also provided to develop and implement QI action plans addressing the indicators with weak performance identified in the DPs.

The Sofala DPS also developed a provincial profile with support from IFPP's embedded HSS Advisor to present FP strategic information to all district MCH managers as a way of creating ownership and incentivizing the use of the evidence for decision making available in DPs. Likewise, in Nampula the DPS led a workshop for district managers (NEDs and MCH-FP focal points) from 15 priority districts to build their capacity in developing and using DPs to guide evidenced-based planning and quality improvement initiatives. This IFPP funded workshop was the solution identified during an operations research initiative implemented by NEDs in Nampula to explore why districts were reluctant to take ownership of the DP

initiative. The workshop culminated in all 15 districts presenting their respective DPs during their local monthly statistics meetings held in each district, and facilitating the design and implementation of QI action plans. The Nampula DPS insistence that all districts routinely report on their respective DPs, QI action plans, and implementation results on a quarterly basis promises to expedite district DP ownership and improve the generation, dissemination, and use of FP data for more effective decision-making.

Monitoring, evaluation, and implementation research

During the Q2FY2, the M&E team continued activities focusing on assuring data quality. The main activities implemented during Q2 were:

- Refresher training for correct filling of the registration books and summary forms
- Supervision and technical support
- Support HFs to analyse and present monthly statistics;
- Routine Data Quality Assurance (RDQA);
- Support the M&E community component
- DHIS2 training

Refresher training for correct filling of the registration books and summary forms

A refresher training for correct filling of the registration books and summary forms of SRH-FP consultation was carried out involving the MCH head nurses and NED responsible of all districts of Nampula province to improve quality of data registration as well as their abilities and skills to supervise the HFs' HPs.

Supervision and technical support

In Nampula, 19 districts received technical supervision visits, the remaining four districts will be supervised next quarter (Nacala Velha, Nacala Porto, Lalaua and Larde); during these supervision visits, RDQAs were also performed. In Sofala, supervision and technical support was given to 5 districts (Dondo, Machanga, Buzi, Maringue and Chibabava). The main findings are, despite progresses are being observed along the quarters, part of the daily and monthly summary forms is not consistently fulfilled and still persists a lack of registration and monthly aggregation of the mobile brigades activities; more frequent errors in fulfilling the SRH/FP logbook are:

Photo, 13. Technical support at Moma District Hospital in Nampula

- The columns "48" and "49", characterizing if client is a first-time user or a continuer is too frequently not fulfilled.
- Women registered as "continue one of the FP methods" – columns 51 or 58 or 61 or 65 – are not registered in column "49" as a FP continuer but are registered as a first-time user.
- STAM clients registered as "continuing the method" (pill – column 50 or injectable – column 56) without registration of the method distribution or method application (column 53 or 58 not marked).

Also, supervision and technical support was provided to community facilitators and field supervisors, focusing on data quality and data cleaning, insisting on the need to stick to the referral's flow chart previously defined, specifically for the confirmation of referrals at HF level.

Support to district monthly meetings and elaboration of HF monthly statistics

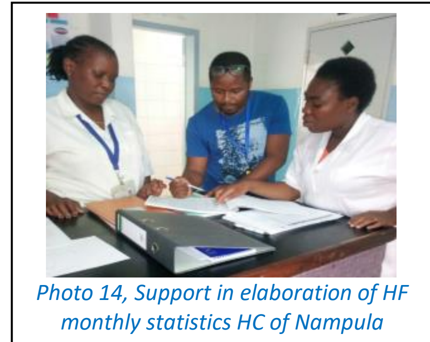


Photo 14, Support in elaboration of HF monthly statistics HC of Nampula

In Nampula, nine HF's monthly data review meetings were supported ensuring correct monthly report's fulfilling; two district monthly data review meetings were supported (Mogincual and Mecuburi). In Sofala, one HF and one district received the same support. The teams also promoted the use of the daily FP reporting forms to improve data aggregation for the HF monthly summary with a focus on FP integration data.

Routine Data Quality Assurance (RDQA)

Photo, 15, 16. RDQA at Calipo HC – Mogovolas and Inguri HC - Angoche

During the quarter, RDQA tools were applied to 39 HFs (fourteen first round assessment – Nampula; eleven second round assessment – Nampula; 14 second round assessment – Sofala). The main findings are: i) some recommendations from the previous RDQAs weren't followed; ii) some HF still don't fill the daily tally sheet; iii) FP integration monthly summary form erroneously aggregated.

On the other hand, some HF are registering in the observation column if the woman is referred from the CF or from the TBA by including the initials IFPP or PT and some HF assessed have very good archive of the registration logbooks and summary forms.

Support to the community component

Photo 17, Supervision to community facilitators in Buzi districts

The CFs and field supervisors received supervision visits: 11 districts in Nampula and 8 in Sofala. The main activities performed were verification of the community dialogues forms, verification of the referrals and confirmed referrals at HF's level. Improvement is notable.

DHIS2 training

IFPP database was elaborated in DHIS2. During this quarter, a refreshment training for district coordinators and project officers to strengthen their abilities and skills in using pivot tables and graphs was carried out.

FP and Environmental Compliance

During FY2, fifty-three HFs received at least one initial visit to assess environmental compliance (47 in Nampula and 6 in Sofala). Sixty-three HFs were assessed for FP compliance (54 in Nampula and 9 in Sofala). Also during the present quarter FP compliance training was held for the Radio Parapato staff in Angoche district

Photo, 18 FP compliance in Radio Parato, Angoche

Table 14: FP and Environmental Compliance Visits

Cluster	FP compliance			Environmental compliance	
	HFs in compliance	Assessment to be yet finalized	HF's to be reassessed	Assessment to be yet finalized	HF's to be reassessed
Nampula District		Muhala Expansão, Namicopo, Marratane	Anchilo, Saua Saua		Anchilo, Marratane, Saua Saua, Muhala Expansão, Namicopo,
Angoche	Gelo		Inguri, Namitoria, Natir, Josina Machel		Gelo, Inguri, Namitoria, Natir, Josina Machel, Mepapata
Lalaua			Naquessa		
Meconta	Muchico		Imala, Nacavala, Muecate, Nachere, Nahadge,		Imala, Nacavala, Muecate, Nachere, Nahadge, Muchico
Moma	Muatua	Moma	Calipo, Guarneia, Larde, Marrupanama, Mecuntamala, Nametil, Nanhupo Rio, Topuito,	Moma	Calipo, Guarneia, Iuluti, Larde, Marrupanama, Muatua, Mecuntamala, Nametil, Topuito,
Eráti		Odinepa	Alua, Baixo Pinda, Chipene, Namapa, Mazua, Mirrote, Namahaca	Namahaca, 25 de Junho	Alua, Baixo Pinda, Chipene, Namapa, Mirrote, Samora Machel
					Mecuburi, Popue, Nahipa
Malema			Chuhulo, Murripa, Murralelo,		
Monapo			Lumbo, Monapo, Mossuril, Natete, Netia, Ramiane	Carapira, Natete, Netia	Lumbo, Monapo, Mossuril, Ramiane,
Nacala Porto		Nacala P., Muzuane, Naherengue e Quissimanjulo			Nacala Porto, Muzuane, Naherengue, Quissimanjulo
Ribaue		Iapala Sede	Namiconha		
Nhamatanda		Tica, Siluvo, Nhachoronga	Rio Búzi		Rio Búzi, Buzi, Chiaideia, Siluvo
Beira	Canhandula				
Chibabava			Chibabava Sede, Muligue, Panja		
Gorongosa		Gorongosa Sede			

