IFPP - Integrated Family Planning Program

Agreement No. #AID-656-A-16-00005

FY2017/2018 2nd Year of the Project

Quarter 3: April to June 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 (April to June 2018)

During this quarter (Q3FY2), 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 84% at end of Q2FY2 to 88% of all HFs from both provinces. In Sofala province, 55% of the HFs have already 100% of the eligible providers trained in FP – compared to 37% in the past quarter –and, in Nampula province, 40% of the HFs have already 100% of their eligible providers trained in FP – compared to 25% in the past quarter. Two additional mini-laparotomy trainings to perform tubal ligation under local anesthesia in Nampula province were carried out. These involved health providers (HPs) coming from all HFs equipped with a surgical theater room, except Nacala Porto General Hospital. 230,920 new FP users and 152,736 continued users were served under USAID supported facilities surpassing the targets for the quarter by over 100%. 262,867 initiators or re-initiators received FP methods and IFPP contributed with 286,335 CYP during this period. To date, in Nampula and Sofala provinces, 91% of the HFs (310 out of 340) that received training also received at least one mentorship visit. During this quarter, in close collaboration with the PHD, IFPP has carried out the first Implementation Science Learning(ISL) "Optimization" workshop with heads of the HFs' maternity ward and HFs' directors from ten selected HFs to isolate key inhibiting and facilitating factors driving program post-partum IUD and implant service provision within maternity wards.

The rural accessibility to FP services is progressively increasing as hard to reach HFs are integrated in the IFPP intervention, as APEs are covering more women with FP services and more mobile brigades are being carried out on a regular schedule. More FP mobile brigades are targeting secondary schools, as well as the 6th and 7th schooling years. The mCenas digital platform was launched in five secondary schools of Nampula province this June.

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'*[1] 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 pursued the Community Score Card (CSC) activity in the 14 selected HFs' catchment areas identified as the ones experiencing difficult community-HF relationship, involving SDSMAS, DPS, CBOs, HF providers, and community facilitators. Meetings with 14 additional Locality's local councils were carried out targeting the ones more reluctant in FP awareness activities: CLs are more and more involved in FP sensitization and demystification of myths and taboos. The community dialogues cycle, comprising 6 sessions, was extended to additional rural communities.

HSS activities during the Apr – Jun 2018 quarter focused on conducting the second round of evaluations of the District Family Planning Systems (MSC) in three of the six new Year 2 expansion districts, and a third round of evaluations in four districts. Overall there was an increase in the degree of performance of

[1] The district profile uses strategic information to guide data analysis meetings focused on key FP service delivery and program management performance indicators.

compliance standards. IFPP also conducted a baseline evaluation in Marromeu, which was not performed last quarter due the constant delays and unavailability of the SDSMAS counterparts. All four of the 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 90% in Nampula. The baseline score for Marromeu district was below the targeted minimum satisfactory score of 80%.

IFPP conducted a joint compliance review with the District Statistical Nucleuses (NEDs) to complete the District Profile (PD) for the period of April to June 2018 and compare it to the previous quarters for use in decision making. This was done with the SDSMAS of Nampula City, Mogovolas, Memba, Nacala Porto, Caia, and Marromeu, and with the DPS of Nampula and Sofala. A key priority and achievement during the quarter was the continued low number of visited HFs suffering from a contraceptive stock out. Through a combination of proactive communication between the key actors involved in the FP consumables supply chain management, coupled with technical assistance (TA). By ensuring HFs and district and provincial medications depot managers properly forecast family planning commodity needs and plan for their efficient distribution, IFPP was able to maintain the low trend in stock outs at 6% in Q3. 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 nine districts in Nampula Province and five districts in Sofala Province.

Major Implementation Issues

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

1) Technical problems and inoperability of the e-SIFO electronic platform for more than one month in Sofala and Nampula provinces.
2) Absence of the e-SIFO Provincial Manager in Nampula (in a medical board) during the whole quarter, limiting e-SIFO training registration
3) Long delays in repairing IFPP cars at Beira Entreposto repair-shop impacting the car's availability to implement field activities

Goal: Increase use of modern contraceptive methods

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

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

Cascade in-service training

Table 1 –Project supported trainings at end of June 2018

# of Facility based trainings per quarter and province									
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	Q3FY2	To date
Nampula	27	27	17	20	**91**	11	5	12	**119**
Sofala		30	24	8	**62**	**6**	12	8	**88**
TOTAL	27	57	41	28	153	17	17	20	207
# of unique Health Providers reached thru FP training per quarter and province									
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	Q3FY2	To date
Nampula	565	408	205	240	**1418**	132	72	183	**1805**
							26 Alua TC		
Sofala		463	347	81	**891**	108	213	139	**1351**
				64 Nham. TC		3 Nham. TC	26 Nham. TC		
TOTAL	565	871	552	321	2309	240	285	322	3156
# of unique Health facilities reached thru FP training along quarters by province									
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1FY2	Q2FY2	Q3FY2	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 (76%)	16 additional HF	**190/ 229 (83%)**
Sofala (cumulative %)		55 HF involved (35%)	43 additional HF(62%)	14 additional HF (71%)	**112 /157 (71%)**	24 additional (87%)	13 additional (95%)	1 additional	**150 /157 (95.5%)**
TOTAL	43	134	211	259	68%	47	17	17	88%

During the third quarter of the second year of the project (Q3FY2), a total of 20 additional "eight-day FP facility-based trainings" were carried out (12 in Nampula and 8 in Sofala).

The trainings included staff from 134 HFs (65 in Sofala and 69 in Nampula), 17 of which were hard to reach facilities involved for the first time since the project's inception. The trainings reached a total of 322 public health providers (183 in Nampula and 139 in Sofala). As summarized in Table 1, since the launching of the project, a total of 3,156 health providers have been trained: 1,805 in Nampula and 1,351 in Sofala.

Cumulatively, 340 HFs have benefited from having at least one health provider trained: 190 in Nampula and 150 in Sofala, representing an increase in coverage from 84% to 88% of total project facilities from Q2FY2 to Q3FY2.

Prior to the training of health providers, HFs' need assessments are usually conducted. During the reporting period, 25 additional HF assessments were carried out, 7 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 apply the skills acquired during training for improving competency and sustaining behavior change. Cumulatively, 284 HFs, 138 in Nampula and 146 in Sofala, were assessed, representing 73%

(Nampula – 190/229) and 97% (Sofala – 150/157) of the HFs 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 trained by district and province. Ninety-five percent (95.5%) of the HFs in Sofala province already have "at least one health provider trained in FP" and 83% of the HF in Nampula province. In Sofala out of the 7 missing HFs, 4, were recently built and are not yet operational; in Nampula, out of the 39 missing HFs, a large part of them (16) are located in Nampula district, 6 in Muecate, 5 in Monapo and 4 in Angoche district islands. Comparatively, Table 2 illustrates the number of HFs "with all HPs trained in FP": 55% of the HFs have already 100% of their eligible providers trained in FP – compared to 37% in the past quarter – in Sofala province and, 40% of the HFs have already 100% of their eligible provider trained in FP – compared to 25% in the past quarter – in Nampula province.

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. Supporting 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 quality FP services (for example, ensuring proper sterilization and

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%	7	47%
Nhamatanda	17	17	100%	14	82%
Buzi	15	14	93%	4	27%
Chibabava	15	15	100%	4	27%
Machanga	10	10	100%	6	60%
Caia	12	11	92%	11	92%
Marromeu	9	8	89%	6	67%
Chemba	9	9	100%	7	78%
Gorongosa	14	13	93%	8	57%
Cheringoma	7	7	100%	6	86%
Maringue	9	8	89%	6	67%
Muanza	8	7	88%	6	75%
SOFALA	**157**	**150**	**96%**	**87**	**55%**
Angoche	19	15	79%	7	37%
Mogincual	6	6	100%	4	67%
Liupo	3	3	100%	2	67%
Npla Cid	25	9	36%	3	12%
Erati	10	10	100%	4	40%
Memba	12	12	100%	7	58%
Meconta	8	8	100%	2	25%
Nacaroa	7	7	100%	3	43%
Muecate	11	5	45%	1	9%
Mogovolas	7	7	100%	3	43%
Moma	11	8	73%	6	55%
Lardes	6	6	100%	4	67%
Monapo	17	12	71%	4	24%
Mossuril	10	9	90%	1	10%
Ilha Moç.	5	5	100%	2	40%
N.Porto	14	12	86%	6	43%
N.Velha	6	6	100%	3	50%
Murrupula	6	6	100%	4	67%
Rapale	8	7	88%	5	63%
Mecuburi	13	13	100%	11	85%
Ribaue	9	9	100%	4	44%
Malema	10	9	90%	2	20%
Lalaua	6	6	100%	3	50%
Nampula	**229**	**190**	**83%**	**91**	**40%**

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, 107 HFs served as training centers (79 in Nampula and 28 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 in all out-patient's consultations and at maternity ward.

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 96% (in Nampula, 174 successfully completed the training out of a total of 183 participants and in Sofala 136 out of 139). In both provinces, participating trainees demonstrated a high degree of commitment.

Mini-Laparotomy Bilateral Tubal Ligation Training in Nampula province

Since Q2FY2, 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 expand the method-mix pool responding to the unmet needs for limiting births. In Nampula province, the mCPR for female sterilization is about 0.2% (IMASIDA 2015), BTL were usually only offered to clients during a caesarian, strongly limiting the access for women who wish to choose this method. 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 all other available methods. Building on IFPP Q2FY2 experience during which 8 MoH trainees performed 22 in-training mini-laparotomies, two additional trainings were carried out in June at the Nampula Central Hospital resulting in 59 additional mini-lap and 15 additional trainees as summarized in table 3. The trainees included three surgical officers – *"tecnicos de cirurgia"* (Namapa and Marrere Rural Hospitals, Nampula Military Hospital), 1 bachelor MCH nurse (District Hospital of Moma), and 12 gynecology and obstetrics post-graduate medical doctors (Nampula Central Hospital - NCH). Each training lasted five days and included practices in the mornings and theory and practical sessions with anatomic

Table 3: Number of trainees in mini-laparotomy by provider's categories and Health Facilities to date

	MD	Bachelor MCH Nurse	Surgical Officer	Gynecology and Obstetrics PG	Gynecology and Obstetrics Specialist	Total
HD Moma	1	1				2
HR Angoche	1		1			2
HD Monapo		1				1
HR Ribaue		1				1
HC Nampula				12	2	14
HD Namapa			1			1
H. Militar Nampula			1			1
HG Marrere			1			1
Total	2	3	4	12	2	23

models in the afternoons. It's important to highlight that the NCH has managed to install a specific room dedicated for mini-lap. Clients, counselled on all methods, making a free and voluntary choice for the BTL procedure were then referred to the Central Hospital of Nampula. Of note, neither community activists nor acceptors were given any incentives. The users came from several districts: Meconta, Muecate, Mogovolas, Eráti, City of Nampula, and Malema. During the trainings, post-partum counseling was exercised resulting in three demands of BTL.



Photos: 1,2,3: beneficiaries of Erati and Mini-lap. practice in Nampula, Facilitators and trainees

These trainings will enable more users who wants to limit pregnancies to be duly satisfied. It's important to highlight that following the 1st training, trainees carried out 20 mini-lap in Angoche district, 13 in Moma, 7 in Nacala Porto, 2 in Monapo, and 2 additional in the NCH, totaling 103 mini-lap when the 59 reached during the June trainings are included. Each involved hospital team received the needed equipment to start offering services at their hospitals right after the training. The General Hospital of Nacala Porto is the only remaining facility with no trainee as Nacala Porto staff had unfortunately no availability to participate to any of the three training opportunities.

Photo 4. Joint MOH-IFPP Supervision in Meconta district

Joint MOH-IFPP supervision:

The IFPP technical team and SDSMAS/DPS staff carried out technical support visits in 17 districts in Nampula province and 13 in Sofala, providing supervision to forty-eight (48) HFs—16 in Sofala and 32 in Nampula. This joint supervision serves to strengthen understanding and coordination to boost the use of the MOH approved FP integration guidelines and 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 HPs at least once per quarter.

Table 4 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.

Table 4: Mentoring visits received by HFs

HFs categorized according to the # of mentoring visits already received to date (AMJ 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	11	2	3	100%
Dondo	15	15	10	4	1	100%
Nhamatanda	17	17	11	4	1	94%
Buzi	15	14	6	6	2	100%
Chibabava	15	15	10	4	1	100%
Machanga	10	10	4	0	1	50%
Caia	12	11	6	4	1	100%
Marromeu	9	8	1	2	1	50%
Chemba	9	9	1	6	2	100%
Gorongosa	14	13	9	4	0	100%
Cheringoma	7	7	2	4	1	100%
Maringue	9	8	2	5	1	100%
Muanza	8	7	2	3	1	86%
Total Sofala	**157**	**150**	**75**	**48**	**16**	**93%**
Angoche	19	15	7	4	2	87%
Mogincual	6	6	2	3	1	100%
Liupo	3	3	1	1	1	100%
Nampula	25	9	0	2	7	100%
Erati	10	10	2	5	3	100%
Memba	12	12	4	5	3	100%
Meconta	8	8	4	3	1	100%
Nacaroa	7	7	3	3	1	100%
Muecate	11	5	3	2	0	100%
Mogovolas	7	7	5	1	1	100%
Moma	11	8	3	1	1	63%
Larde	6	6	4	2	0	100%
Monapo	17	12	5	5	0	83%
Mossuril	10	9	1	2	0	33%
Ilha Moç.	5	5	1	2	0	60%
Nacala Porto	14	12	6	4	2	100%
Nacala Velha	6	6	2	3	1	100%
Murrupula	6	6	3	2	1	100%
Rapale	8	7	4	2	1	100%
Mecuburi	13	13	5	3	1	69%
Ribaue	9	9	1	6	2	100%
Malema	10	9	6	2	1	100%
Lalaua	6	6	4	2	0	100%
Total Nampula	**229**	**190**	**76**	**65**	**30**	**90%**

To date, in Nampula and Sofala provinces, 90% or 171 out of 190, and 93% or 139 out of 150, 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. 26 out of 36 districts have 100% of their HFs already involved in the mentorship cycle, while 4 additional districts have more than 80% of their HFs enrolled and the remaining 6 districts are oscillating between 33% (Mossuril) and 69% (Mecuburi); Machanga and Marromeu reached 50%, while Moma and Ilha do Moçambique reached respectively 63% and 60% of their HFs.

Mentorship App

To ensure the consistency of mentorship and facilitate follow-up on action plans developed during mentoring visits, 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 3,156 eligible HPs trained by the project, 2,299 or 73% of them received at least one mentorship visit since the beginning of the intervention. As seen in Figure 1, distributed by province, all 2,299 mentees were mentored on comprehensive FP counselling on existing method-mix (1406 at end FY1); 1,583 mentored on implant insertion (974 at end FY1)[2]; 1,310 on injectable administration (788 at end FY1); 381 mentored on interval IUD insertion (193 at end FY1) and 271 on post-partum IUD (PPIUD) insertion (144 at end FY1). During this reporting period, the total number of tasks observed by mentors increased from 1,887 in Q1FY2 to 2,417 in Q2FY2 and 3,027 in Q3FY2: 1,171 mentorship forms were filled in Nampula province and 1,856 in Sofala province. As seen in Figure 2, the 'not meeting competency standards' rate for implant insertion is stabilizing around 9% during the last three quarters; meanwhile, the rate for Nampula province is around 15% while for Sofala province is around 5%.

