IFPP - Integrated Family Planning Program

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

Yearly Report:

October 2019 to September 2020 – 4th Year of the Project

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ACRONYM LIST

Acronym	Description
AC	Accommodation Center
ANC	Antenatal Care
AOR	Agreement Officer's Representative
ART	Antiretroviral Treatment
AYSRH	Adolescent and Youth Sexual and Reproductive Health
APE	*Agente Polivalente Elementar* (Ministry of Health Approved Community Health Worker)
BL	Baseline
BTL	Bilateral Tubal Ligation
CACUM	*Cancro de Colo de Útero e da Mama* (Cervical Cancer of the uterus and breast cancer)
CBOs	Community Based Organizations
CDCS	Country Development Coordination Strategy
CDFMP	*Cenário de Despesas Fiscal de Médio Prazo* (Midterm Fiscal Review)
CECAP	Cervical Cancer Prevention
CF	Community Facilitator
CHW	Community Health Worker
CIHO	Communication for Improved Health Outcomes
CL	Community Leader
CLC	*Conselho de Lideres Comunitarios* (Community Leader Council at village level)
CLL	*Conselho Local da Localidade* (Locality's local council covering an area of approximately 20 villages)
CMAM	*Central de Medicamentos e Artigos Médicos* (National Drugs, Commodities, and Supplies Warehouse)
CMM	*Consumo Medio Mensal* (Monthly Average Consumption)
COVID-19	Coronavirus Disease 2019
CPR	Contraceptive Prevalence Rate
CR	Community Radio
CSC	Community Score Card
CYP	Couple Years of Protection
CwS	Connect with Sarah (digital application)
DDM	*Depósito Distrital de Medicamentos* (District Medicines Depot)
DMPA-IM	Medroxyprogesterone acetate – Injectable contraceptive
DMPA-SC	Sayana Press
DP	District Profile
DPM	*Depósito Provincial de Medicamentos* (Provincial Medicines Depot)
DPS	Provincial Health Directorate
E2A	Evidence to Action
EMMP	Environmental mitigation and monitoring plan
EPC	*Escola Primaria Completa* (Primary School - 6th and 7th grade)
FP	Family Planning
FS	Field Supervisors
FTP	First Time Parents
FY	Fiscal Year

GIS	Geographic Information System
GRM	Government of the Republic of Mozambique
HCN	Central Hospital of Nampula
HCW	Health Care Worker
HF	Health Facility
HMIS	Health 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
IEC	Information, Education and Communication
IEE	Initial Environmental Examination
IFP	Integrated Family Planning
IFPP	Integrated Family Planning Program
IMASIDA	National Malaria and HIV Indicator Survey
IPC	Interpersonal Communication
ISL	Implementation Science and Learning
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
MINEDH	Ministry of Education and Human Development
MISAU	Mozambican Ministry of Health
MMEMS	Mozambique Monitoring and Evaluation Mechanism Services
MOU	Memorandum of Understanding
MSC	Management Standards Compliance
NED	District Statistical Nucleus
NEP	Provincial 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
POA	Annual Operational Plan
PPFP	Post-Partum Family Planning

PPIUD	Post-Partum IUD
PSI	Population Services International
QI	Quality Improvement
RDQA	Routine Data Quality Audit
RH	Reproductive Health
SARA	Service Availability, Readiness Assessment
SAAJ	*Serviços Amigos dos Adolescentes e Jovens* (Youth Friendly Services)
SAPERS-CPF	*Sistema de Alerta Precoce para Evitar Roturas de Stock dos Consumíveis de Planeamento Familiar* (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
SIGLUS	*Sistema de Informação de Gestão Logística das Unidades Sanitárias* (Logistics and Management 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* (System for Mobile Management of Family Planning Commodities)
SOPs	Standard Operating Procedures
SPAS	"Serviços Provinciais de Assuntos Sociais"/Provincial Services for Social Affairs
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STM	Short Term Method
TA	Technical Assistance
TBA / "PT"	Traditional Birth Attendant / "Parteira Tradicional"
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
USG	United States Government
VIA	Visual Inspection using Acetic Acid
WHO	World Health Organization
WRA	Women of Reproductive Age
YFS	Youth-Friendly Services