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

<table>
<tr><th>Indicator</th><th>LOP Target</th><th>Achieved FY1</th><th>FY2 Annual Target</th><th>Annual % Achieved</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td rowspan="2">1.A. # new users of modern contraceptive methods</td><td>595,202</td><td>278,144</td><td>72,997</td><td>681%</td><td>340,303</td><td>157,112</td><td></td><td></td></tr>
<tr><td colspan="8">Since April 2016, the MOH “FP new user” indicator defined new users as “first time users in life.” For the FY2, IFPP proposed the target of 72,997 defined taking in account the contraceptive prevalence rate (CPR) and the unmet need for FP (IFPP baseline). Categorizing a client as a first-time user in her life is dependent on information provided by the user. The reliability of this information depends on the HF provider ability and time. The Q1FY2 data was very high as the MCH National Health Week and the National Contraception Week data (172,880 new users) were reported. When comparing with the data from Q4 FY1 there was a decrease this quarter of 9%. This decrease can be mainly due to the rainy season and /or more absent HP.</td></tr>
<tr><td rowspan="2"># of women initiating a contraceptive method</td><td>3,045,547</td><td>544,230</td><td>775,596</td><td>73%</td><td>380,414</td><td>186,832</td><td></td><td></td></tr>
<tr><td colspan="8">The IFPP suggested the inclusion of this new indicator, "Number of women initiating a contraceptive method", disaggregated by type of method.</td></tr>
<tr><td rowspan="2">1.B. # continuers users of modern contraceptive methods</td><td>658,958</td><td>399,381</td><td>432,828</td><td>71%</td><td>181,704</td><td>125,960</td><td></td><td></td></tr>
<tr><td colspan="8">In coordination with the MOH definition, a “continuer” user is a woman who used an FP method already in life and she should be registered only once in the FP logbook. Of the 181,704 continuers registered during Q1, 95,845 were reached by MCH National Health Week and the contraception week. If we remove the 95,845 women reached by MCH National Health Week and the contraception week from the data of Q1 (85,859 continuers users), there was an increase of 46% during Q2.</td></tr>
<tr><td rowspan="2">1.C. Couple Years of Protection</td><td>2,963,877</td><td>591,722</td><td>615,391</td><td>99%</td><td>387,480</td><td>219,075</td><td></td><td></td></tr>
<tr><td colspan="8">Data disaggregated by method is presented in the PMP in the annex, and for FY2 the annual target proposed is 615,391. Through Q1 and Q2FY2, the project reached 99% of the annual target. This achievement was influenced by the National Health Week and the contraception week that occurred during Q1.</td></tr>
<tr><th>Indicator</th><th>LOP Target</th><th>Achieved FY1</th><th>FY2 Annual Target</th><th>Annual % Achieved</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td rowspan="2">1.D. # women receiving contraceptive services in HIV services</td><td>18,465</td><td>3,136</td><td>6,522</td><td>59%</td><td>1,748</td><td>2,128</td><td></td><td></td></tr>
<tr><td colspan="8">Q2FY2 data shows that IFPP is on track to reach its annual target.</td></tr>
<tr><td></td><td>330,059</td><td>36,427</td><td>73,021</td><td>47%</td><td>17,810</td><td>16,561</td><td></td><td></td></tr>
</table>

1.E. # postpartum clients accepting a modern contraceptive method prior to or at discharge	In FY1, a total of 10,849 PPIUDs were inserted and 25,578 women accepted another modern contraceptive method. During the Q2FY2, 4,112 PPIUDs were inserted and 12,449 women accepted another modern contraceptive method. IFPP is on track to reach its annual target. Important to note is that national logbooks report data on PPIUD and all other methods per WHO Medical Eligibility Criteria goes under column of "other methods". Although there was a decrease in the number of postpartum clients receiving contraceptive method, when comparing the number of institutional deliveries of Q1 with this current quarter there was a slight increase of 3% of institutional deliveries.							
1.F. # users receiving modern contraceptive methods from APEs at community level	338,751	47,072	82,798	61%	23,450	27,639		
	Q2FY2 data shows that IFPP is on track to reach its annual target. In Nampula there was an increase in the number of APEs reporting data from 360 APEs in Q1 to 382 in Q2.							

Comments:

In general, indicators attest to the strong beginning and sustained expansion of IFPP. During Q1FY2, data were strongly influenced by the MCH National Health Week and the contraception week. It is expected that some of the STM new users and continuers reached during these two events will have difficulty refilling their methods in future quarters, which will increase the STM discontinuation rate. Meanwhile, the initiators of LTM are important contributors for the mCPR and these events are also booming the IUD and implant additional user's number.

Figure 7. Trends in women initiating a contraceptive method by type of method in Nampula and Sofala provinces - October 2016 to January 2018 (w/o PPFP at Maternity)

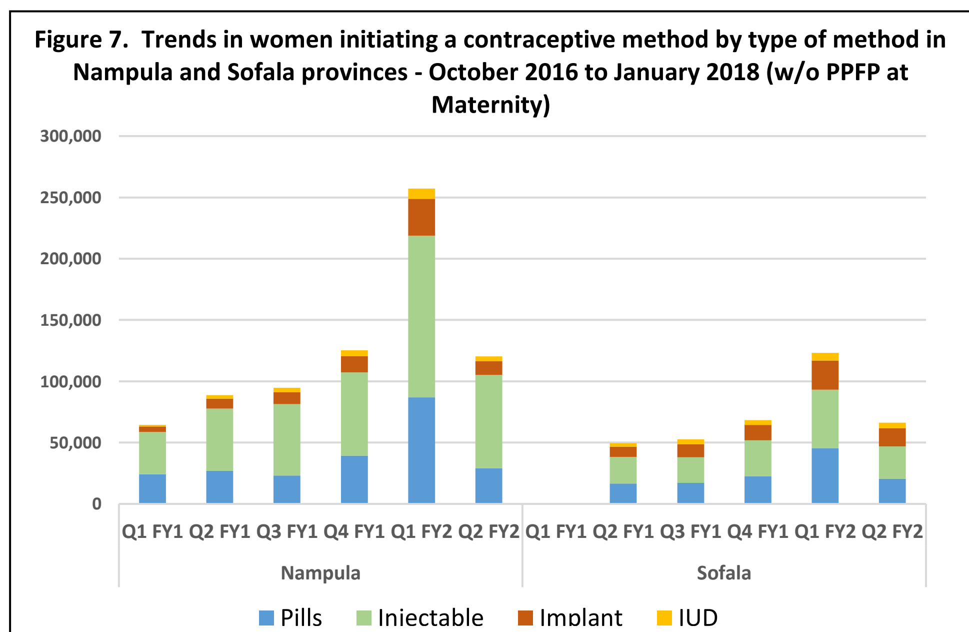
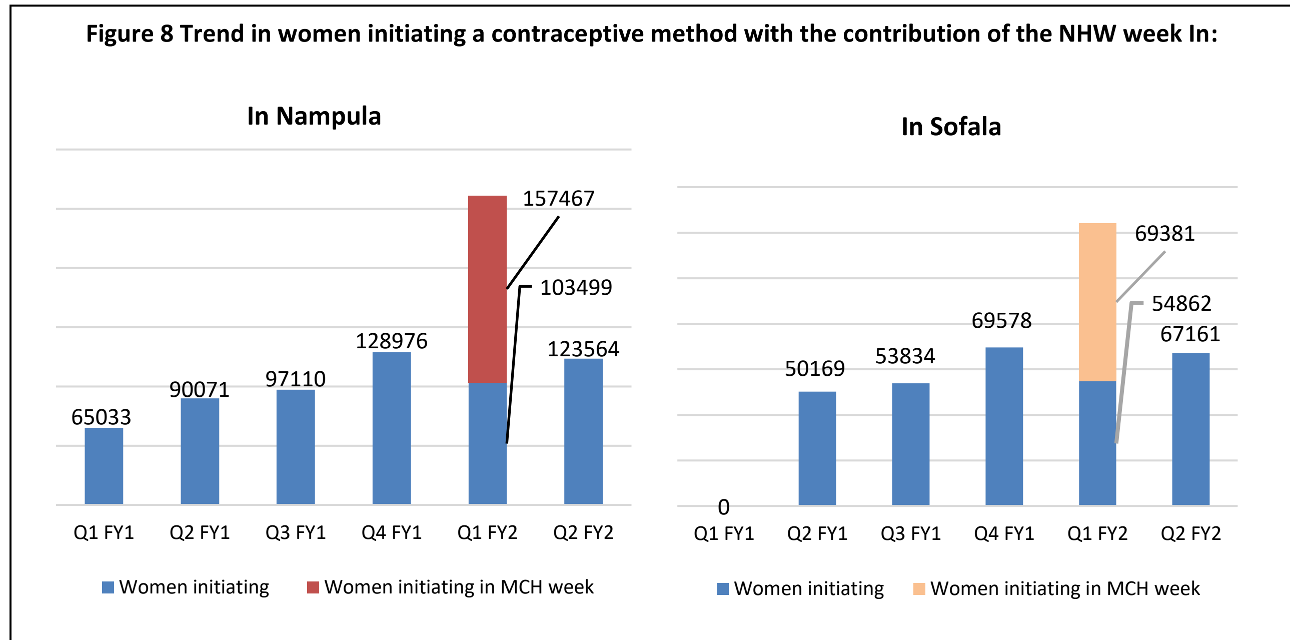