Figure 1. # of unique Health Provider trained, registered in the App, who received mentoring visit(s) per topic and province

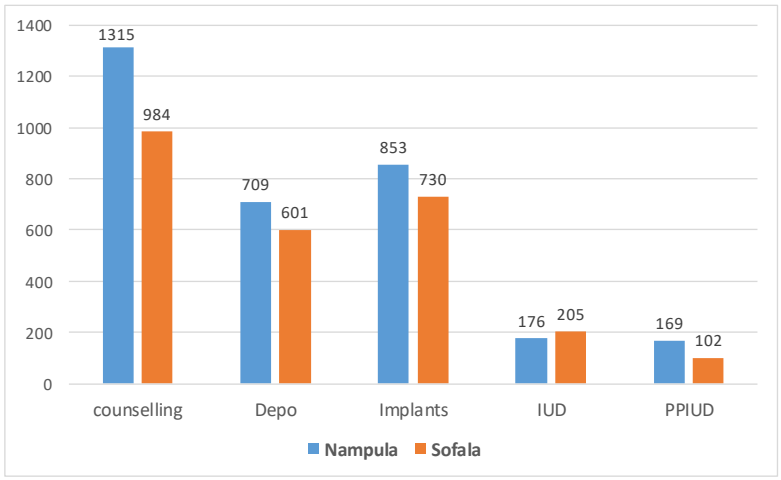
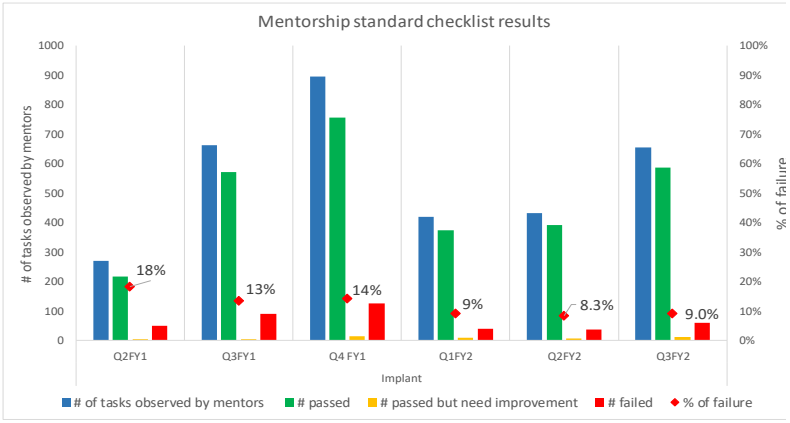


Figure 2 Competency standards



[2] Implant removal form will be inserted during this quarter into the mentorship app, and an implant removal study is being prepared jointly with E2A

As seen in Figure 3, the 'not meeting competency standards' rate is declining for PPIUD: out of 127 checklist results, 89 were carried out in Nampula province and 38 in Sofala province: the failure rate when considering both provinces together is about 22% this quarter; meanwhile the Nampula failure rate (30%) is much higher than the Sofala one (3%). Nevertheless, the Nampula Q1&Q2FY2 were around 40%, showing some progresses for Q3FY2. The 'not meeting competency standards' rate is stabilizing around 17% for interval IUD.

As seen in Figures 4 and 5, Nampula HPs continue to face more technical challenges, particularly for PPIUDs, than those in Sofala province. In March, in Nampula province, IFPP had provided additional support to the mentors to increase their abilities to mentor high-need mentees through a one-week mentor's mentorship; overall, the mentorship abilities and techniques rated during the practical mentor's mentoring sessions were high; particular attention was given on the weaker PPIUD technique and the "Balanced Counseling Strategy Plus"; these practical mentor's mentoring sessions impacted the number of unique providers mentored for PPIUD as the number of unique HPs jumped

Figure 3 Competency standards

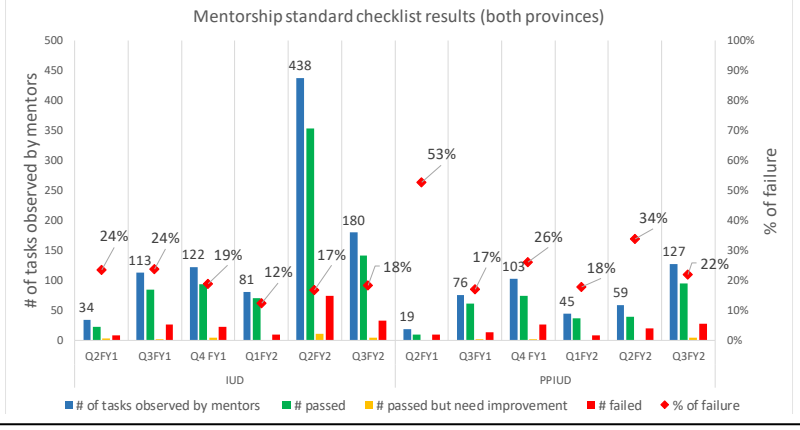


Figure 4: Unique HP mentored for PPIUD to date, by province.

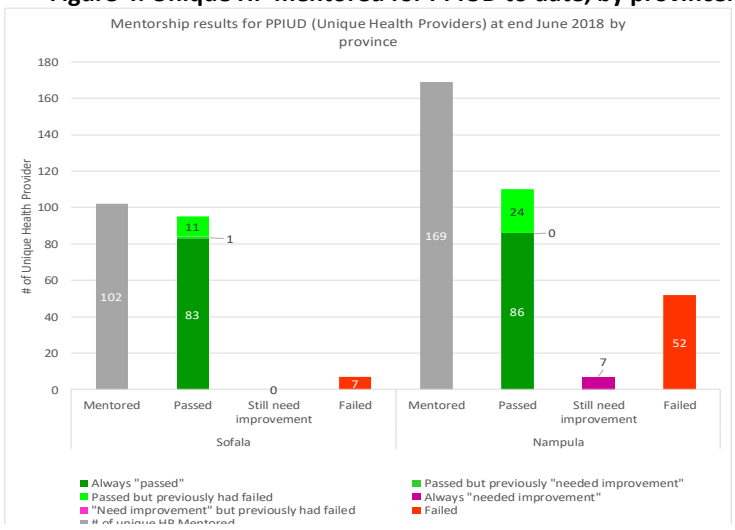
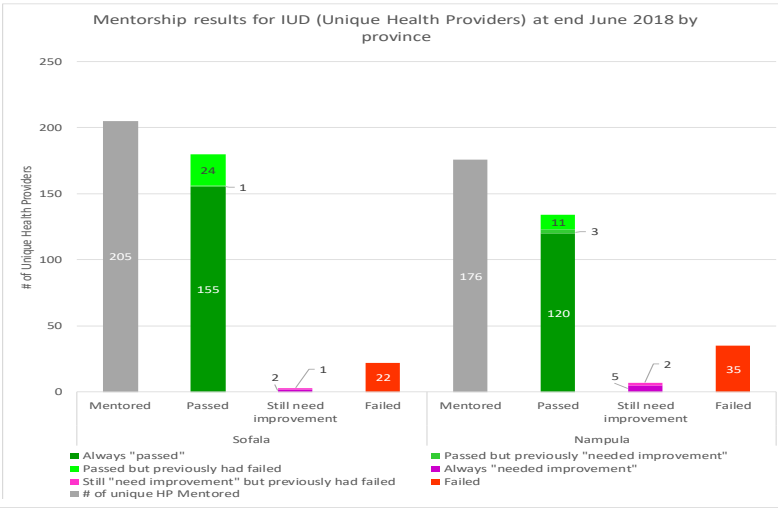


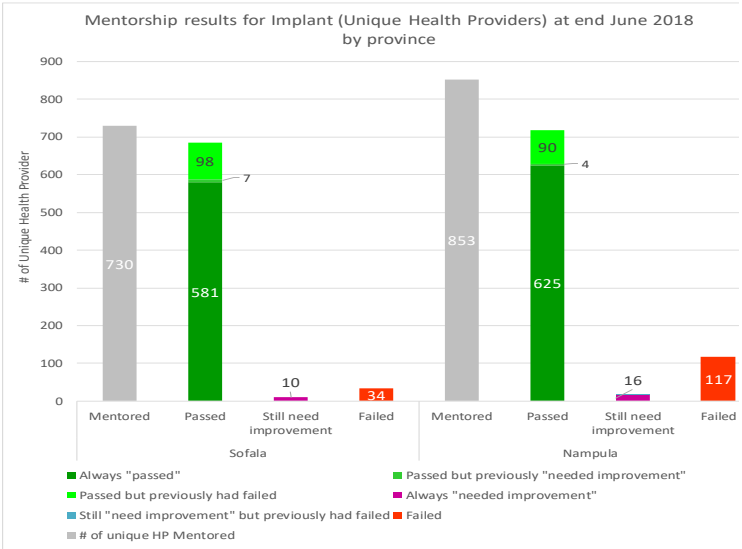
Figure 5: Unique HP mentored for IUD to date, by province.



from 86 (Q1FY2) to 111 (Q2FY2) and then to 169 (Q3FY2). Nevertheless, the number of mentees requesting further assistance remains relatively high in Nampula (52).

With respect to implant insertion (Figure 6), 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 3.3% rate in Sofala.

Figure 6: Unique HP mentored for Implants. to date, by province.



Consequent efforts will continue to be carried out next quarters to mentoring more frequently Implant, IUD, and PPIUD techniques. The project will continue to multiply opportunities and take advantage of the shift changeover meeting that takes place between maternity ward nurses. The maternity daily meeting offers an important glimpse into the HFs' client load and service flow and provides an opportunity to give parturient women counselling and immediate PPFP, including PPIUD insertions, and this 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 189 HFs attending 87% of the total quarterly institutional deliveries, 145 HFs (77%) are reporting offering at least 1 PPIUD; the 145 HFs have provided 3,227 PPIUD insertions this quarter, reaching a coverage rate of 5.2% of the Institutional deliveries attended. In Sofala province, out of 138 HFs attending 90% of the total quarterly institutional deliveries, 81 HFs (57%) are reporting offering at least 1 PPIUD; the 81 HFs have provided 1,005 PPIUD insertions this quarter, reaching a coverage rate of 4.3% of the Institutional deliveries attended.

Implementation Science and Learning (ISL)

Table 5: list of the HFs having participated in the 1st ISL workshop (June 2018)

Health Facilities	# of Inst. Deliveries during Q2FY2	% IUDPP (Q2FY2)	# of participantes
CS Muatua	552	0.0%	2
CS Namitoria	440	0.5%	2
HG Marrere	443	0.7%	2
CS Namialo	658	1.2%	2
CS Netia	485	1.4%	2
CS Chalaua	854	2.2%	2
CS Murupelane	577	4.7%	2
CS Rapale	554	6.9%	3
CS Alua	651	9.7%	2
CS Nacaroa	694	17.1%	3

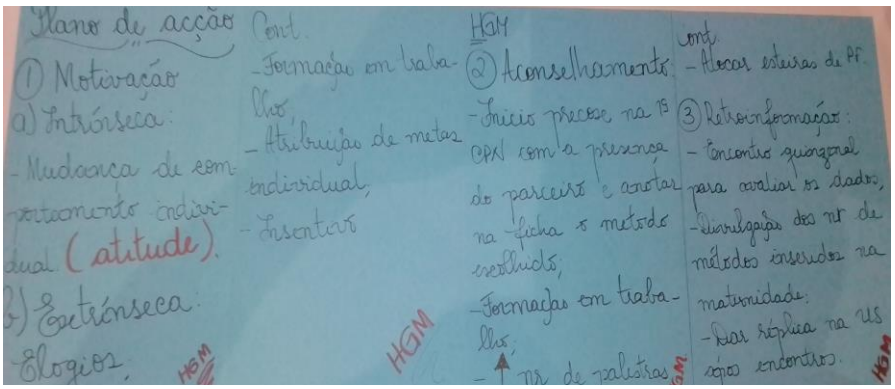
The past quarter, when analyzing the data in Nampula province, high disparities in PPIUD offering were noted between the HFs: Some HFs are attending very high numbers of deliveries and have low capacities in PPIUD offering. This quarter, in close collaboration with the PHD, IFPP has carried out the first ISL (Implementation Science Learning) "Optimization" workshop involving the heads of the HF maternity ward and HFs' directors of ten selected HFs as listed in Table 5; Six of them had low PPIUD coverage – less than 2.5% when 3 had medium PPIUD coverage (4.7% to 9.7%) and 1 had a high PPIUD coverage (17.1%). The provincial MCH responsible co-facilitated the workshop together with three of the technical IFPP staff (the Technical Director, the Service Delivery Officer and one District Coordinator); the provincial responsible of the public health department launched the event; sharing of experience and further understanding of the activities and attitudes that are promoting post-partum FP offering was one of the objectives of the workshop as well as assisting them in designing a simple action plan to improve their outputs. Participants jointly reviewed health facility-level service statistics, clarified best-practices and lessons learned to date, and worked to isolate key inhibiting and facilitating factors driving program post-partum IUD and implant service provision within maternity wards. In advance of the ISL "optimization" workshop, a simple self-assessment survey was administered to all available maternity ward nurses of the 10 HFs involved to quantify and compare health providers' perceptions of various factors inhibiting or facilitating PPFP service integration, including: contextual variables (adequate space, supplies, time constraints, etc.), client demand, measures of self-efficacy/technical confidence, motivation, and institutional support (feedback and perceived prioritization of LARC-PP by maternity ward management)[3] and results were presented to participants during the "optimization" workshop to inform strategy development. Workshop participants noted that maternity-ward nurses in low-performing sites were less likely to consider the offer of FP counseling during recovery as either "urgent" or "obligatory". Conversely, in health facilities with greater buy-in and support from the maternity ward in-charges, this task had become part of most maternity nurses' daily

[3] A health provider behavior-change framework was developed based on the *Opportunities, Abilities and Motivations* (OAM) framework developed by Ölander and Thøgersen (1995), and modified to better account for intrinsic and extrinsic motivations within an organizational/work-place context (Vallerand, 1997, Siesmen, 2008).

routine. Facility level observations revealed that due to cultural reasons, many women attending the maternity wards (even those counseled on FP during ANC visits) did not initiate requests for FP services during their visits to the maternity ward, and instead awaited nurse initiation, resulting in significant lost opportunities for post-partum FP uptake. During the 2-day "optimization" workshop, participants identified several opportunities for performance improvement:

- Key attitudes that the HF director should address include: listening weekly to the staff's complaints and constructive criticism; commending the maternity ward's nurses who improve their performance; giving feedback about statistical data to all of the HF's staff; facilitating the sharing of the constraints, barriers, and solution that providers are confronted with in offering PPFP; clarifying FP related myths and taboos to the CLs and sensitize them more to the importance of FP and PPFP, in particular, to ensure better spacing of births; encouraging men to accompany their wives during ANC to discuss FP opportunities available during the post-partum period; recognizing twice-a-year the best MCH nurse with diplomas of merit.
- Key attitudes that the maternity responsible should address include: giving technical support as frequently as needed; ensuring the availability of the needed sterilized equipment, as well as the FP commodities; praising the nurses improving their performance; accepting criticism from colleagues; daily monitoring of the PPFP activities; involving TBAs for PPFP sensitization at community level; improving support for in-depth PPFP counselling at ANC level, particularly when husbands are coming for HIV screening; ensuring that the FP method chosen is registered on the ANC card and taken in consideration at maternity level; sharing the action plan with the maternity team; and learning local idiom.