Figure 7 shows the trend in women initiating a contraceptive method. Q4FY1 received a little boost with the National Contraception Week (NCW), Q1FY2 received a huge pull with the National Health Week (NHW); when comparing to Q3FY1, Nampula still have an increase of 27% and, Sofala has an increase of 25%; when comparing to Q4FY1 – the quarter of

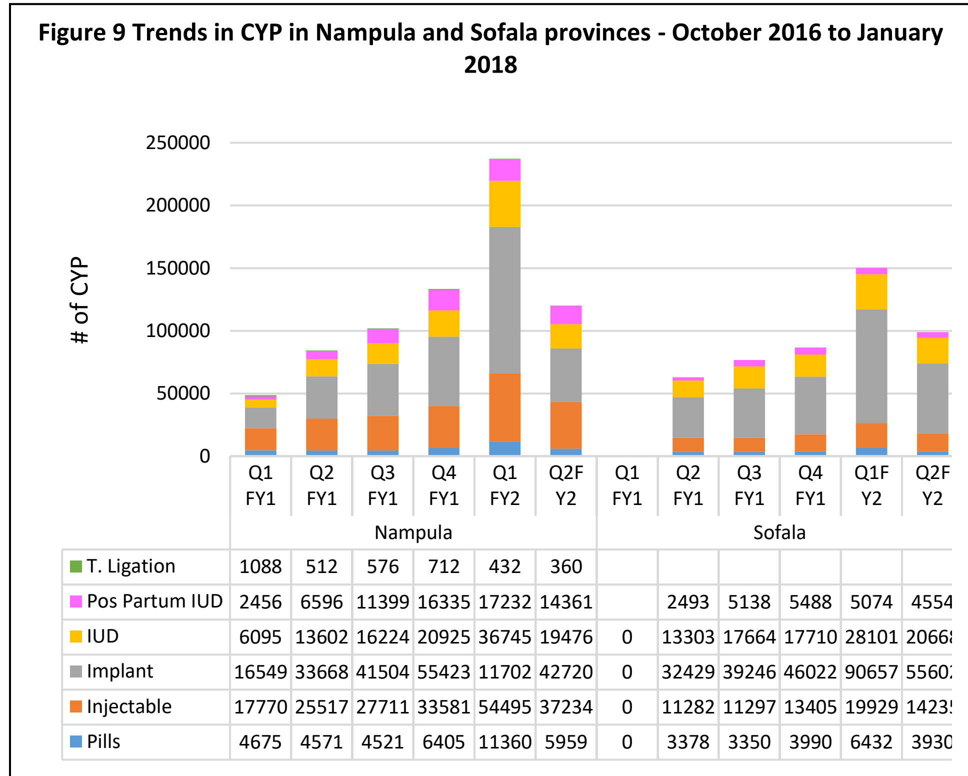
the NCW, there was a slight decrease from Q4FY1 of 4% in Nampula and 3% in Sofala and consequently, the CYP was impacted

Figure 8 Trend in women initiating a contraceptive method with the contribution of the NHW week In:



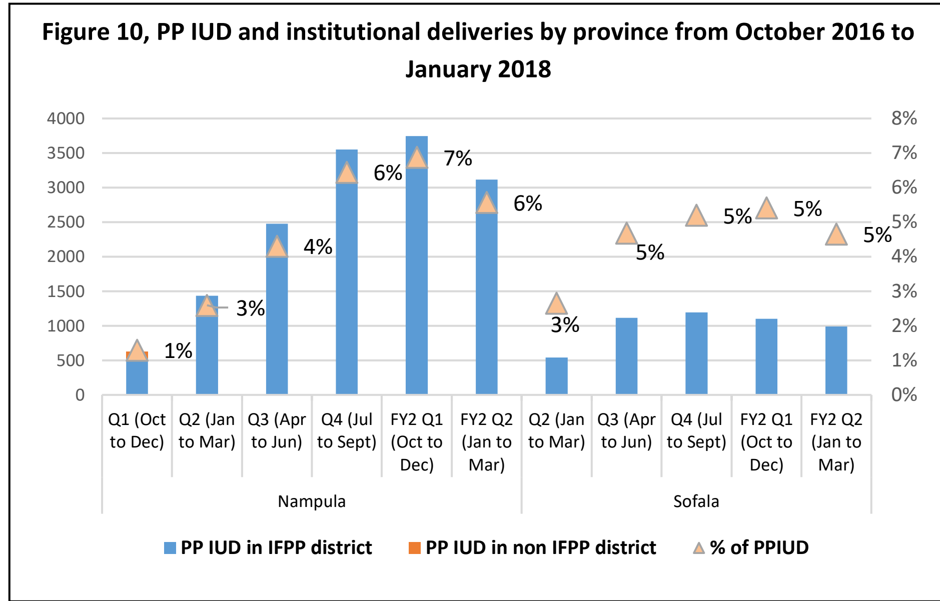
CYP data of Q1FY1 are not comparable to the others as IFPP reported data only from 17 districts in Nampula compared to the 23 of following quarters. As Q2FY1, data reported on a quarterly base are comparable. Interval IUD insertion is stronger in Sofala province while PPIUD is stronger in Nampula province. All LTM have increased consequently.