Photo 5, 6, 7: Discussion of the action plan to improve facility-level management buy-in for FP service integration; IUDPP insertion film projection; Marrere action plan



The action plans focused on sharing lessons learned in the offering of contraception at the maternity ward, defining activities to improve the LARC offer, sharing the posters with responsibilities for FP Integration Model Health Units, explaining the role of each key personnel, taking and exposing photo of the maternity responsible advertising about PPFP services offered at maternity level to increase user-provider demand.

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 implant insertion that non-MCH HPs are more often 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 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.

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 by the end of 2016. As such, the MOH requested that IFPP strengthen APEs skills and increase support and supervision to effectively integrate FP into their daily tasks.

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 Q3FY2, a total of 55 additional APEs were trained trough IFPP. Cumulatively, by end of Q3FY2 IFFP has now trained 65% of active APEs compared to 58% at the end of Q2FY2.

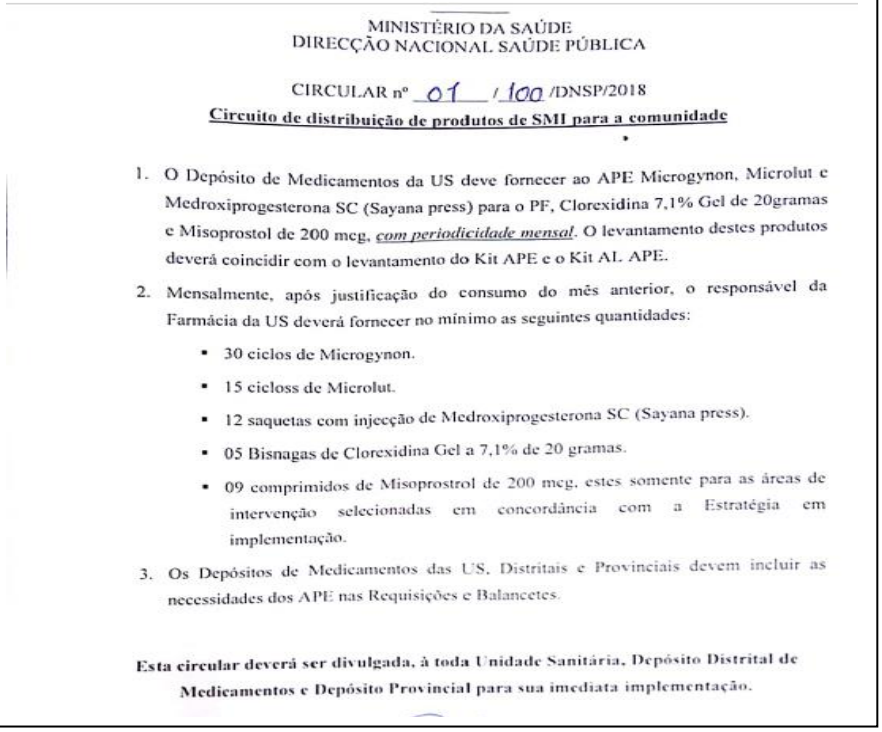
Table 6: Distribution of APEs trained in FP thru IFPP, per province and district

DISTRICT	# of HF	# of HF with at least 1 APE (source: DPS)	# of active APEs (source: DPS)	# of APEs trained in FP					% of APEs trained thru IFPP
				FY1	Q1 FY2	Q2 FY2	Q3 FY2	Total to date	
Beira	17	1	1	NA	NA	NA	NA	NA	NA
Dondo	15	8	37	13	0	0	7	20	54%
Nhamatanda	17	15	38	3	3	32	0	38	100%
Buzi	15	9	28	5	0	0	0	5	18%
Chibabava	15	11	19	7	0	0	0	7	37%
Machanga	10	7	23	3	0	20	0	23	100%
Caia	12	9	19	12	3	0	0	15	79%
Marromeu	9	7	20	0	0	18	0	18	90%
Chemba	9	6	10	7	3	0	0	10	100%
Gorongosa	14	9	41	8	0	32	0	40	98%
Cheringoma	7	7	22	10	0	11	0	21	95%
Maringue	9	6	21	2	0	7	0	9	43%
Muanza	8	6	40	0	0	0	26	26	65%
SOFALA	**157**	**101**	**319**	**70**	**9**	**120**	**33**	**232**	**73%**
Angoche	19	13	45	9	0	0	0	9	20%
Liupo	3	4	15	5	0	0	0	5	33%
Mogincual	6	3	22	6	0	0	0	6	27%
Nampula D.	25	5	8	15	0	0	0	15	188%
Erati	10	10	49	25	0	0	0	25	51%
Memba	12	10	34	18	0	0	0	18	53%
Meconta	8	7	31	9	10	0	0	19	61%
Nacaroa	7	6	30	13	0	0	22	35	117%
Muecate	11	10	32	20	0	11	0	31	97%
Mogovolas	7	5	49	18	0	0	0	18	37%
Moma	11	8	39	21	0	0	0	21	54%
Lardes	6	5	10	5	2	0	0	7	70%
Monapo	17	10	43	23	0	0	0	23	53%
Mossuril	10	6	31	3	0	0	0	3	10%
Ilha Moç.	5	NA	NA	0	0	0	0	0	NA
N.Porto	14	NA	NA	0	0	0	0	0	NA
N.Velha	6	6	34	13	0	0	0	13	38%
Murrupula	8	6	29	33	0	0	0	33	114%
Rapale	13	11	21	9	0	0	0	9	43%
Mecuburi	6	8	26	36	0	0	0	36	138%
Ribaue	9	9	50	18	0	0	0	18	36%
Malema	10	7	31	29	0	0	0	29	94%
Lalaua	6	5	32	19	13	0	0	32	100%
NAMPULA	**229**	**154**	**661**	**347**	**25**	**11**	**22**	**405**	**61%**
Both	**386**	**255**	**980**	**417**	**34**	**131**	**55**	**637**	**65%**

Specific attention was given this quarter in Sofala province to intensively support the APE program: out of a total of 319 active APEs, 274 or 86% have reported FP data this Q3FY2 (HMIS), increasing the number of women served through APEs from 5,558 (Q1FY2) to 7,627 (Q2FY2) to 10,808 (Q3FY2).

The number of women of reproductive age (WRA) served by APEs is increasing steadily in Nampula province (Q2FY1 – 5,503; Q3FY1 - 14,126; Q4FY1 - 12,804; Q1FY2 - 17,892; Q2FY2 - 20,012; Q3FY2 – 22,062).

Photo 8: New MOH guidance on short acting methods to be supplied by APEs in the community.



MINISTÉRIO DA SAÚDE
DIRECÇÃO NACIONAL SAÚDE PÚBLICA

CIRCULAR nº 01 /100 /DNSP/2018

Circuito de distribuição de produtos de SMI para a comunidade

1. O Depósito de Medicamentos da US deve fornecer ao APE Microgynon, Microlut e Medroxiprogesterona SC (Sayana press) para o PF, Clorexidina 7,1% Gel de 20gramas e Misoprostol de 200 mcg, *com periodicidade mensal*. O levantamento destes produtos deverá coincidir com o levantamento do Kit APE e o Kit AL APE.
2. Mensalmente, após justificação do consumo do mês anterior, o responsável da Farmácia da US deverá fornecer no mínimo as seguintes quantidades:
   - 30 ciclos de Microgynon.
   - 15 cicloss de Microlut.
   - 12 saquetas com injecção de Medroxiprogesterona SC (Sayana press).
   - 05 Bisnagas de Clorexidina Gel a 7,1% de 20 gramas.
   - 09 comprimidos de Misoprostrol de 200 mcg, estes somente para as áreas de intervenção selecionadas em concordância com a Estratégia em implementação.
3. Os Depósitos de Medicamentos das US, Distritais e Provinciais devem incluir as necessidades dos APE nas Requisições e Balancetes.

Esta circular deverá ser divulgada, à toda Unidade Sanitária, Depósito Distrital de Medicamentos e Depósito Provincial para sua imediata implementação.

IFPP is carrying out the following activities in both provinces in order to boost the involvement of APEs for FP delivery. 1) Increasing supervision visits of the IFPP technical team as well as supporting the APE supervisors at SDSMAS and DPS level for integrated supervision, focusing on counselling and the delivery of short term FP methods, FP registration in the APE logbook, referrals to HFs for long acting FP methods, and management of traditional birth attendants (TBAs) FP referrals that are directed to APEs. It's worth highlighting the involvement of the Erati MCH district responsible for carrying out supervision visits for APEs and TBAs in the HF catchment area of Alua, Mirrote, Samora Machel, Namiroa, 25 de Junho, Nantoge, Jacoco, Kutua, and Namapa. 2) Improve the supply of short term contraceptive methods (STM) available to APEs in both provinces supporting the dissemination of the MOH recommendations for the distribution of MCH commodities for APEs, as well as the one clarifying that DMPA-IM injection can be provided by APEs as a substitution when DMPA-SC (Sayana Press) stocks are insufficient. 3) Provide technical support at the monthly "APEs – HF" coordination meeting for data analysis, experience sharing, and restocking FP methods and commodities (Memba, Monapo, Angoche, Mogincual, Nampula, Nacala Velha, Ribaue, Malema, Lalaua). 4) Printing of register books and references slips when necessary.

Table 7 – TBAs trained in FP methods and community sensitization

	FY1	Q1 FY2	Q2 FY2	Q3 FY2	Total per province	Grand Total
Nampula	762	22	35	22	841	1096
Sofala	93	102	60	0	255	

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, specifically targeting first-time parents (FTPs) who are pregnant or postpartum and medium- and high-parity women (defined by IFPP as woman with three or more children). TBAs also engage household influencers and gatekeepers (for example, male partners and mothers-in-law).

During Q3FY2, IFPP Nampula has focused on the monthly review meetings led by the HF MCH nurse and supported by the IFPP technical teams. These follow-up meetings focused on TBAs sharing FP community sensitization experiences, reviewing FP referrals, and discussing completed FP referrals including successes with the different sub-groups (parturient referrals and PPFP pre-sensitization including FTPs; adolescents; medium and high parity women). Additionally, the MCH nurses prepared one refreshment training topic. These efforts were crowned with success as the referrals reported by TBAs has jumped from 425 (Q2FY2) to 5,847 (Q3FY2) in Nampula province. 606 TBAs out of 819 already trained at end Q2FY2 (74%), distributed in 64 different HFs, have reported confirmed referrals this Q3FY2 in Nampula. Additionally, an initial three-day training was carried out in the Larde district gathering 22 TBAs.

Photo 9, 10, 11 : Monthly meeting of Nahadje HF in Nacaroa and Nampula districts and Muxungue RH (Sofala)

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, 18 new Interpersonal Communication (IPC) agents were trained to extend urban demand generation activities in Dondo and to substitute the ones who resigned last quarter, which was mainly due to their recruitment to the National Commission of Election to carry out community education and mobilization for the local elections next October.

Introducing the "Connect with Sarah" App (CwS)

To strengthen the registration, reference and monitoring mechanisms of the demand generation activities, the Connect with Sarah Platform was introduced in June. This platform, in addition to recording

the activities carried out by the project, addresses the gaps observed in the implementation of the activities with registration, reporting, and analysis of data based on Movercado.

The IPC agents will be able to register the client and document the different interactions carried out during the year which will strengthen the follow-up of the clients, improve registration of the client's FP needs, collect their feedback on the services provided, and track the referrals. As this App works on smartphones equipped with an android system, geo-localization of the households will be possible, as well as ease in internal audits and return visits. The App will be used by the IPC agents and the HPs. 111 IPC agents and 65 MCH nurses have been trained in the use of the App in June 2018 (Table 9).

Table 9: training of IPC agents and MCH nurses in "Connect with Sarah" App

Province	District	# IPC agents trained	# MCH nurses trained
Nampula	Nampula	42	20
	Ilha de Moçambique	4	3
	Nacala Porto	19	8
	Angoche	11	4
Sofala	Beira	24	19
	Dondo	11	11

Furthermore, jointly with the district coordinators and the FP project officer, technical updates were carried out on a monthly base to strengthen the knowledge and abilities of the IPC agents focusing on the different FP methods, benefits of FP, and informed choice.

Mapping of IPCs agents

Furthermore, the community mobilization and counselling strategy has been redesigned. The IPCs agent were redistributed in pre-selected neighborhoods with the mission to reach progressively 100% of the WRA for FP counseling and further follow up. Therefore, working meetings have been carried out with the CLs to define the mapping and sensitize them on FP myths, taboos, and challenge. Seventeen meetings gathering 80 community leaders have been held. The areas of IPC agent distribution are summarized in table 10. The technical support to the IPC agents, the monitoring and follow-up of their

Table 10: Mapping of IPC agents by district and HFs

District	Health Facility	# of IPC agents	Neighborhood
Nampula	FTM- Anchilo	5	Natulo A, Nassapo, Namihuro, Nassapo-zona verde, Nassapo-area da ES- Anchilo.
	C.S Napipine	5	Napipine, Murrapaniua
	C.S Namuthequeliua	6	Namuthequeliua, Mutava –Rex,
	C.S 1 de Maio	3	Zona Central e alguma Zona de Namicopo
	C.S Namicopo	4	Namiepe, Namicopo, Carrupeia
	C.S Muhala Expansao	6	Muahivire Expansao e Muhala Expansao.
	HM. Nampula	4	Cossore, Zona Militar , Paios, Mtadouro e
	C.S 25 de Setembro	2	Mutauanha e Murrapaniua.
	HG Marrere	4	Substacao, Natikire, Muatala
	C.S Anexo ao Psiquiatrico	3	Pilototo, Murrapaniua, Mutauanha.
	FTM- Matapue	5	Matapue, Ontupaia,
Nacala-Porto	FTM- Urbano	6	Triangulo, Mocone, Bloco 1,
	C.S Akumi	3	Bloco 1, Triangulo
	CS Murrupelane	1	B Murrupelane e Muanona
	PS ADPP	1	Muzuane
	PS. CFM	1	Triangulo e Mucuaipa
	C.S Ontupaia	2	Ontupaia
Angoche city	HR Angoche	4	B Central, Puli
	CS Inguri	4	Inguri
Ilha Moç.	CS Ilha Mocambique	2	Cidade da Ilha
	CS Lumbo	2	Lumbo
Beira	CS Chamba	2	Inhamizua
	CS Chingussura	3	Chingussura e Vila Massane
	CS Chota	1	Chota
	CS Macurungo	3	Macurungo
	CS Marrocanhe	2	Muave
	CS Manga Loforte	2	Ndunda , Mungassa
	CS Mascarenha	3	Manga Mascarenha
	CS Matadouro	1	Matadouro
	CS Munhava	4	Mananga, Maraza, Munhava Central e Vaz
	CS Nhaconjo	3	Nhaconjo
	CS Pontagea	3	Ponta Gea, Macuti, Palmeiras e Chaimite
	CS Ceramica	2	Cerâmica
	PS Militar Matacuane	5	Esturo e Matacuane.
Dondo	CS Lusalite	2	Lusalite
	CS Macharote	2	Macharote
	CS Nhamainga	2	Nhamainga
	CS Samora Machel	2	Samora Machel
	CS Canhandula	2	Canhandula
	CS Dondo	5	Consito, Mafarinha, Bairro Central, Nhamaibwe. Mandruze
	CS Mafambisse	5	Eduardo Mondlane, 4 de Outubro, Mussassa, Munhonha

activities and outputs will be easier to program and the collaboration and involvement of the CLs will be strengthened.