Figure 9 Trends in CYP in Nampula and Sofala provinces - October 2016 to January 2018

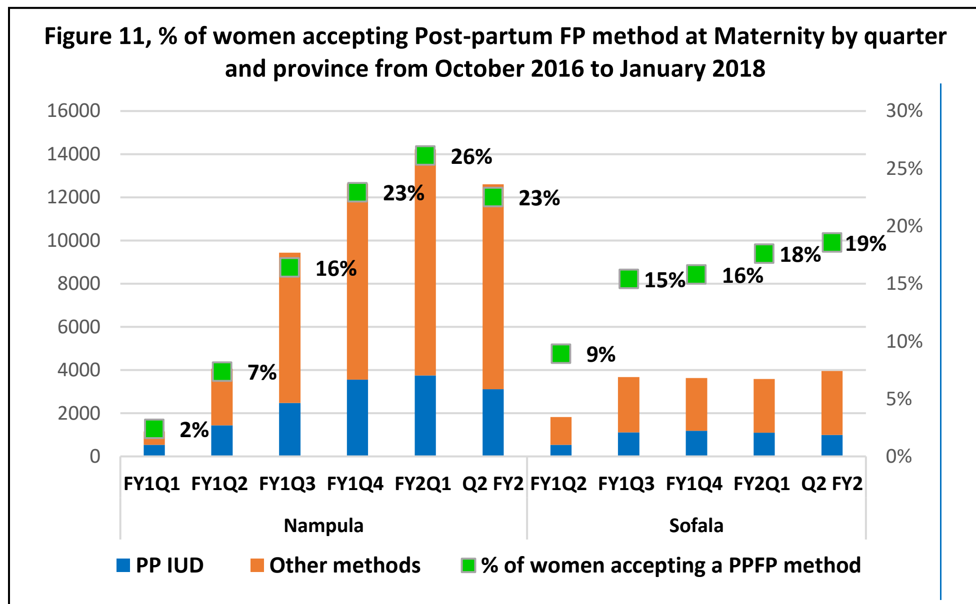


	Nampula						Sofala					
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	Q1 FY2	Q2F Y2	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	Q1F Y2	Q2F Y2
T. Ligation	1088	512	576	712	432	360						
Pos Partum IUD	2456	6596	11399	16335	17232	14361		2493	5138	5488	5074	4554
IUD	6095	13602	16224	20925	36745	19476	0	13303	17664	17710	28101	2066
Implant	16549	33668	41504	55423	11702	42720	0	32429	39246	46022	90657	5560
Injectable	17770	25517	27711	33581	54495	37234	0	11282	11297	13405	19929	1423
Pills	4675	4571	4521	6405	11360	5959	0	3378	3350	3990	6432	3930

IFPP is increasing access to immediate post-partum FP methods (IUD, Implants and progestin pills). The % of PPIUD on the total number of institutional deliveries (figure 10) is stabilizing around 6% in Nampula province and 5% in Sofala province.



When analyzing post-partum women accepting a modern contraceptive method at maternity level (Figure 11 - PPIUD and other PP methods), Nampula province is stabilizing around 23% and Sofala province around 19%, attesting a successful intervention.



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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.1.1. # health providers trained on modern methods of contraception	3,749	2,309	720	73%	239	270		
	An accelerated start-up supported the MoH to reach its 2020 FP targets. The target for FY2 was calculated having in account the number of trainings planned for FY2 and the number of eligible HP. The life of project (LOP) target changed from 1,665 to 3,749 as IFPP benchmark included all eligible Health providers: all clinical categories of personnel are now eligible to be trained in FP. During Q2FY2, IFPP trained 270 health providers reaching 73% of its annual target.							
1.1.2. % of health providers who have completed the training on modern methods of contraceptive with positive score in the post test	80%	90%	80%	93%	93%	90%		
	A total of 90% of the providers trained during Q2FY2 completed the training successfully.							
1.1.3. % of supported service delivery sites providing family planning counseling and/or services	100%	68%	100%	79%	79%	84%		
	At end of Q2FY2, 323 out of 386 HF (84%) had already at least 1 HP trained in FP thru IFPP. 148 HF in Sofala of the 157 and 175 HF of the 229 in Nampula							

Comments

The providers' trainings were expected to reach almost all providers during the first year as the phase-in and coverage increases to all intervention districts. 2,309 providers (1,418 in Nampula and 891 in Sofala) were already trained at end of FY1, surpassing IFPP initial LOP target (1,665). It is proposed that the LOP target be increased to 3,749. The FY2 target was defined by considering the number of trainings planned and the number of remaining eligible HPs. The LOP target increased from 1,665 to 3,749. The level of participation in trainings and knowledge retention after trainings is high, above 80%, the IFPP benchmark.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % 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	1,763	800	58%	193	270		
	During Q2FY2, 243 CHW were trained 131 APES, 95TBAs, and 44 IPC agents							
1.2.2. # mobile brigades conducted including contraceptive services	12,594	1,639	2,528	87%	1821	370		
	During Q2FY2, IFPP supported 370 mobile brigades. The mobile brigade activity for this quarter was impaired by the rainy season that left some communities isolated and damaged consequently the dirty roads.							

Comments

The target for mobile brigades in FY2 was calculated by considering the number of HFs receiving support from IFPP. IFPP will support one mobile brigade per month per supported HF. The LOP was changed to reflect this calculation from 47,306 to 12,594. The first LOP target was calculated under the assumption that the project could support at least three MBs per month per HF; considering that in peripheral HF's only two providers are available and they oversee a lot of other public health programs and services, the target has been revised.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.3.1. % confirmed referrals from communities to facilities for FP services	40%	57%	30%	72%	74%	70%		
	This indicator is only relevant when clients own a phone connected to IPC agents using Movercado and for clients receiving a paper slip from a triplicated referral copy-book for CFs. Out of 23,201 referrals, health providers based at HFs have confirmed 16,302 referrals, resulting in a confirmed referrals percentage of 72%, and referrals confirmed by Movercado represents 34%.							

Comments

The percentage of confirmed referrals at HF level is 66% (11,886/17,881) in Nampula and 83% (4,416/5,320) in Sofala.

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	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.1.1. # contacts conducted by trained TBAs/activists to women	1,147,520	174,531	182,208	54%	50,896	46,940		
	IFPP is on track to reach the FY2 annual target							

Comments

The number of women contacted in Nampula was about 28,974 (22,974 reached by community facilitators, 5,575 reached by IPC agent and 425 by TBA) and 17,966 (14,213 reached by community facilitator, 3,069 reached by IPC agent and 684 by TBA) in Sofala.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.2.1. # community dialogues conducted on FP (6 sessions completed)	13,056	0	2,856	43%	608	628		
	IFPP is on track to reach the FY2 annual target, 239 CD were completed in Nampula and 389 in Sofala							
2.2.2. # community radio sessions broadcasted on FP/HTSP	1,475	323	384	25%	74	24		
	During this quarter, 24 community radio sessions were broadcasted. Next quarter, the CR will broadcast again on full scheduled expectation as MOU were signed for expansion.							

Comments

During Q2FY2, training the CFs on sessions four to six was completed, allowing for the completion of 628 community dialogues.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.3.1. # meetings held with SBCC project to plan/coordinate SBCC approaches	NA	2	2	0	0	0		
	Activity planned for next quarter (FY2Q3).							
2.3.2. # capacity building sessions for community radios and community groups in SBCC for FP	10	2	2	0	0	0		
	Activity planned for next quarter (FY2Q3).							

IR 3: Strengthened FP/RH health systems

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.A. # DPS including FP interventions in annual PES and budget	2	2	2	100%	2	2		
	During Q1, TA and recommendations were provided to assess 2017 performance, and then to improve and realign the FP program annual plan within the 2018 Nampula and Sofala PES in line with IFPP objectives. During the current quarter, embedded technical advisers supported the alignment of FP activities within monthly and semi-annual plans in IFPP priority districts. In addition, technical assistance was provided to support provincial performance review meetings analyzing Q1 performance against PES targets, and to define strategies to improve outcomes in Q2.							

3.B. # SDSMAS/DPS achieving satisfactory scores in MSC assessment	36	7	14	71%	1	9		
	The district Management Standards Compliance (MSC) assessment was conducted in 14 districts during the Jan-Mar 2018 quarter, including 4 round 1 (R1) baseline assessments (3 in Nampula Province, including the districts of Mogovolas, Murupula and Mossuril; and 1 in Sofala Province in Machanga District), and 10 round 3 (R3) assessments (7 in Nampula Province, including the districts of Angoche, Erati, Mecuburi, Moma, Monapo, Nacala Porto, and Nampula City; and 3 in Sofala Province, including Beira, Dondo and Chibabava). Of these 10 R3 MSC evaluations, 9 achieved a score greater than 80% (3 for the first time, while the other 7 maintained their greater than 80% score achieved in R2). The only district with 3 rounds of MSCs that did not achieve the targeted over 80% performance was Chibabava, which came very close at 79%. In all 14 districts where MSCs were conducted in the Jan-Mar quarter, IFPP's HSS team supported district managers to develop and update quality improvement (QI) action plans to improve performance and to guide follow-up TA in the implementation of corrective actions. This represents 71% achievement against the YR2 target to ensure 14 districts (7 new districts while maintaining the 7 districts from Year 1) achieve a satisfactory MSC score of 80% or greater.							
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	5%	14%	12%	3%	4%	3%		
	Out of the 79 HFs monitored for stock outs during the quarter,3% (2 health facilities) experienced a stock out of one or more FP commodities for one or more days, including 2 sites in Sofala Province (7% of 29 sites visited), while none of the sites visited site in Nampula Province reported a stock out (50 sites visited).							
3.D. % of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	100%	32%	75%	33%	25%	33%		
	At the end of the second quarter of Year 2, 33% of all health facilities in both provinces (36% or 56 of 157 HFs in Sofala, and 31% in Nampula or 70 of 229 HFs in Nampula) had all eligible health providers trained in FP. This represents a small increase of 4 percentage points as compared to the previous quarter. Although it's important to note that, Ninety-five percent (95%) of the HFs in Sofala province already have "at least one health provider trained in FP" and 76% of the HF in Nampula province.							

Comments

Regarding MSC, after 7 quarters have passed since project startup (30% of LOP), cumulative performance to date against the LOP target is at 25% (Angoche, Nampula, Erati, Moma, Monapo, Nacala Porto, Mecuburi, Beira, Dondo), which means the project is slightly delayed to achieve the LOP target by the end of IFPP's mandate.

The joint elaboration and implementation of QI action plans (as depicted in the picture below), which are produced based on the MSC assessment findings, has considerably improved district management capacity and technical supervision of FP services at HF level. This change is most clearly reflected in the systematic quarterly planning, monitoring and evaluation of PESOD activities, with district managers becoming more adept at assessing performance, diagnosing root causes of underperformance and adapting implementation plans accordingly, and tracking progress until performance has improved.

See annexes I and II to review performance of all assessed district MSC scores comparing R1 vs R2 vs R3 in Sofala and Nampula provinces since project inception.

Photo 19, TA to the program managers of Nampula SDSMAS, in the implementation of the QI plans produced based on the MSC evaluation, Feb.2018

IFPP worked with district and site managers where stock outs were reported (or imminent stock outs were avoided) to conduct a root cause analysis and develop a quality improvement action plan.

The results of this quarter are consistent with Q1 results. This is due to a combination of factors, most notably the availability of FP commodities at the national level, as well as a number of IFPP supported interventions, such as project supported weekly follow up of any imminent or total stock outs identified by IFPP district coordinators in their routine TA monitored using the project's CommCare-based digital health data collection tool (where an imminent stock out is identified).

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.1.1. # DPS and SDSMAS staff receiving TA/capacity-building in FP planning, budgeting and implementation	152	52	152	51%	29 (14 in sofala and 15 in Nampula)	49 (14 in sofala and 35 in Nampula)		
	IFPP provided TA to 87 persons coming from 2 DPS and 21 SDSMAS managerial teams when assisting and monitoring the 2018 PES work plan implementation; this involved supporting the preparation of monthly and quarterly work plans to guide implementation and facilitate routine monitoring of PES performance. IFPP's embedded HSS technical advisors provided technical support in assisting the implementation of QI action plans in these same districts. The target for this indicator refers to unique individuals and this quarter in Sofala 14 individuals were receiving TA for the first time this year from IFPP project and 35 individuals in Nampula.							

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.2.1. # of supported districts with a documented FP logistics map to optimize commodity distribution, requisition and reporting	38	28	36	78%	28	28		
	In Sofala, 13 logistics maps were already developed by Abt staff as a part of the USAID funded CHASS-SMTN project. While in Nampula, 15 logistics maps were developed and implemented in the districts targeted in year 1 and 2.							

Comments

Logistics maps serve as the primary reference material upon which each district develops its monthly distribution plan for commodities and weekly pick up and drop off plan for laboratory samples and results. It has also been particularly useful for rapidly developing contingency plans related to responding to inclement weather (like heavy rains) and other emergencies that cut off access routes, enabling districts to more effectively ensure uninterrupted access to essential medicines, consumables and laboratory services

Photo 20, Building capacity of DDM staff in Mussuril District on the correct implementation of logistics maps and how to use them to optimize route planning and execution. Mar. 2018

IFPP TA teams built capacity of DDM managers in both provinces during the quarter by supporting the correct usage and maintenance of logistics maps to optimize supply chain management of FP commodities. For instance, the project worked with district health authorities to ensure that fuel requisitions consistently align with known vehicle consumption rates and latest fuel costs for respective planned routes outlined in the logistics maps.

IFPP will continue to expand map coverage in Nampula to reach all 23 districts, and will develop a provincial level map for each DPS in Year 2.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.3.1. # of HF that undergo CSC feedback processes through community discussions at least once per year	42	0	14	57%	0	8		
	During this quarter CSC activity took place in 8 HF in Nampula.							

Comments

CSC activities were launched in 14 HF's catchment areas this Q2FY2 but the process has been finalized in 8 districts.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.4.1. # DPS, SDSMAS & HF staff trained in family planning that are registered in e-SIFo (database)	3,533	1,911	902	51%	230	232		
	During the Jan-Mar quarter, 232 technical staff and health care providers were trained at HF level in the integrated provision of family planning services with all participants recorded in the MOH's SIFo HR training information system (HRIS). With a total of 462 trained by the end of Q2, this represents a 51% achievement against the annual target to register 902 health care professionals. In terms of the LOP target of 3,533 HF staff trained and registered in the MoH's SIfo HRIS, performance to date represents 67% (2,373 registered in HRIS) achievement.							

Comments

IFPP provided TA in the institutionalization of district in-service training nucleus, strengthening staff competencies in operating the MOH's HRIS or SIFO platform. The project also developed and distributed clear SOPs for the reporting and registration of in-service trainings using SIFO forms in the respective platform, and provided TA to ensure all SIFO district operators were assigned database usernames and passwords. Overall, this support is expected to decrease the volume of forms to be recorded at the provincial level, thereby streamlining the training registration process and ensuring more complete data in SIFo.