Community Facilitators (CF) training

During this reporting period no training of additional CFs was held. Note that during the past quarter (Q1FY2), IFPP trained the 203 CFs on topics related to the fourth, fifth, and sixth community dialogue 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. In Q2FY2, 30 CFs were involved in the community score cards process (CSC) and 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. Areas of expansion for FY3 are being identified. 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

Photo 12: FP Sensitization with subsequent FP consultation at secondary school of Chemba IFPP project officer.

During the reporting period, IFPP supported more mobile brigades (MB) than in past quarter: a total of 591 MBs (436 in Nampula and 155 in Sofala) were carried out against 370 (Q2FY2); the number of MBs in Nampula province has increased considerably from 147 (Q2FY2) to 436 (Q3FY2), while in Sofala IFPP experienced a decreasing from 223 MBs in Q2FY2 to 155 (Q3FY2), mainly due to the degradation of most of the dirt tracks and delays in car repairs at the supplier level. It's important to highlight that in Sofala an additional 163 MBs were carried out through other partners such as PSI, DKT, and PNG - National Park of Gorongosa. The total number of MBs collected in Sofala province when including the partners support is summarized in Table 11.

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 past quarter to a one-day workshop for detailed MBs planning in order to better cover the

Table 11: MBs carried out in Sofala province with and without IFPP support

Districts of Sofala province	MBs supported thru IFPP	MBs supported thru PSI/DKT/PNG	Total of MBs
Beira	0	18	18
Dondo	3	29	32
Nhamatanda	87	2	89
Buzi	12	10	22
Chibabava	0	1	1
Machanga	0	4	4
Caia	33	0	33
Chemba	7	4	11
Marromeu	7	10	17
Gorongosa	0	37	37
Maringue	2	10	12
Cheringoma	0	32	32
Muanza	4	6	10
Total	155	163	318

Table 12: Progresses achieved in Q3FY2 by the districts of Nampula having participated to the Q2FY2 BM micro-planning workshop.

Districts	# of MBs - Q2FY2	# of MBs - Q3FY2
Angoche	12	21
Erati	15	31
Meconta	10	29
Moma	12	21
Monapo	8	29
Nacala Porto	7	19
Ribaue	10	46

MCH national health week spots. All of these districts increased their number of MBs carried out in Q3FY2 (table 12). It will be important to replicate this activity involving the districts with weaker accomplishment (Rapale – 11; Muecate – 2; Mecuburi – 6; Liupo – 3; Larde – 4). The district of Nampula and Murrupula received additional support from PSI through Dutch funding. Still, some MBs are under-reported by the responsible HCs.

IFPP continues to give a special attention to MBs at the school level. In Q3FY2, 23 secondary schools were reached and 9 primary schools (6th and 7th grade) in Nampula province.

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

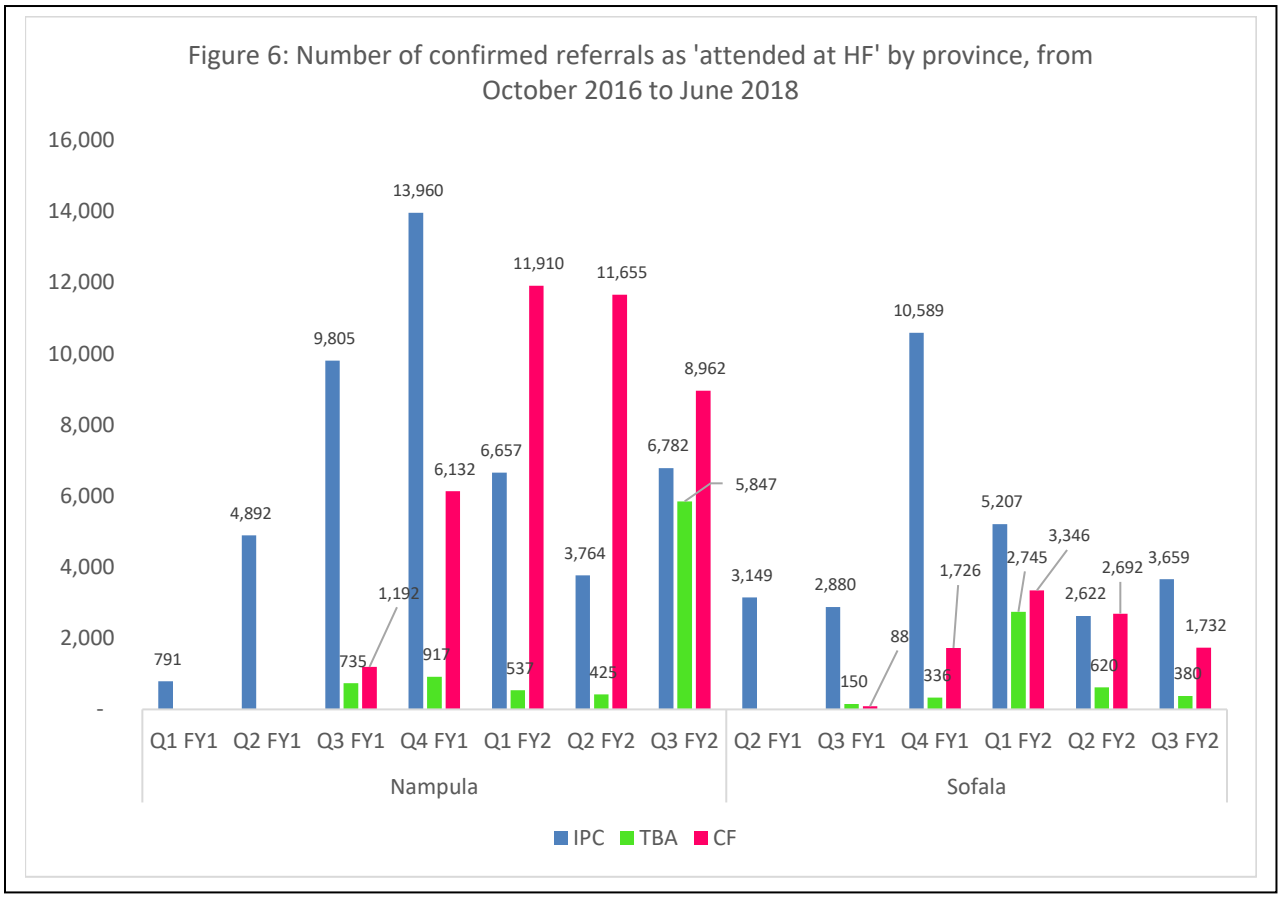


Figure 6 shows trends in the number of confirmed referrals by CHW type, quarter, and province. The total number of confirmed referrals by health providers is 27,362 for Q3 FY2, a 26% increase from previous quarter (21,778).

The green bars in the graph represent the confirmed referrals sent to HFs by TBAs. The Q3FY2 results in Nampula province are finally showing an increase in the use of a more adequate system for TBA referrals for data reporting compared to Movercado. In Q1FY2, IFPP piloted 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. TBA referrals' data collected during Q3FY2 were coming from 75% or 606 of the 819 TBAs already trained by end of Q2FY2 in FP through IFPP intervention; it's an acceptable report ratio taking in account the TBA

usual illiteracy. It's now worthwhile to re-initiate the FP cascade training for TBAs as we can monitor their outputs and analyze data produced per HF catchment area. This data confirms the great opportunity that TBAs are representing for the demand generation at the rural level. The same data collection forms will be used in Sofala province for next quarter and the Movercado platform will not be used anymore.

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 94,276 women contacts have been reported this quarter, which is an increase of 100% when compared to the previous quarter (46,940).

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				
Núnero de Grávidas referidas a parto na maternidade (e já pré aconselhado para o PF pós parto)		Realizadas				
		Confirmadas				
		Por re-aconselhar				
Núnero 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				

Traditional Birth Attendants (TBA)

As mentioned above in Sub IR1.2, by the end of Q3FY2 1096 TBAs will have been trained and have started their sensitization activities at the community level.

To date, sensitization contacts performed by TBAs have increased by from 1109 to 7,150 contacts reported in the current quarter. HPs of the peripheral HFs, which benefited from TBAs FP training, are carrying out monthly and/or quarterly meetings and fulfilling a one-page report to facilitate the report of contacts and confirmed referrals.

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 12,188 women during Q3FY2.

Rural community facilitators (CFs) of the Community Dialogues (CD)

During Q3FY2, 74,938 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. In total, 993 groups successfully completed the six community dialogues sessions through 5,445 sessions.

mCenas!

Photo 13, 14, 15: Launching of mCenas at the Secondary School of Napipine (9 and 10) and in Secondary School of Nacala Porto (11)

mCenas was launched in five secondary schools in Nampula province reaching five different districts (Nacala Porto, Nampula city – Napipine school, Ilha de Moçambique, Angoche, and Ribaue – EBA school). The launch activities carried out included a SRH and PF contest, role plays, a health fair, FP consultations. At the end of Q3FY2, 738 adolescents and young people had already registered in mCenas and are receiving SMS. This activity was led by SDJET – Education district directorate, in close collaboration with SDSMAS and benefited from the IFPP support. It's important to highlight the IFPP-DKT partnership as their mobile clinic joined the event providing FP/SRH services.

Table 13: some SRH features of the mCenas users at end June 2018

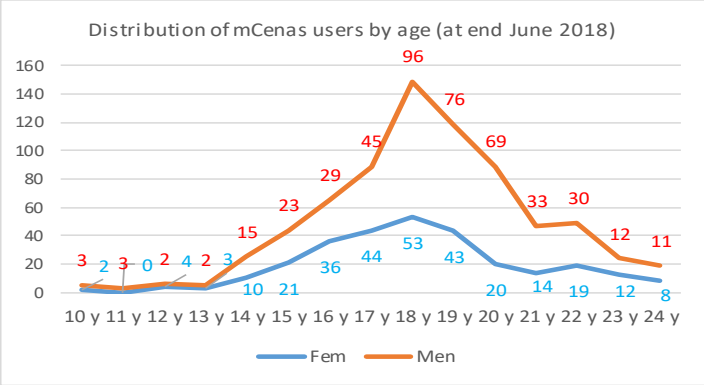
Gender			Previous Sexual Exp.	currently pregnant or partner pregnant	currently have already a child
F	39%	289	70%	23%	28%
M	61%	449	77%	22%	20%

At enrollment users were asked some questions. The answers, collected thru the mCenas App data base, are illustrated in table 13. First, the vast majority of the students are sexually active: 70% of the female group and 77% of the males. Out of the 67 female students currently pregnant, 26 (39%) are without children while 41 (61%) already have children. Out of the 100 male students currently with a pregnant partner, 57% are without children while 43% already have children.

The distribution of the mCenas platform users is represented in Figure 7 by sex and by age. It appears that all age groups are interested in using the platform.

During the launch event, the MBs' calendars was defined jointly with SDSMAS, DKT, and IFPP to be broadly disseminated within the target group. Also, IFPP and the concerned HFs reclarified who will attend to the students in each referral HF (all providers, AYRH services – SAAJ, some clearly identified HPs).

Figure 7: Distribution of mCenas users by age at end June 2018



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

Photo: 16. CLL meeting in Meconta district

To contribute to the IR2, IFPP/N'weti is implementing a systematic community dialogue process which involves groups of key CLs and influencers. The rationale behind the community dialogues is to address the social and gender norms and drivers behind the lack of use of modern FP. The rationale also is to create a more enabling environment at the community level for adherence to modern FP methods. CLs 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 in community leadership involvement, IFPP (in coordination with the head of the Locality "Chefe da Localidade") has supported a one-day meeting focused on gathering the members of the *Conselhos Locais da Localidade* (CLL). This Local Council is a body of consultation for the local administration authorities in search of solutions to fundamental questions that affect the lives of local communities as well as their well-being and sustainable development in which participate the community authorities.

This Q3FY2, 11 additional meetings were held in 5 districts in Sofala province (Marromeu, Chemba, Machanga, Chibabava, Nhamatanda, and Cheringoma) and 5 districts in Nampula province (Erati, Mogovolas, Meconta Rapale, and Mecuburi). The main objective was to create a more enabling environment for FP behaviour change within their communities, promoting social norms favorable to reproductive health and HTSP and to strengthen their leadership to increase the community participation in 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?*

Table 14: Distribution of the CLL meetings by province and district

Pro-vince	Districts	# of Meeting with CLL (Q2FY2)	# of Meeting with additional CLL (Q3FY2)
Sofala	Nhamatanda	3	1
	Buzi	1	0
	Chibabava	2	0
	Machanga	1	1
	Caia	1	0
	Marromeu	2	1
	Chemba	2	2
	Gorongoza	0	0
	Cheringoma	0	1
	Maríngue	2	0
	Muanza	0	0
Nampula	Angoche	3	0
	Mogincual	1	0
	Liúpo	2	0
	Nampula	0	0
	Erati	0	1
	Memba	0	0
	Meconta	1	1
	Nacaroa	0	0
	Muecate	0	0
	Mogovolas	3	1
	Moma	1	0
	Larde	0	0
	Monapo	4	0
	Mossuril	3	0
	Ilha de Moçambique	3	0
	Nacala Porto	0	0
	Nacala à Velha	2	0
	Murrupula	0	0
	Rapale	0	1
	Mecuburi	0	1
	RIbaué	2	0
	Malema	0	0
	Lalaua	1	0
	Total	40	11

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

Follow-up meetings were carried out in the district of Angoche (Namaponda and Namitoria), as well as in the districts of Liupo (sede and Quinga) and Mogincula (Quixaxe).

Lessons learned: The cCLs expressed their satisfaction with regards to the meeting and the contents. Their understanding about the role of the CFs has dramatically increased and subsequently their support. Leaders committed themselves to more engagement in the program, to interact with the churches to spread the FP messages, and to disseminate FP messages in communities.

Leveraging community partnerships through CBOs

Technical support visits continue to be carried out, targeting the 88 community-based organizations (CBOs) to more qualitatively implement the agreement signed with IFPP by increasing their follow-up activities and including monitoring CF activities at the community and HF level. CBO representatives continue to be involved in the CSCs 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 15: Radio sessions by radio

Province & district		Radio name	Broadcasting Q3 FY1	Q4 FY1	Q1 FY2	Q2 FY2	Q3 FY2
Nampula	Mossuril	CR Mossuril	4	9	4	MOU in process to te extended	5
	Monapo	CR Monapo	22	26	22		11
	Meconta	CRT Namialo	22	14	0		6
	Memba	CR Memba	12	16	0		0
	Erati	CR Namapa	10	16	0		0
	Ribaue	CRT Ribaue	22	13	0		0
	Angoche	CR Parapato	18	16	2		0
	Nampula	CRT Gemeas	12	15	0		0
Sub-total			**122**	**125**	**28**	**0**	**22**
Sofala	Nhamatanda	CR Acordos de Paz	0	16	11	4	10
	Gorongoza	CR Gorongoza	4	14	18	12	20
	Caia	CR Caia	8	8	9	4	12
	Marromeu	CR Marromeu	8	18	8	4	10
Sub-total			**20**	**56**	**46**	**24**	**52**

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 the duty of citizens to raise public awareness around SRHR and the benefits of FP services. During Q3FY2, the CR of Nampula has broadcasted 22 emissions and 52 in Sofala. Young couples and CLs involved in the community dialogue sessions are regularly invited to share their experience in direct. One of the CLs participating to the direct of Gorongosa CR focused his intervention on the barriers limiting the access to FP services .

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

During Q3FY2, no specific activities were planned for this quarter. Activities in this sub-IR will be carried out next quarter.

IR 3: Strengthened FP/RH health systems

HSS activities during the Apr – Jun 2018 quarter focused on conducting the second round of evaluations of the District Family Planning Systems (MSC) in four of the six new Year 2 expansion districts, and a third round of evaluations in previous four districts. Overall, there was an increase in the degree of performance of compliance standards. IFPP also conducted a baseline evaluation in Marromeu which was not performed last quarter due to the constant delays and unavailability of the SDSMAS counterparts. All the four 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 90% in Nampula. The baseline score for Marromeu district was below the targeted minimum satisfactory score of 80%.

IFPP conducted a joint compliance review with the NEDs - District Statistical Nucleus - to complete the District Profile (PD) for the period of April to June 2018 and compare it to the previous quarters for use in decision making. This was done with the SDSMAS of Nampula City, Mogovolas, Memba, Nacala Porto, Caia, and Marromeu, and with the DPS of Nampula and Sofala. IFPP also provided TA in the methodologies for presentation, analysis of the tool in the monthly meeting of statistics and/or review meetings, and implementation of the action plans.

A key priority and major achievement during the quarter was the continued low number of visited HFs suffering from a contraceptive stock out. Through a combination of proactive communication between the key actors involved in the FP consumables supply chain management, coupled with TA to ensure HFs, and district and provincial medications depot managers properly forecast family planning commodities needs and plan for their efficient distribution, IFPP was able to maintain the low trend in stock outs at 6% in Q3. 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 nine districts in Nampula Province and five districts in Sofala Province.

Another accomplishment during the quarter was conducting lectures on public and private institutions, specifically the Provincial Directorate of Agriculture and Mozambique Telecommunications Company. the lecture focused on the involvement of public and private sector companies in raising awareness about the benefits of FP to their employees and increase the demand for FP. Some contraceptive methods (injectable, oral contraceptives (OR), and female and male condoms) were offered to company employees during the lectures.

IFPP continues to observe an increased level of ownership in using district profiles to improve the generation, dissemination, and use of FP data for more evidenced-based decision-making. In Sofala, this was reflected in the DPS-led initiative to guide their MCH planning and performance review meeting using a hybrid provincial profile. In Nampula the DPS requires that all districts provide quarterly updates of their respective DPs, QI action plans, and implementation results, increasing ownership and contributing to the improved generation, dissemination, and use of FP data for more evidenced-based decision-making in 14 districts of the 15 receiving direct HSS TA.

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

Activities within this sub-IR include capacity building and TA 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 Q3FY2, the HSS team provided TA to 88 Sofala and Nampula DPS and SDSMAS program managers including 24 new individuals receiving TA (15 in Nampula; 9 in Sofala) and 64 (61 in Nampula; 3in Sofala) had received in previous periods). This involved supporting the preparation of monthly and quarterly work plans to guide implementation and facilitate routine monitoring of PES performance.

Table 16 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, and Gorongosa). Nine additional districts were enrolled for FY2 to receive regular MSC assessments (Memba, Mogovolas, Nacala Velha, Murrupula, Malema, Buzi, Machanga, and Marromeu).

Table 16: MSC trends by district

< or = 60%	MSC District Scores Over Time (Target: achieve satisfactory scores ?80%)						
>60% < or = 70%							
>70% < or = 80%							
>80% < or = 90%	FY1 (Oct. 16 - Sept. 17)			FY2 (Oct. 17 - Sept. 18)			
>90% < or =100%							
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%		79%	
Meconta	68%		70%			84%	
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%		88%	
Murrupula					49%		
Rapale							
Mecuburi		41%	81%		88%		
Ribaue	41%		92%			96%	
Malema				38%		84%	
Lalaua							
SOFALA PROVINCE							
Beira	63%		86%		89%		
Dondo	60%		71%		82%		
Nhamatanda		65%		83%		82%	
Buzi				74%		82%	
Chibabava	60%		73%		79%		
Machanga					67%		
Caia	54%		66%			83%	
Marromeu						70%	
Chemba							
Gorongosa		66%					
Cheringoma							
Maringue							
Muanza							

During this quarter, a MSC assessment was conducted in 9 districts during the Apr-Jun 2018 quarter, including one round 1 (R1) baseline assessment in Sofala Province in Marromeu District, one round 2 (R2) assessment in Sofala (Buzi), two round 3 (R3) assessments in Sofala province (Caia and Nhamatanda), three round 2 (R2) in Nampula Province (including the districts of Memba, Nacala velha and Malema), and two round 3 (R3) assessments in Meconta and Ribaue. Of these nine MSC evaluations, six achieved a score greater than 80% (four for the first time, while the other two maintained their greater than 80% score achieved in R2). In all nine districts where MSCs were conducted in the Apr-Jun 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 14% above the YR2 target to ensure 14 districts achieve a satisfactory MSC score of 80% or greater. After nine quarters since project startup (30% of this five-year project), cumulative performance to date against the LOP target is at 44%, which means the project is on track to achieve the LOP target by the end of IFPP's mandate.

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

Another key priority and major achievement during Q3FY2 was the maintaining in the percent of HFs that had a contraceptive stock out. IFPP was able to maintain the low trend in stock outs at 6% in Q1, Q2, and Q3. 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. 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. IFPP staff also built up DDM managers' capacity to consistently use logistics maps to guide their monthly distribution plan, design, and requisition of necessary resources. This is based on known routes and distances to each site, with updates made using the latest fuel costs and known consumption rates for each respective vehicle available for each route.

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.

Photo 17: TA and supervision activities carried out by DPM, in Moma SDSMAS supported by IFPP May 2018

Out of the 64 HFs monitored for stock outs during the quarter, one health facility in Sofala (3%) experienced a stock out of one or more FP commodities for one or more days while three visited sites in Nampula Province reported a stock out (11%).

These results are consistent with Q2 results, maintaining the trend of less than 10% of SDPs that experienced a stock out of contraceptive commodities. 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, that are monitored using the project's CommCare-based digital health data collection tool (where an imminent stock out is identified). During the Apr-Jun quarter, IFPP's TA teams also provided routine TA to ensure each health facility's pharmacy manager and SDP focal point correctly and systematically used the MOH stock cards and requisition forms to properly manage contraceptive inventories in site depots and internally within SDPs. The project also supported 4 provincial (3 in Nampula and 1 in Sofala) and 12 district (9 in Nampula and 3 in Sofala) 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.

During the quarter, IFPP continued to develop digital health interventions leveraging SMS messages to strengthen FP commodity inventory management and facilitate identification and reporting of imminent stock outs. The project is developing the platforms for 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). This quarter the project focused on securing 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 will be ready to begin by the end of July 2018. Selected pilot districts include Muanza, Machanga, Gorongosa, Chibabava and Maringue in Sofala, and Moma, Mogovolas, Memba, Erati, and Ribaue in Nampula Province.[4]

[4] 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

During past 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, and 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 Nampula province, eight interface meetings were performed, during which representatives of the community groups and members of the HP's group debated the results of the ratings obtained at community and HF level and drafted the action plan., Six restitution meetings, which restitute the results and plan of action of the CSC process during a public meeting, were led by the district authorities. In Sofala province, at end of Q2FY3, the interface meetings were only programmed for the next quarter. Therefore, during this quarter, three interface meetings (*Vinho, Goonda, and Chibabava HFs)* and two restitution meetings (*Goonda* and *Chibabava* HFs) were carried out. The action plans are drafted 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. Finalizing the CSC process is taking longer than expected, mainly due to superposition of agenda for some District counterparts as well as some reluctance for others district counterparts - in the districts of Buzi, Chemba, and Marromeu – interface and restitution meetings still need to be implemented in Nacala Velha and Memba –restitution meetings still need to be implemented.

Photo 18, Ratings at community group level

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

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 also provided TA in the institutionalization of district in service training centers, 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. Overall, this support has decreased the volume of forms to be recorded at the provincial level. In Sofala province all 13 districts and 8 in Nampula are now recording the SIFO forms locally, 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 the past 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 quarter, this data was presented to DPS and SDSMAS managers to draft possible alternatives for next year.

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 Q3FY2, 11 districts held data review meetings using district profiles (DPs), which were developed and analyzed with IFPP support. Specific sites included 2 SDSMAS in Sofala (Marromeu and Caia) and 9 districts in Nampula (Monapo, Nampula City, Memba, Meconta, Nacala Porto, Mogovolas, Ribaué, and Malema). TA was also provided to develop and implement QI action plans addressing the indicators with weak performance identified in the DPs.

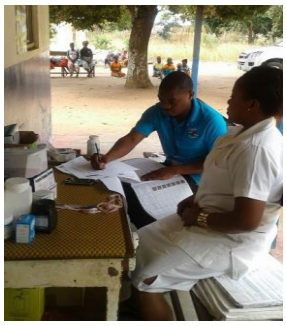
Monitoring, evaluation, and implementation research

During the Q3FY2, the monitoring and evaluation (M&E) team continued activities focusing on assuring data quality. The main activities implemented during Q3 were:

- Supervision and technical support
- Support HFs to analyize and present monthly statistics;
- Routine Data Quality Assurance (RDQA);
- Support the M&E community component
- DHIS2 training of community supervisors
- SIGLUS training

Supervision and technical support

In Nampula, 4 districts received technical supervision visits (Moma, Nacala Porto, Nacala Velha, and Nampula).Dduring these supervision visits, RDQAs were also performed. In Sofala, supervision and technical support was given to 35 HF in 10 districts (Beira, Dondo, Nhamatanda, Machanga, Buzi, Gorongoza, Muanza, Marrumeu, Caia, and Cheringoma). Despite some progresses observed throughout the quarters, the main findings continue to focus on the daily and monthly summary forms which are not consistently fulfilled. Also, there is still a weakness persisting with regards to the registration and monthly aggregation of the mobile brigade activities.



Photo, 19. Technical support at Meconta District, CS Teterene

Support to district monthly meetings and elaboration of HF monthly statistics

In Nampula, 16 (including the 6 that were supported during Q2) HF's monthly data review meetings were supported ensuring monthly reports were filled out correctly. In Sofala, 3 HFs received the same support. The teams also promoted the use of the daily FP reporting forms to improve data aggregation for the HFs' monthly summary with a focus on FP integration data.

Routine Data Quality Assurance (RDQA)

During the quarter, RDQA tools were applied to 21 HFs (two first round assessment in Nampula and 19HF in Sofala). The main findings are: 1) some HF still don't fill out the daily tally sheet; 2) FP integration monthly summary form erroneously aggregated. To address both problems, they have been included as part of continued mentorship visits and support to HFs.

Support to the community component

The M&E team in both provinces supported the community component during the current period. Main activities carried out focused on:

- Monitoring of data registered into DHIS2 and its synchronization;
- Support the field supervisors on management of Tablets (Scan, Email, and general use);
- Support the CFs in the correct filling of the forms
- Validation of referrals and confirmed referrals at HF level

Photo 20:, Support to community facilitators in Memba districts

DHIS2 training

During the current quarter, the community forms were introduced in the DHIS2 platform, and subsequent trainings were carried out at Nampula and Sofala province for all community supervisors, OATs – *Oficiais de Apoio Tecnico* - community officers, and district coordinators. They were trained on data insertion using their available tablets, how to access the data dashboard, and how to use the dashboard. All the field, community supervisors are now digitalising their data themselves which is easing data access by the provincial management team (OATs, CD, and M&E officers)

Participation in SIGLUS Training

To familiarize the IFPP personnel to the use of the SIGLUS platform (drug and commodities management) IFPP HSS teams trained the IFPP technical field and M&E personnel in the use of the program. The training was co-facilitated by DPM technical staff. The objective is to include SIGLUS support in the IFPP technical supervision visits, supporting the global efforts implemented by USAID partners and DPS in launching and disseminating this new tool at all peripheral HFs targeted.

FP and Environmental Compliance

During the current quarter, the COP, DCOP, Finance Director and the Clinical Director of IFPP participated in a compliance training held at the USAID Mozambique office. Following this training, a supervision visit was held at the Nampula province targeting districts of Monapo, Ilha de Moçambique, Meconta, and Nampula city with the aim of observing all IFPP project components – the urban component, rural component, and clinical component.

Photo 21: Tihaert sensitization of the Namialo community radio personnel

Also, FP compliance training for radio staff of Mossuril, Monapo and Namialo was held.

During FY2, 152 HFs received at least one initial visit to assess environmental compliance (53 in Nampula and 99 in Sofala), and 144 HFs were assessed for FP compliance (54 in Nampula and 90 in Sofala).