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

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.5.1. # of districts that hold quarterly data review meetings using district profiles	36	16	24	75%	9	18		
	In Q2, 18 districts held data review meetings guided by District Profiles (DPs) developed and analyzed with IFPP support. Specific sites included 11 SDSMAS in Sofala (Beira, Dondo, Nhamatanda, Buzi, Gorongosa, Machanga, Chibabava, Caia, Chemba, Marromeu and Cheringoma) and 7 districts in Nampula (Mogovolas, Angoche, Nacala-a-Velha, Ribaue, Nampula City, Mossuril and Memba). This represents 75% achievement against the quarterly target to conduct 24 quarterly district data review meetings using DPs per quarter.							

Comments

TA was provided to develop and implement QI action plans addressing the indicators with weak performance identified in the DPs. This represents 75% achievement against the annual target to conduct 24 district level data analysis meetings guided by district profiles.

Collaboration with other donor projects

During this implementation year, coordination meetings took place with government partners (Ministry of Health, Provincial Health Directorates, and District Directorates of Health) and other partners such as MCSP and IREX.

The main agenda items at the discussion with the MOH was the support to the national FP program and engagement to finalize the Total Market Approach (TMA) discussion alongside with USAID, UNFPA and PSI through Technical working group. Additionally Pathfinder supported the roll out of National casacde of Implanon-NXT cascade trainings including the transition of DMPA IM to SC. 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. IFPP took the lead in SRH commodities request reviews. IFPP is also working closely with FP2020 secretariat for results and plan dissemination.

After the initial coordination meeting with MCSP to integrate the Standards-Based Management and Recognition (SBMR) tool into quality improvement cycles for FP, joint planning was held in March and rolled out the trainings planned for first week of April to Nampula and then Sofala. Meetings with IREX were held to align community radio packages as mentioned above.

Upcoming Plans

IR 1:

- Conduct remaining health facility assessments and develop action plans for expansion to more HFs in both provinces
- Based on the results of assessments and training plans, support the provision of necessary medical equipment and supplies
- Continue to support MISAU roll-out of FP integration guidelines and data collection tools
- Continue FP trainings at HF level and subsequent mentoring visit
- Continue FP trainings for community based providers (APEs) and TBAs.
- Support district MCH nurse to provide quarterly supportive supervision on FP/RH services to facilities
- Strengthen the availability of contraceptive methods at the HF level and for APEs by reinforcing the SRH commodities taskforce at the central provincial and district level
- Support routine mobile brigades in urban and rural areas, including schools
- Continue coordination meetings with MCSP to leverage support to health facilities and directorates, for the mobile brigades planning to increase access to FP commodities to remote communities
- Continue to conduct FP and environmental compliance follow-up visit monitoring action plans to previously visited HFs and start the process for new HFs

IR 2:

- Continue to mobilize the FY1 groups to complete the sessions four through six of the Community Dialogues and roll-out the community dialogues in additional HF's catchment area;
- Continue the preparation, organization and realization of CLL (*Conselho Local da Localidade*) meetings;
- Finalize the Community Score Card (CSC) process in the 6 HF's catchment area of Sofala province;

- Draft and implement the Community Radios contract addendum to broadcast radio programs related to sessions four through six of the community dialogues;
- TA team to continue monitoring and evaluating of the community component;
- Train and start using the urban CommCare App (IPC agents) which will allow a more in-depth follow up and analysis.
- Continue to support the follow-up of the TBAs monthly meetings at peripheral HF level and ensure a more in-depth analysis based on the standardized TBA meeting forms.

IR 3:

- Provide TA for the implementation of the QI action plans developed by districts to address opportunities for improvement identified in the latest round of MSC assessments and in the last remaining district of Sofala to fulfill the 9 districts planned for IFPP FY2.
- Continue to support the quarterly use of the DPs (District profile).
- Continue to support the 2018 PES monitoring for FP area.
- Finish mapping of APEs for elaboration of georeferenced maps in Sofala and Nampula.
- Pilot and implement the digital health SMS-based contraceptive stock management and control systems (SAPERS-CPF and SMATAG-CPF) in the 10 selected districts in Sofala and Nampula.
- Expand map coverage in Nampula to reach all 23 districts, and develop a provincial level map for each DPS.
- Continue the efforts needed to register the trained HP in HRIS.

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
Conduct operational research with the themes: • Why is there a preference for short-term versus long-term contraceptives in Chibabava and Nhamatanda districts in Sofala Province? **Complete FP focused operational research protocols in Ribaué, Moma, Mecuburi, Nacala Porto, Monapo and Meconta and submit to IRB for approval and eventual study start-up, with the following themes :** • Nampula DPS - SRH of adolescent and young people: determining factors for the establishment of SRH/PF services and use of modern methods of contraception, adolescents and young people in fertile age in Nampula Province. • Ribaué - Low FP coverage in the oral contraceptives and IUD methods in women of fertile age • Moma - Factors contributing to poor adherence to long-term methods (IUD and Implant) in the maternity ward of Chalaua health center. • Mecuburi: Factors influencing poor adherence to long-term methods (IUD and implant) in women of fertile age. • Nacala Porto - Evaluate the impact of the use and supply of FP services, as a result of the implementation of the Integrated Family Planning (PFI) strategy, case study of the Urban Health Center. • Monapo - Low adherence to long-term methods (IUD and Implant), in the district of Monapo. • Meconta - Low FP coverage in the Age Group of 15 to 19 years, in Namialo health center.

Annexes

- Annex A - Success story
- Annex B - PMP
- Annex IA – Management Systems Compliance Assessments: Nampula Province
- Annex IB – Management Systems Compliance Assessments: Sofala Province
- Annex II - Workplan
- Annex III - Financial information

Annex A - Success story

How community dialogues are changing women lives

Rosalina Elias and Teresa Elias, Mogovolas district.

"I'm feeling happy, the operation doesn't hurt and I will sensitize other women in the community to do the method."- Rosalina Elias

" I'm happy in doing the tubal ligation and now I can inform the women in the community that there is a safe and definite method. Now I can dedicate myself in raisin my children. "- Joaquina Luciano, Meconta district

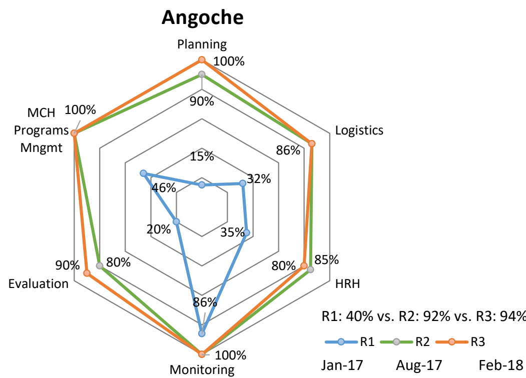
USAID's Integrated Family Planning Project (IFPP) is committed to increasing contraceptive use by 15% in targeted provinces of Mozambique by 2021. One of the key strategies IFPP uses to achieve this ambitious goal involves training community facilitators (CF) to perform community health promotion activities such as community dialogues. IFPP has 119 CFs pairs (male and female), covering 160 rural HF catchments areas (94 in Nampula and 66 in Sofala). Therefore, 52% (160/307) of HF catchment areas located in a rural area have CFs. One of the methods mentioned during the community dialogues is the Tubal Ligation.

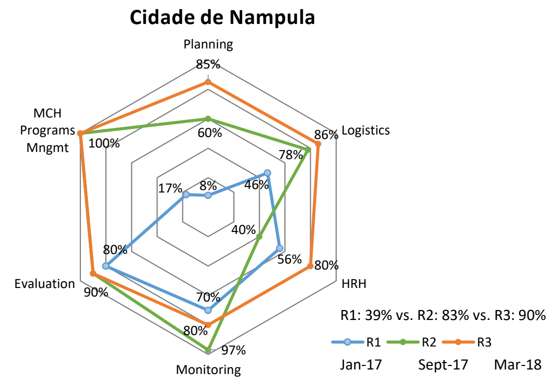
Rosalina Elias e Teresa Elias are sisters, living in Luluti, Mogovolas district and both hear about tubal ligation through the CF.