Table 14: FP and Environmental Compliance Visits

Enviromental compliance					FP Compliance		
Province	Districts	HF in compliance	HF to be reassessed	Assessment to be yet finalized	HF in compliance	HF to be reassessed	Assessment to be yet finalized
Nampula	Érati		Alua, Namapa, Mirrote, Samora Machel	25 de Junho		Alua, Namapa, Mirrote, Samora Machel	Odinepa
	Nacala Porto		Akumi, Muzuane, Nacala Porto, Naherengue, Quissimanjulo			Akumi, Nacala porto, Naherengue, Saua Saua	Muzuane, Quissimanjulo
	Cidade de Nampula		Anchilo, Marratane, Muhala Expansao, Namicopo			Anchilo	Muhala expansão, Namicopo
	Angoche		Aube, Gelo, Josina Machel, Inguri, Natir		Aube, Gelo	Inguri, Namitória, Natir, Josina Machel	
	Memba		Baixo Pinda, Chipene, Memba	Namahaca		Chipene, Mazua, Namahaca	Baixo Pinda
	Nacala Velha		Covo, Mueria, Namalala	Barragem		Barragem, Mueria, Nacala Velha, Namalala	
	Mogovolas		Calipo, Iuluti, Mecuntamala, Muatua, Nametil		Muatua	Calipo, Mecuntamala, Nametil, Nanhupo Rio	
	Monapo		Monapo, Ramiane	Carapira, Natete, Netia		Monapo, Natete, Netia	Carapira
	Larde		Guarneia, Larde, Marrupanama, Topuito			Guarneia, Larde, Topuito, Marrupanama	
	Ilha de Moz		Lumbo			Lumbo	
	Mecuburi		Mecuburi, Nahipa, Popue			Ramiane	
	Moma			Moma	Metil		Moma
	Mossuril		Mossuril, Nacuxa		Nacuxa	Mossuril	
	Nacaroa		Muchico, Muculuone,		Muchico	Nachere, Nahadge	
	Muecate		Muecate			Imala, Muculuone, Muecate	
	Meconta		Nacavala, Teterrene			Nacavala, Teterrene	
Sofala	Chemba	Goe	3 de Fevereiro, Cado, Catulene, Chiramba, Mulima		3 de Fevereiro,		
	Buzi		Danga, Inhamichindo, Marombe, Rio Buzi	Ampapa	Bandua, Buzi	Danga, Barrada, Bura, Inhamichindo, Rio Buzi	
	Machanga		Beiapeia, Chiloane, Inharingue, Machanga Sede, Divinhe	Nhamachire	Chiloane	Divinhe, Hoode, Inharingue, Machanga Sede, Nhamachire	
	Dondo		Dondo, Luzalite, Mafambisse, Nhamainga, Samora Machel, Savane, Sengo, Tundhane		Bloco Nove	Canhandula, Dondo, Luzalite, Mutua, Savane	Maxarote, Nhamainga
	Caia	Sena	Caia, Nhambalo, Deve, Murraça		Caia, Chatala	Nhambaro, Murraça, Ndoro	
	Cidade da Beira	Munhava	Chingussura, Chota, Macurungo, Manga Loforte, Manga Mascarenhas, Nhaconjo, Marrocanhe, Matadouro, Nhangau	Ponta Gea		Chingussura, Chota, Manga Loforte, Manga Mascarenhas, Nhaconjo, Marrocanhe, Matadouro, Munhava, Nhangau, Ponta	
	Nhamatanda	Nhamatanda	Macorococho, Mecuzi, Mutua, Nharchonga, Siluvo, Tica, Vinho	Chiaideia		Manguena, Macorococho, Mecuzi, Nharchonga, Siluvo, Vinho	Nhamatanda, Tica
	Chibabava		Chibabava Sede, Goonda, Muxungue, Hoode, Mucheve, Muligue, Mutindire, Nhango, Revue, Tronga		Nhango	Panja,Chibabava Sede, Chite, Deve, Muxungue, Mucheve, Mutindire, Tronga	Goonda, Muligue, Revue
	Cheringoma		Chite, Inhamitanga, Maciamboza, Mazamba,		Mazamba, Nhataca	Inhamitanga, Inhaminga, Maciamboza	
	marromeu		Chupanga, Marromeu, Nensa			Chupanga	Chueza, Nensa
	Gorongoza	Gorongoza Sede	Cudzo, Nhamissongora, Pungue, Vunduzi			Cudzo, Gorongoza Sede, Nhamissongora, Pungue,	Pungue
	Muanza		Galinha, Muanza Baixa, Nsituculo, Sanguze Muana			Galinha, Muanza Baixa, Muanza Sede, Nsituculo, Sanguze Muana	
	Maringue		Gumbalatsai, Subue	Maringue			

Project Performance Indicators

Goal: Increase use of modern contraceptive methods

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

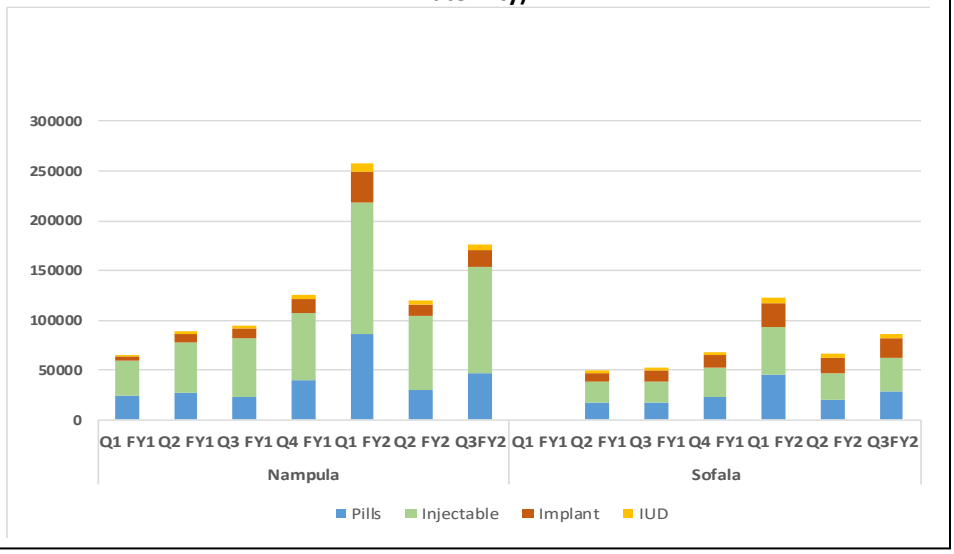
Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.A. # new users of modern contraceptive methods	595,202	278,144	72,997	998%	340,303	157,112	230,920	
	Since April 2016, the MOH "FP new user" indicator defined new users as "first time users in life." For the FY2, IFPP 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 reported 172,880 new users.							
# of women initiating a contraceptive method	3,045,547	544,230	775,596	107%	380,414	186,832	262,867	
	The IFPP suggested the inclusion of this new indicator, "Number of women initiating a contraceptive method", disaggregated by type of method as more reliable to monitor the trend of FP access.							
1.B. # continuers users of modern contraceptive methods	658,958	399,381	432,828	106%	181,704	125,960	152,736	
	In coordination with the MOH definition, a "continuer" user is a woman who used a FP method already in her life and should be registered only once in the FP logbook. The data from Q1 includes 95,845 continuers users that were reached by MCH National Health Week and the contraception week. During Q3 the intervention supported MOH to reached 152,736, an increase of 21% comparing with Q2FY2. At the end of Q3FY2, 106% of IFPP annual target is reached.							
1.C. Couple Years of Protection	2,963,877	591,722	615,391	145%	387,480	219,075	286,335	
	Data disaggregated by method are presented in the PMP in annex; the FY2 annual target proposed is 615,391. At the end of Q3 the project reached 145% of the annual target. This achievement was influenced by the National Health Week and the contraception week that occurred during Q1.							
Indicator	**LOP Target**	**Achieved FY1**	**FY2 Annual Target**	**Annual % Achieved**	**Q1**	**Q2**	**Q3**	**Q4**
1.D. # women receiving contraceptive services in HIV services	18,465	3,136	6,522	109%	1,748	2,128	3,210	
	Q3FY2 data shows that IFPP has already reached its annual target.							

Indicator	LOP Target	Achieved FY1	FY2 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.E. # postpartum clients accepting a modern contraceptive method prior to or at discharge	330,059	36,427	73,021	72%	17,810	16,561	18,542	
	During Q3FY2, 4,232 PPIUDs were inserted and 14,310 women accepted another modern contraceptive method which represents an increase of 12% when comparing with the previous quarter. IFPP is on track to reach its annual target. Important to note is that national logbooks report data on PPIUD and, all remaining FP methods are collected under the "other methods" column. Comparing with the number of institutional deliveries registered in Q3, 22% of the women who gave birth at a HF have accepted one of the eligible post-partum FP methods.							
1.F. # users receiving modern contraceptive methods from APEs at community level	338,751	47,072	82,798	101%	23,450	27,639	32,870	
	Q3FY2 data shows that IFPP achieved its annual target.							

Comments:

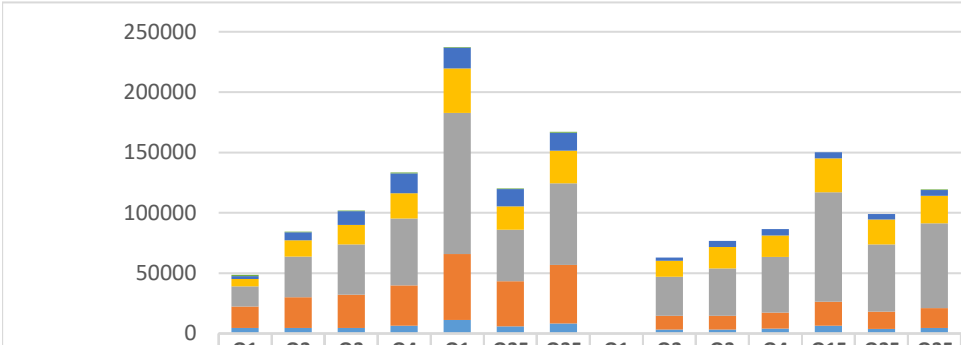
In general, indicators attest a sustained expansion of IFPP. The Q1FY2 data were strongly influenced by the MCH National Health Week and the contraception week. It was expected that some of the STM new users and continuers reached during these two events will have difficulty refilling their methods in 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 shows the trend in women initiating a contraceptive method. Q1FY2 received a huge pull with the National Health Week (NHW); when comparing Q3FY2 to Q4FY1, Nampula add an increase of 40% and Sofala of 26% of women initiating a contraceptive method.

Figure 8. Trends in women initiating a contraceptive method by type of method in Nampula and Sofala provinces - October 2016 to June 2018 (w/o PPFP at Maternity)



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. In Nampula the CYP have increased 39% when comparing with Q2FY2 with the LTM being 65% of the CYP and in Sofala the CYP increased 20% with the LTM being 85% of the weight of the CYP.

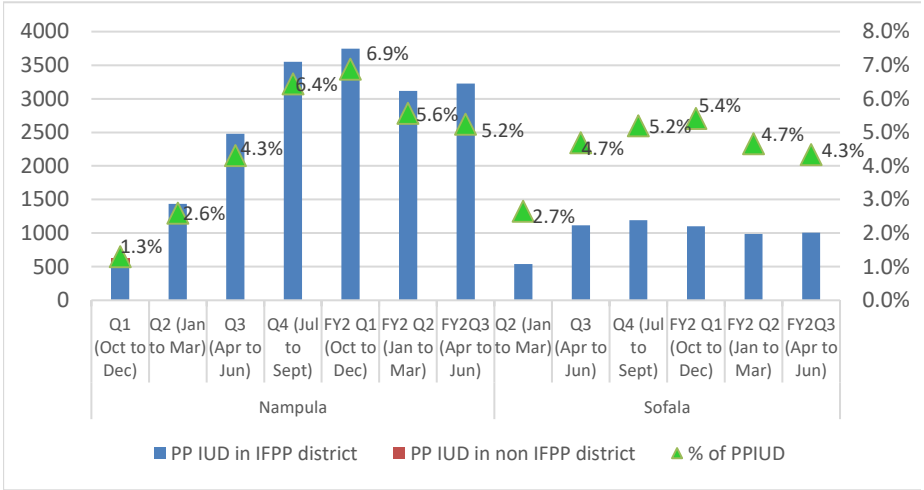
Figure 9 Trends in CYP in Nampula and Sofala provinces - October 2016 to June 2018



	Nampula							Sofala						
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	Q1 FY2	Q2F Y2	Q3F Y2	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	Q1F Y2	Q2F Y2	Q3F Y2
T. Ligation	1088	512	576	712	432	360	824							496
Pos Partum IUD	2456	6596	11399	16335	17232	14361	14844		2493	5138	5488	5074	4554	4623
IUD	6095	13602	16224	20925	36745	19476	26988	0	13303	17664	17710	28101	20668	22945
Implant	16549	33668	41504	55423	117024	72720	67431	0	32429	39246	46022	90657	55602	70159
Injectable	17770	25517	27711	33581	54495	37234	48671	0	11282	11297	13405	19929	14235	16592
Pills	4675	4571	4521	6405	11360	5959	8272	0	3378	3350	3990	6432	3930	4490

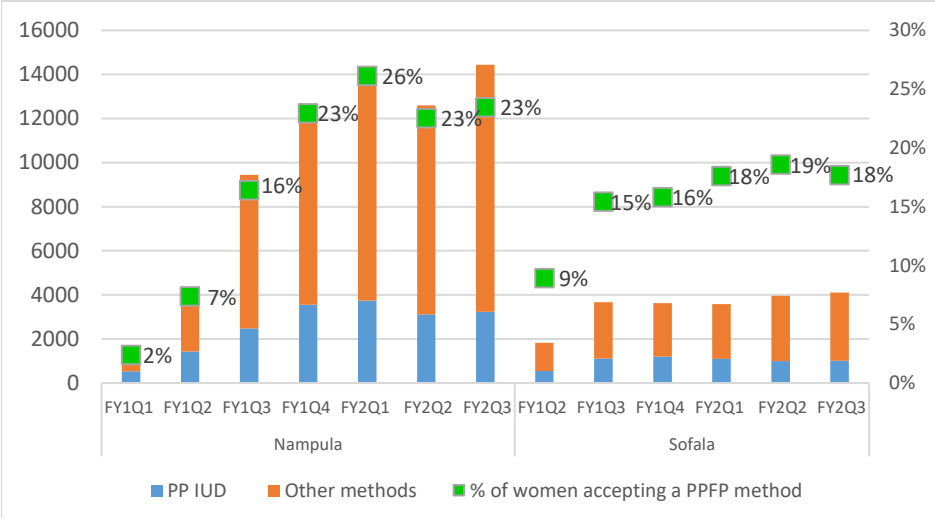
IFPP is increasing access to immediate post-partum FP methods (IUD, Implants and progestin pills). The percentage of PPIUD on the total number of institutional deliveries (figure 10) as slightly decreased to 5.2% in Nampula province and 4.3% in Sofala province.

Figure 10, PP IUD and institutional deliveries by province from October 2016 to June 2018



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 18%, attesting a successful intervention.

Figure 11, % of women accepting Post-partum FP method at Maternity by quarter and province from October 2016 to June 2018



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	118%	239	285	322	
	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 first targeting only MCH nurses was extended to all eligible clinical health providers. During Q3FY2, IFPP trained 322 health providers surpassing its annual target in 118%.							
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%	96%	
	A total of 96% of the providers trained during Q3FY2 completed the training successfully.							
1.1.3. % of supported service delivery sites providing family planning counseling and/or services	100%	68%	100%	88%	79%	84%	88%	
	At end of Q2FY2, 340 out of 386 HF (88%) had already at least 1 HP trained in FP thru IFPP. 150HF in Sofala out of the 157 and 190 HF out of the 229 in Nampula							

Comments

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	70%	193	270	95	
	During Q3FY2, 95 CHW were trained 55 APES, 22 TBAs, and 18 IPC agents, reaching 70% of the annual target.							
1.2.2. # mobile brigades conducted including contraceptive services	12,594	1,639	2,528	111%	1821	370	591	
	During Q3FY2, IFPP supported 591 mobile brigades and surpassed the annual target in 111%							

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. Data from Q1 was influenced by the MCH week.