On the Right; Rosalina is 41 years old and already has 11 children, the youngest being 11 months old, still breastfeeding. She mentions that she has used DMPA in the past but gave up several times. She first heard about tubal ligation in 2015 but did not know where to get it and in the meantime had two more children. In 2017, during the community dialogue sessions, she and her husband heard again about tubal ligation and decided to have a tubal ligation. Her sister, Teresa is 39 years old and similarly, has 13 children, with the youngest being 6 months old and still breastfeeding. She has never utilized a family planning method before but she knew all of them. She and her husband also heard about tubal ligation during the community dialogues and they decided to do it.

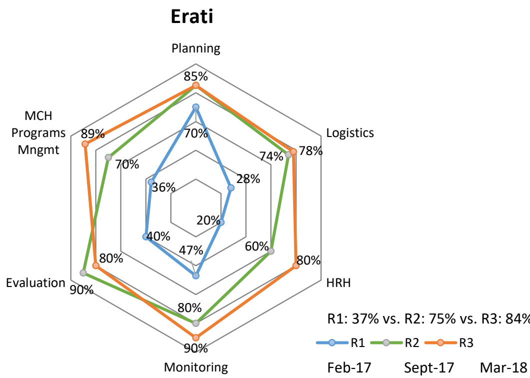
In Meconta district, Joaquina Luciano, 40 years old, living in Mecua had 15 pregnancies, 2 abortions, 13 deliveries, 3 children died and 10 children are alive. Her youngest son is 9 months old and she is still breastfeeding. She did several FP methods before the tubal ligation. She and her husband also heard about tubal ligation during the community dialogue sessions and decided to do it.

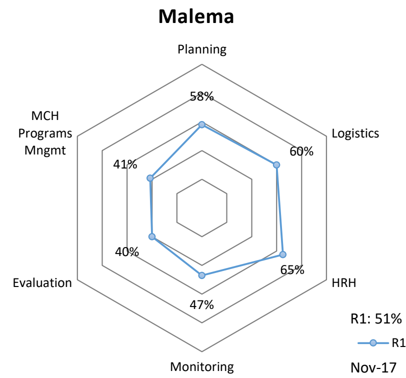
Annex IA – Management Systems Compliance Assessments: Nampula Province

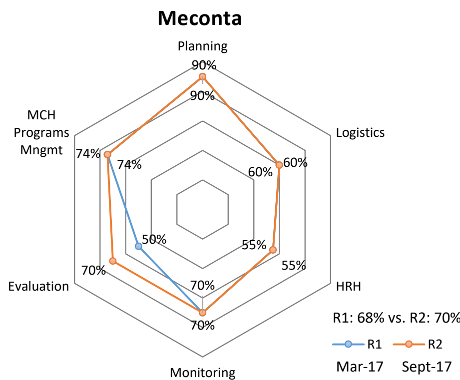


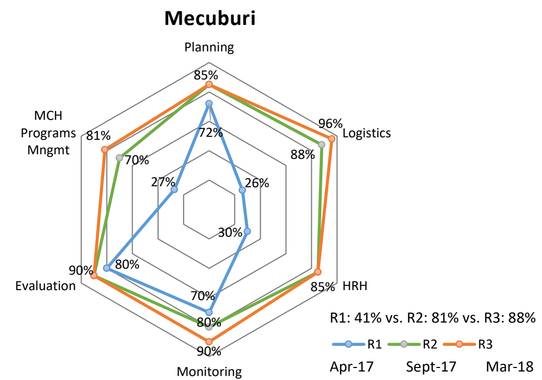


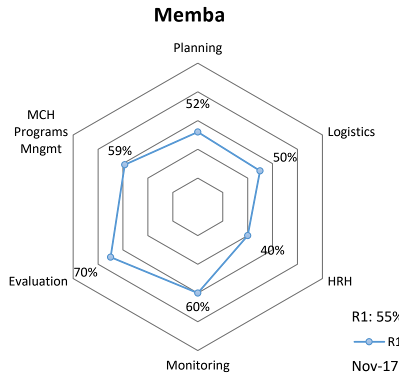
** District HRH manager was not available to present evidence of MOH compliance with management standards in R2;*

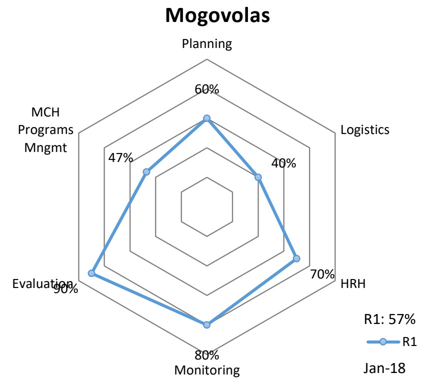


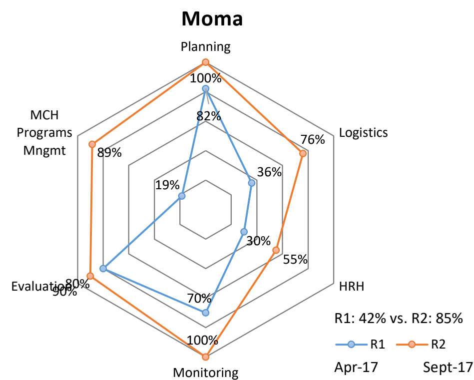


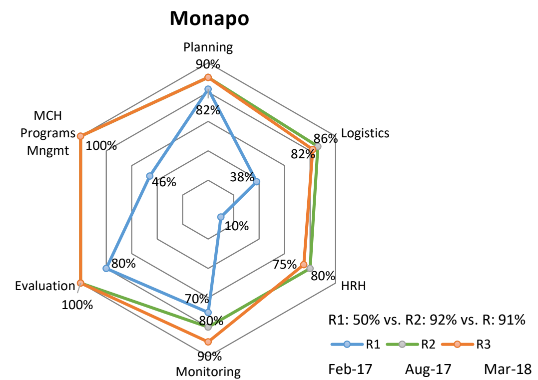


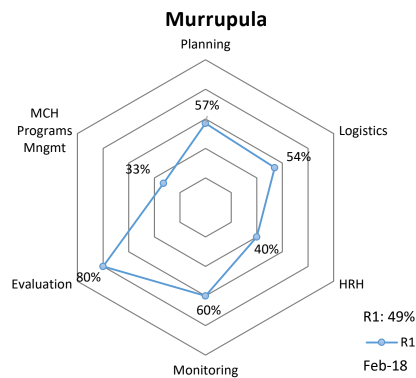


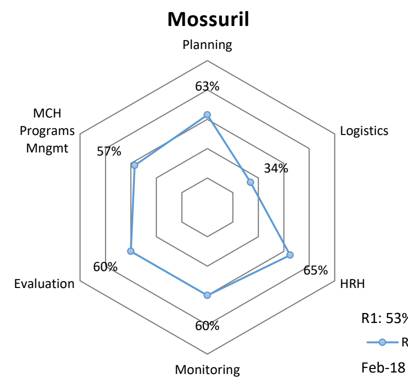


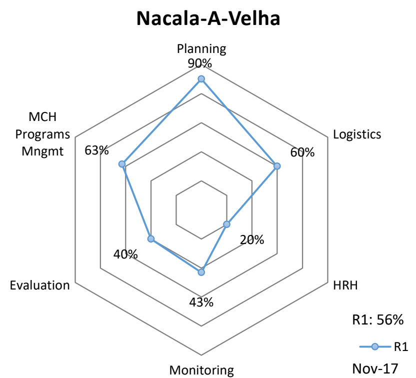


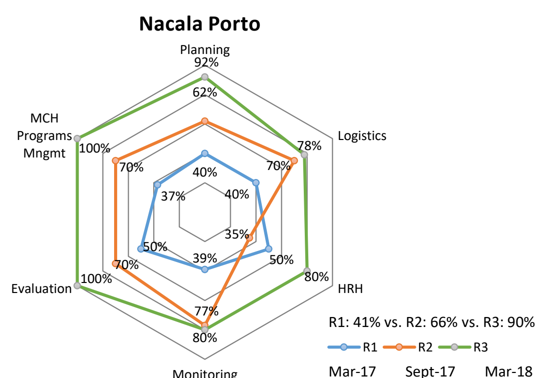




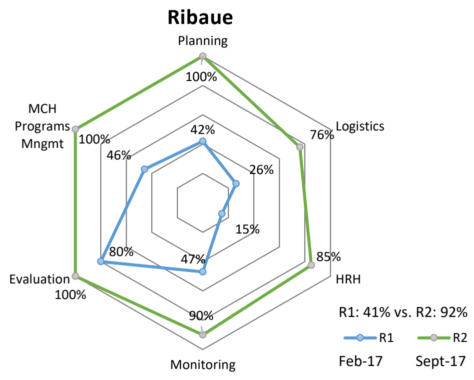




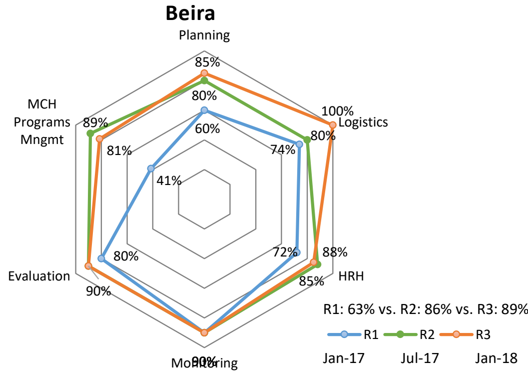


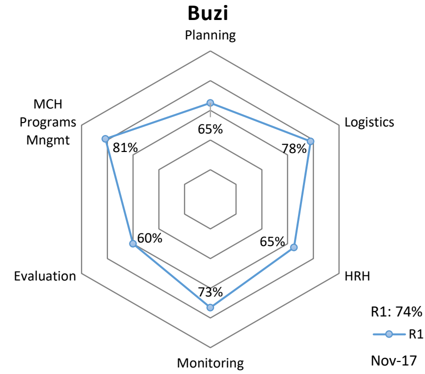


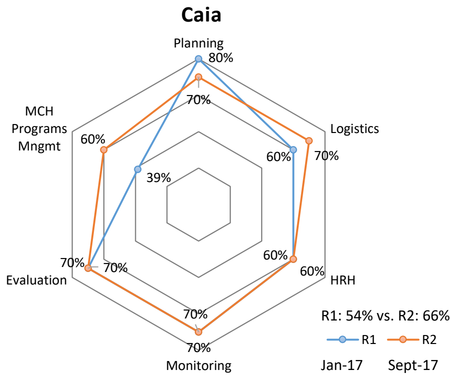
** New HRH manager in Nacala Porto for R2*

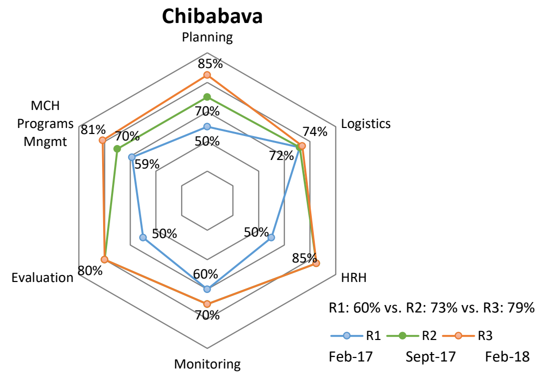

Ribaue
Planning
100%
42%
Logistics
76%
26%
15%
85%
HRH
MCH
Programs
Mngmt
100%
46%
80%
47%
Evaluation
100%
90%
Monitoring
R1: 41% vs. R2: 92%
R1
R2
Feb-17
Sept-17

Annex IB – Management Systems Compliance Assessments: Sofala Province

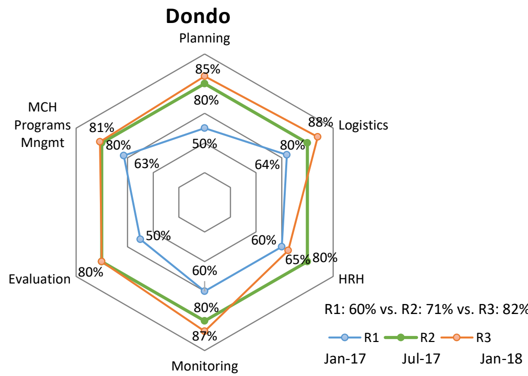


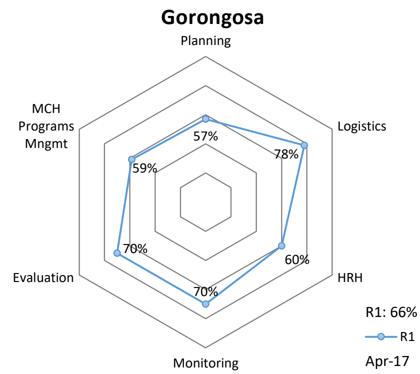


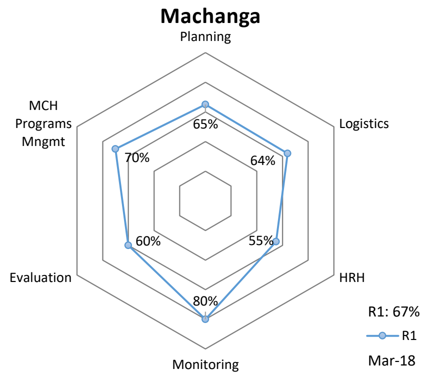


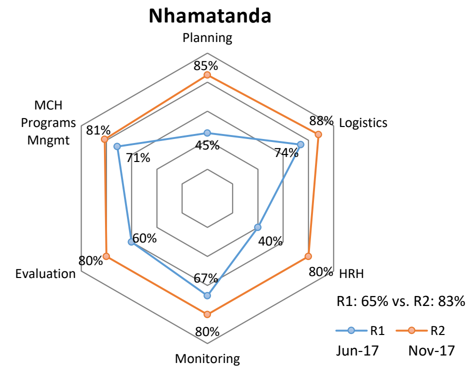


** Caia's planning performance dropped from R1 to R2 due to missing meeting minutes*






Machanga
Planning
Logistics
HRH
Monitoring
Evaluation
MCH
Programs
Mngmt
65%
64%
55%
80%
60%
70%
R1: 67%
R1
Mar-18


Nhamatanda
Planning
Logistics
HRH
Monitoring
Evaluation
MCH
Programs
Mngmt
85%
45%
88%
74%
40%
80%
67%
80%
60%
80%
81%
71%
R1: 65% vs. R2: 83%
R1
R2
Jun-17
Nov-17