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%	68%	74%	70%	68%	
	This indicator is only relevant when clients own a phone connected to IPC agents using Movercado plataform, for clients receiving a paper slip from a triplicated referral copy-book from CFs and for client referred by TBAs whose referrals are confirmed thru the monthly FL-TBAs meetings. Out of 17,222 referrals, health providers based at HFs have confirmed 13,363 referrals, resulting in a confirmed referrals percentage of 68%, and referrals confirmed by Movercado represents 25%.							

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	1,147,520	174,531	182,208	152%	50,896	46,940	94,276	
	IFPP will surpass the FY2 annual target							

trained TBAs/activists to women	

Comments

The number of women contacted in Nampula was about 63,072 (49,520 reached by CFs, 6,782 reached by IPC agent, and 6,770 by TBAs) and 31,204 (25,418 reached by CF, 5,406 reached by IPC agents, and 380 by TBAs) 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	78%	608	628	993	
	IFPP is on track to reach the FY2 annual target, 610 CD were completed in Nampula and 383 in Sofala							
2.2.2. # community radio sessions broadcasted on FP/HTSP	1,475	323	384	45%	74	24	74	
	During this quarter, 74 CR sessions were broadcasted. IFPP is 30% below its Q3 benchmark mainly due to some CRs being out of operation							

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	50%	0	1	0	
	Activity planned for next quarter (FY2Q4).							
2.3.2. # capacity building sessions for community radios and community groups in SBCC for FP	10	2	2	0%	0	0	0	
	Activity planned for next quarter (FY2Q4).							

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	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. Q2, embedded technical advisers supported the alignment of FP activities within							

	monthly and semi-annual plans in IFPP priority districts. In addition, TA was provided to support provincial performance review meetings analyzing Q1 performance against PES targets, and to define strategies to improve outcomes in Q2. During the current quarter the embedded technical advisers monitored the implementation of PES/PESOD2018 activities in the MCH-FP component and aligned the monthly and quarterly MCH/FP activities with PESOD							
3.B. # SDSMAS/DPS achieving satisfactory scores in MSC assessment	36	7	14	121%	1	9	7	
	The district Management Standards Compliance (MSC) assessment was conducted in 9 districts during the Apr-Jun 2018 quarter, including one round 1 (R1) baseline assessment in Sofala Province in Marromeu District, one round 2 (R2) assessment in Sofala (Buzi), two round 3 (R3) assessments in Sofala province (Caia and Nhamatanda), three round 2 (R2) in Nampula Province (including the districts of Memba, Nacala velha, and Malema), and two round 3 (R3) assessments in Meconta and Ribaue. Of these nine MSC evaluations, six achieved a score greater than 80% (five for the first time, while the other two maintained their greater than 80% score achieved in R2). In all nine districts where MSCs were conducted in the Apr-Jun 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 21% above the YR2 target to ensure 14 districts achieve a satisfactory MSC score of 80% or greater. After nine quarters since project startup (30% of this five-year project), cumulative performance to date against the LOP target is at 44%, which means the project is on track to achieve the LOP target by the end of IFPP's mandate.							
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%	7%	4%	3%	6%	
	Out of the 64 HFs monitored for stock outs during the quarter, 6% (4 HFs) experienced a stock out of one or more FP commodities for one or more days, including one site in Sofala Province (3% of 36 sites visited), while three visited sites in Nampula Province reported a stock out (11% of 28 sites visited). See annex III for more details on which sites reported specific contraceptive methods stock outs.							
3.D. % of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	100%	32%	75%	46%	25%	33%	46%	
	At the end of the third quarter of Year 2, 46% of all health facilities in both provinces (55% or 87 of 157 HFs in Sofala, and 40% or 91 of 229 HFs in Nampula) had all eligible HPs trained in FP. Although it's important to note that 96% of the HFs in Sofala province already have "at least one HP trained in FP" and 83% of the HFs in Nampula province.							

Comments

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.

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 during Q2.

Out of the 64 HFs monitored for stock outs during the quarter, 6% experienced a stock out of one or more FP commodities for one or more days. There was a slight increase from the previous quarter from 3% to 6%, but it is maintaining the trend of less than 10% of SDPs that experienced a stock out of contraceptive commodities. 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 For example, 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). During the Apr-Jun quarter, IFPP's TA teams also provided routine TA to ensure each health facility's pharmacy manager and SDP focal point correctly and systematically used the MOH stock cards and requisition forms to properly manage contraceptive inventories in site depots and internally within SDPs. The project also supported 4 provincial (3 in Nampula and 1 in Sofala) and 12 district (9 in Nampula and 3 in Sofala) FP task force meetings involving DPM, DDM, and MCH health professionals to analyze maximum monthly consumption data and contraceptive commodity requisitions from each HF to ensure enough stock is ordered to respond to the growing demand for FP commodities.

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	58%	29 (14 in sofala and 15 in Nampula)	49 (14 in sofala and 35 in Nampula)	88 (12 Sof, 66 Nam)	
	IFPP provided TA to 88 individuals, including 24 new individuals receiving TA (15 in Nampula and 9 in Sofala) and 64 (61 in Nampula and 3 in Sofala) had received in previous periods. These individuals receiving TA on the implementation of FP activities within the 2018 PES work plan were from Sofala and Nampula DPS, SDSMAS MCH, and other FP related program managers (HR, NED, Pharmacy) (5 districts and DPS in Sofala, and 9 districts and DPS in Nampula). This involved supporting the preparation of monthly and quarterly work plans to guide implementation and facilitate routine monitoring of PES performance. This represents 58% of the annual target to train 152 unique individuals (4 from each district and the DPS), which is above the 50% expected performance halfway through the year.							

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	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

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	71%	0	8	2	
	During this quarter CSC activity took place in 8 HFs in Nampula during Q2 and in 2 in Sofala during Q3.							

Comments

CSC activities were launched in 14 HF's catchment areas this Q2FY2 but the process has been finalized in 8 districts in Nampula province during Q2 an in 2 districts in Sofala during Q3.

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	78%	230	232	245	
	During the Apr-Jun quarter, 245 technical staff and HPs were trained at HF level in the integrated provision of FP services with all participants recorded in the MOH's SIFO HR training information system (HRIS). With a total of 708 trained by the end of Q3, this represents a 78% achievement against the annual target to train 902 health care professionals. In terms of the LOP target to train 3,533 HRH, performance to date represents 74% (2,619 trained) 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. In Sofala province all 13 districts and 8 in Nampula are now recording the SIFO forms locally, 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	46%	9	18	11	
	In Q3, 11 districts held data review meetings guided by District Profiles (DPs) developed and analyzed with IFPP support. Specific sites included 2 SDSMAS in Sofala (Marromeu, Caia) and 9 districts in Nampula (Monapo, Nampula City, Memba, Meconta, Nacala Porto, Mogovolas, Ribaué and Malema). This represents 45% achievement against the quarterly target to conduct 24 quarterly district data review meetings using DPs per quarter. Compared to Q2 there was a 20% decrease, this was due to delays in Sofala province due to other planned activities by the DPS including the vaccination campaigns against measles and smallpox and filariasis.							

Collaboration with other donor projects

During this reporting quarter, coordination meetings took place with government partners (Ministry of Health, Provincial Health Directorates, and District Directorates of Health) and other partners such as FHI360 and DKT.

The main agenda items at the discussion with the MOH through three National Technical Working groups were 1) mapping of all current and future FP implementing partners, 2) preparation of contraception week 2018, 3) coordination for SRH commodities forecasting meeting, 4) joint supervision visits to provinces, 5) roll-out of investment case DLI's and 6) review of national distribution plan. 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 and district profile meetings.

Coordination with FHI360 was key after provincial portfolio review to leverage the CoVida community based intervention to maximize the referrals for FP services uptake. Also, the partnership and coordination with DKT was crucial in leveraging their existing intervention at schools and mobile clinics to roll-out mCenas and linking with service delivery.

In May, Lois Quam, CEO of Pathfinder International visited Mozambique office, and as part of her trip included visits to USAID mission Director, Jennifer Adams during which perspectives were shared to advance SRH agenda including Cervical Cancer Prevention, Adolescent and Youth and Maternal Health.

Photo 22: Courtesy meeting: Lois Quam, CEO Pathfinder (Left) and Dr. Nazira Abdula, MoH Mozambique (Right)

Lois, met with Minister of Health, Dr. Nazira Abdula advocated on advancing Adolescent and Youth SRH issues and Community engagement in hard to reach areas and potential ways to tackle inequalities, additionally she was also able to visit field work in Nampula and the advancement in family planning will be taken for cross-country learning with other projects funded by USAID in Ethiopia and Nigeria.

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 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
- Continue to implement ISL IUDPP workshops in Nampula province for HF
- Implement the mentor's mentoring workshop in Sofala province

IR 2:

- Continue to mobilize the FY1 groups to complete the sessions four through six of the Community Dialogues and roll-out the six sessions community dialogues in additional community groups;
- Continue the preparation, organization, and realization of CLL (*Conselho Local da Localidade*) meetings in alignment with the CFs areas of intervention ;
- Finalize the CSC process in the 6 HFs' 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 CsW CommCare App in urban areas 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;
- Continue to hold lectures on FP in public and private institutions, in the context of the involvement of public and private sector companies to raise awareness about the benefits of FP and offer contraceptive methods.
- Provide TA for the implementation and strengthening of SIGLUS in selected districts (Angoche, Monapo, Nacala Port, Nacala-a-Velha, Rapale, and City of 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.

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 theme: 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 ADOLESCENTS 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, from January to December 2017. ▪ Ribaué Low FP coverage in the oral contraceptives and IUD methods in women of fertile age, Ribaué : District, 1st quarter of 2017 ▪ 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, Mecuburi district, 1st semester 2017

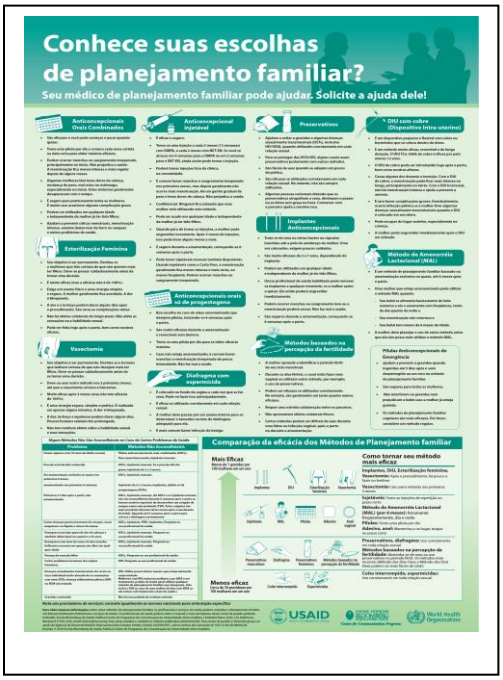
- Nacala Porto: Evaluate the impact of the use and supply of FP services, because of the implementation of the Integrated Family Planning (PFI) strategy, case study of the Urban Health Center, 2017
- Monapo: SRH: Low adherence to long-term methods (IUD and Implant), in the SDSMAS of Monapo, I quarter of 2017
- Meconta: Low FP coverage in the Age Group of 15 to 19 years, in Namialo health center, in 2017

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

Tubal Bilateral ligation, a gap in the method mix being progressively removed in Nampula province.

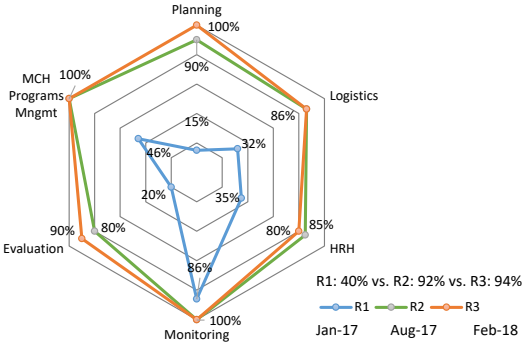


Bonifácio Colete, 45 years old, a law enforcement agent working in Nampula city at 2º police station and married to Muanacha Atumane, 39 years old. Both natural of Mogovolas district. In 2016, the couple already had seven children with the youngest being no older than one years old. For some time they wanted to stop having children, but did not have enough information on how to do it, until one day in 2016 they saw the Tiahrt poster on the wall of the HF. At that time, they went to the Central Hospital of Nampula to find out more about tubal ligation with the intention to request the procedure. Unfortunately, the procedure wasn't available. Sometime after, his wife became pregnant again and their newest son is already one years old. In June 2018, they went to Muhala Expansion Health Center for a FP visit and found out that Nampula Central Hospital was offering BTL through a mini-laparotomy procedure; the method they had chosen back in 2016. They were referred to the Nampula Central Hospital where they received the method that they were looking for.

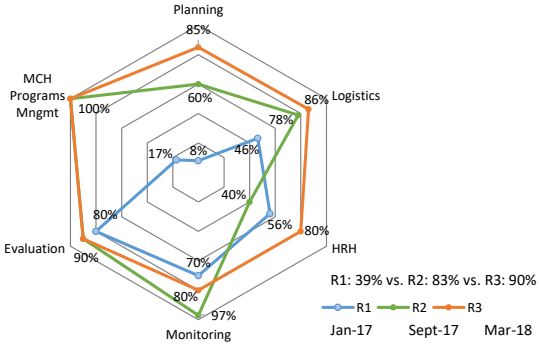
"I feel happy because I finally got a method in which I do not need to be constantly going to the hospital", these were the words of Muanacha Atumane after being submitted to bilateral tubal ligation.

Annex IA – Management Systems Compliance Assessments: Nampula Province

Angoche

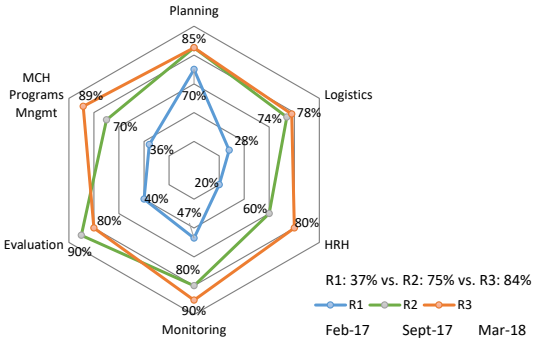


Cidade de Nampula

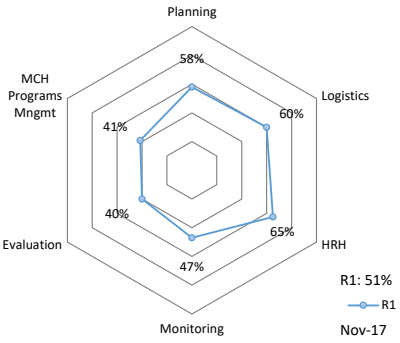


** District HRH manager was not available to present evidence of MOH compliance with management standards in R2;*

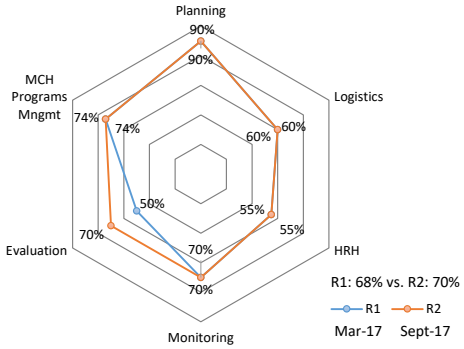
Erati



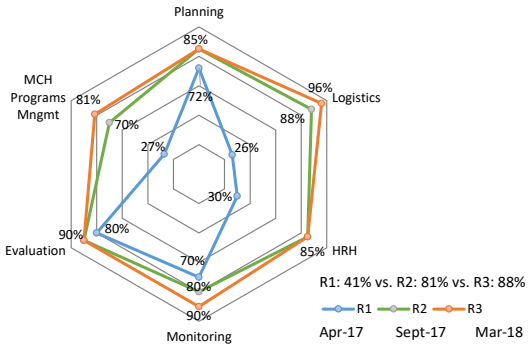
Malema



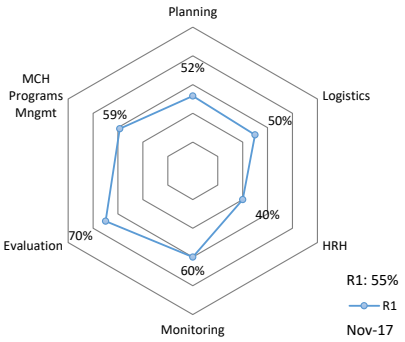
Meconta



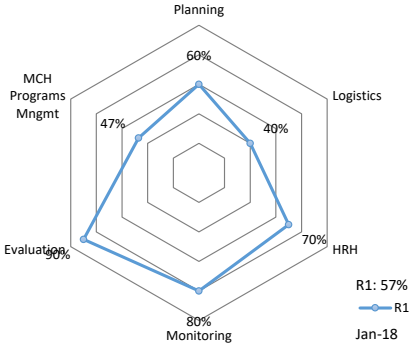
Mecuburi



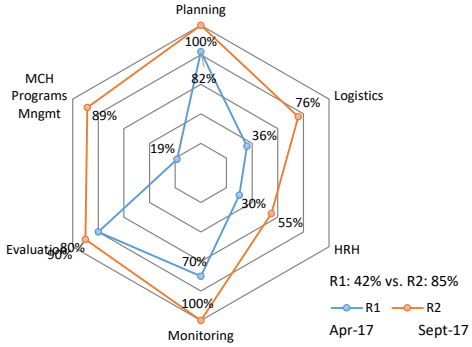
Memba



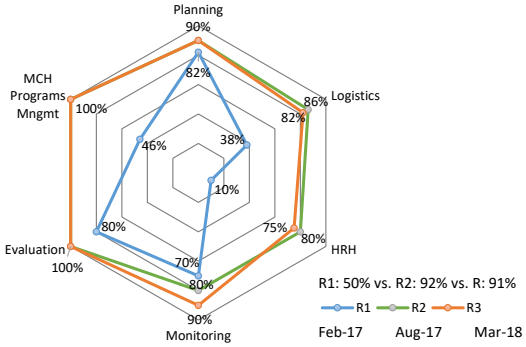
Mogovolas



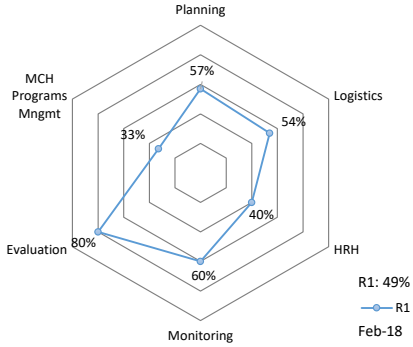
Moma



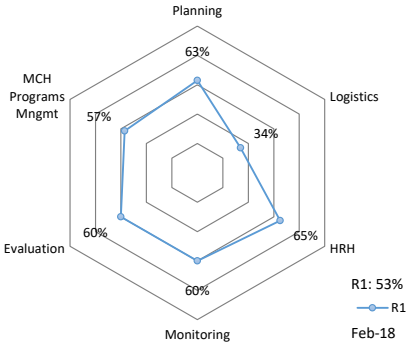
Monapo



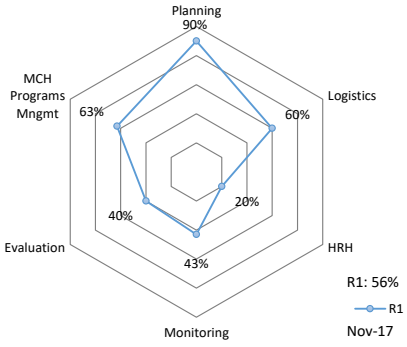
Murrupula



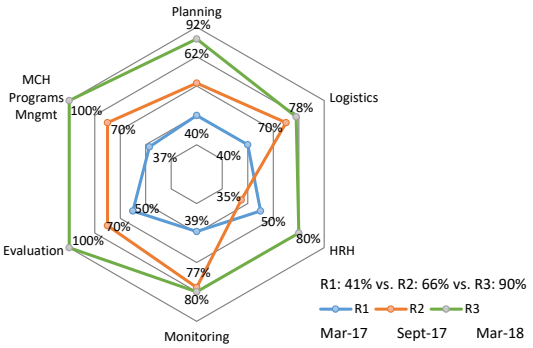
Mossuril



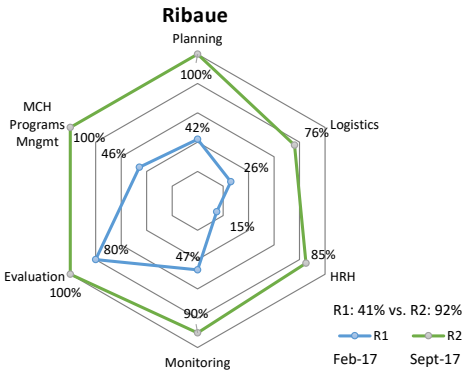
Nacala-A-Velha

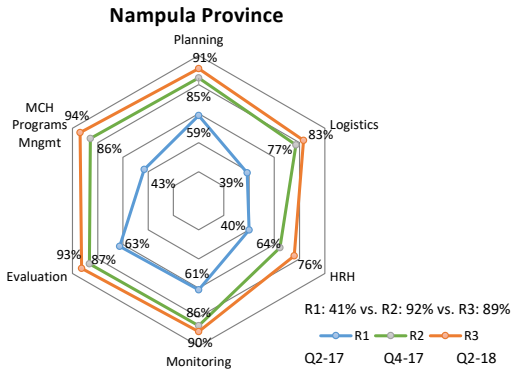


Nacala Porto

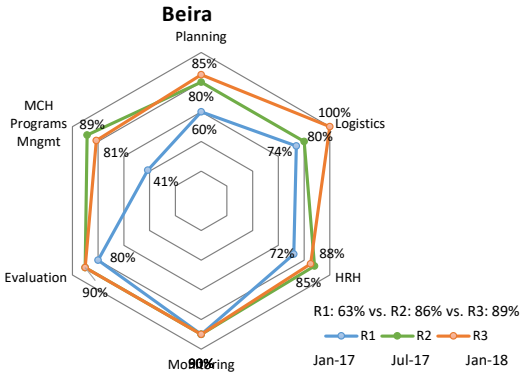


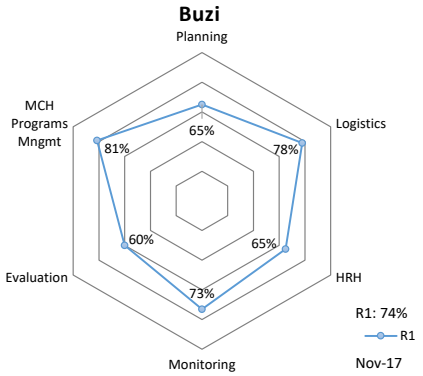
** New HRH manager in Nacala Porto for R2*

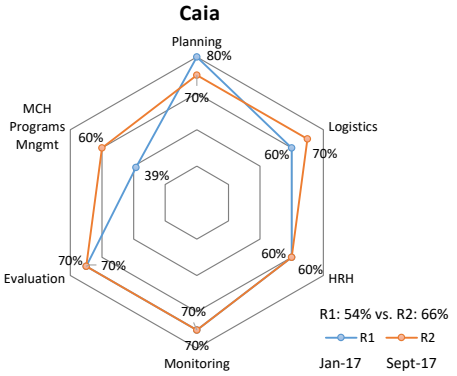


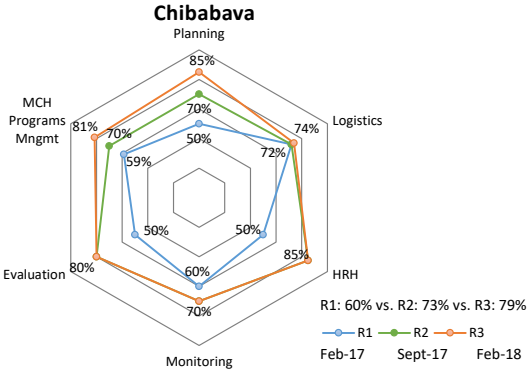


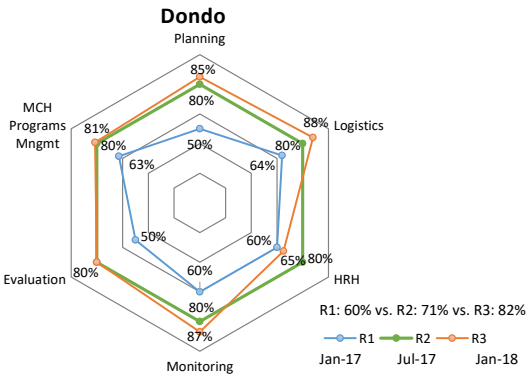
Annex IB – Management Systems Compliance Assessments: Sofala Province

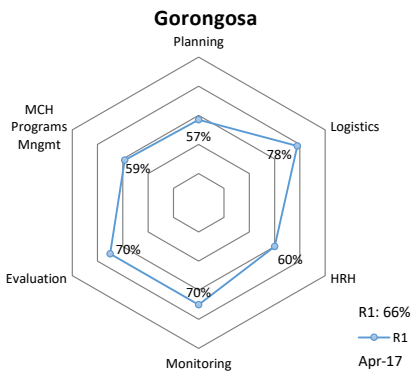


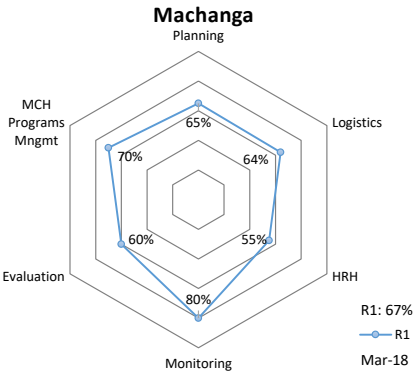


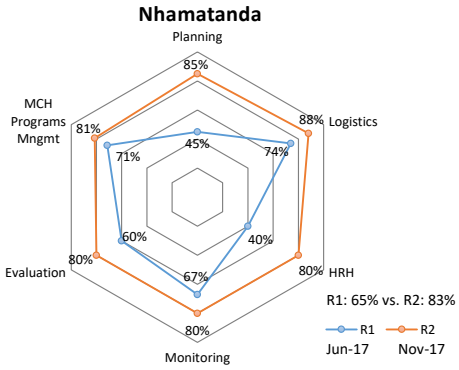


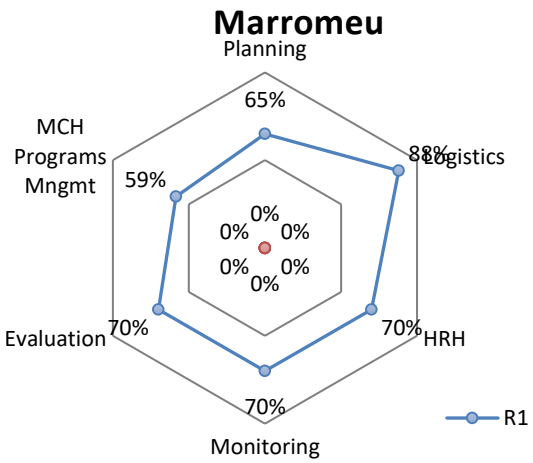


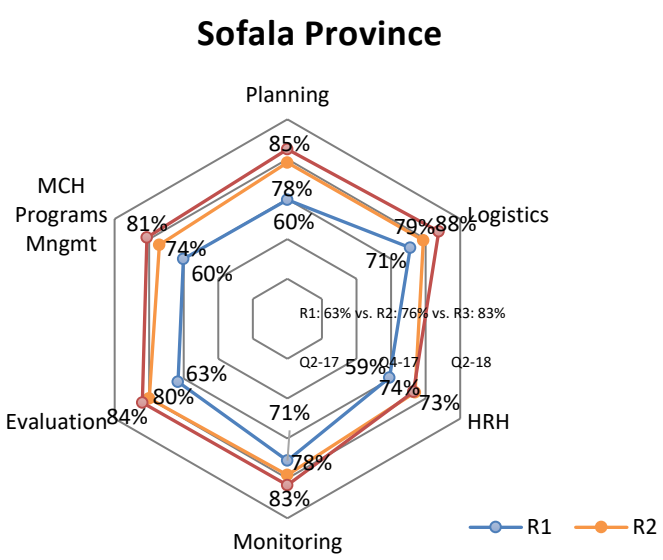

Dondo
Planning
Logistics
HRH
Monitoring
Evaluation
MCH Programs Mngmt
85%
80%
88%
80%
64%
50%
63%
81%
80%
50%
60%
65%
80%
60%
80%
87%
R1: 60% vs. R2: 71% vs. R3: 82%
R1
R2
R3
Jan-17
Jul-17
Jan-18


Gorongosa
Planning
Logistics
HRH
Monitoring
Evaluation
MCH Programs Mngmt
57%
78%
59%
60%
70%
70%
R1: 66%
R1
Apr-17


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


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


Marromeu
Planning
Logistics
HRH
Monitoring
Evaluation
MCH Programs Mngmt
65%
88%
59%
0%
0%
0%
0%
0%
70%
70%
70%
R1


Sofala Province
Planning
Logistics
HRH
Monitoring
Evaluation
MCH Programs Mngmt
85%
78%
60%
79%
88%
71%
81%
74%
60%
R1: 63% vs. R2: 76% vs. R3: 83%
Q2-17
Q4-17
Q2-18
59%
74%
73%
63%
80%
84%
71%
78%
83%
R1
R2