PROJECT SUMMARY

Project Title: IFPP - Integrated Family Planning Program
Duration: Five years
Start Date: June 2016
Life of project funding: $ 35,060,000
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. IFPP responds to the United States Government (USG) strategy for development and foreign assistance in Mozambique through the Country Development Coordination Strategy (CDCS). 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's (MISAU) priorities and increase the use of modern contraceptive methods by target populations through three intermediate results (IRs): 1) Increased access to a wide range of modern contraceptive methods and quality family planning (FP)/reproductive health (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 IRs are integrated and mutually reinforcing. Activities under IR1 increase the quality of service delivery at facility and community level, and activities under IR2 generate demand for those services and link the community with facilities. The health system strengthening activities proposed under IR3 are cross-cutting and support sustainability and institutionalization of service delivery improvement efforts (IR1) and demand generation interventions (IR2) and interact with IR2 activities to increase community involvement in health system accountability.

IFPP aims to reach women with a particularly high unmet need for FP, namely: postpartum women; women living with HIV; adolescents, including orphans and vulnerable children (OVC); medium- and high-parity women; and post-abortion women. 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 (October 2019 to September 2020)

With the Coronavirus Disease 2019 (COVID-19) outbreak and the Government's call for an emergency and calamity state throughout the last two quarters of fiscal year four (FY4), demand for and availability of health services were impacted. At the start of the outbreak, IFPP worked proactively to reduce interruptions in access to FP services. After 3-6 weeks of restrictions on community-based activities, IFPP was able to reengage in activities and quickly expanded those to include dissemination and promotion of MISAU's COVID-19 preventive messages and information. These were integrated into the FP social behavior change (SBC) package. IFPP was also able to increase the number of accompanied referrals and re-initiating small-scale mobile brigades (MBs) to ensure access to FP information and methods. Under IR1, IFPP increased the number of visits to health facility (HFs) for technical assistance, providing direct support to MISAU staff during a challenge time and focusing on ensuring, maintaining, and improving quality of services and the capacities of health providers (HP). As a result, joint supervision visits increased from 622 in FY3 to 726 in FY4; mentorship visits increased from 2,858 in FY3 to 3,014; and a total of 75 five-day FP facility-based trainings (in compliance with MISAU's COVID-19 recommendations) were carried out in FY4 compared to 34 in FY3, reaching 743 HPs in FY4 against 604 in FY3. Also, 621 additional staff benefited from on-the-job training either to increase their skills in insertion of *Implanon*, participate in a 3-day advanced FP practicum, or integrate cervical cancer prevention (CECAP) screening. To boost compliance with infection prevention and control (IPC) measures, which is especially important during these uncertain times of COVID-19, 393 HF Directors were trained and supported to strengthen IPC processes through the joint support of the Biosafety Project Officer and the provincial and district MISAU Supervisors. IPC materials and commodities were purchased for IFPP clinical and community-based staff and groups as well as for the National Health System's (NHS) HF staff.

During FY4, tremendous efforts were carried out under IR1 to increase mentorship visits and expand HPs capacities in FP service provision. This can be seen first in the number of mentorship forms completed for postpartum intrauterine device (PPIUD), IUD, and Implant, which increased by 92% (from 638 in Y3 to 1,228 in Y4), 96% (from 654 in Y3 to 1,284 in Y4), and by 12% (from 3,410 in Y3 to 3,826 in Y4). This is important as this impacts the offering of long-acting reversible contraceptives (LARCs) which further impacts the modern contraceptive prevalence rate (mCPR). These efforts will continue to be carried out during FY5 given their significance. Also, in order to continue to attain high qualitative standards in FP offerings, IFPP supported to applications of MISAU's sexual and reproductive health (SRH) quality standard tool in 104 HFs in FY4 compared to 76 in FY3. Similarly, IFPP supported the application of MISAU's CECAP quality standard tool in 86 HFs in FY4 against 58 in FY3. This effort remains an important part of IFPP's work because cervical cancer prevalence is a major public health problem for Mozambican women and the two services (FP and CECAP screening) must be strongly integrated to ensure their access.

While indicators related to FP offering decreased during the three first quarters of FY4, by Q4, couple years protection (CYP) and postpartum family planning (PPFP) were on the climbing again. Indicators

related to 'new and continuers users' and 'FP initiators and refill users' continue to decrease across the years, however these trends should be interpreted with caution. On the one side, it is well known that data reported during through MISAU's HMIS in FY2 was overreported, as Q1FY2 integrated the national health campaign data and Q4FY2 the FP/CECAP caravan data. When compared to SIMAM (National LMIS) FP commodities distribution data, it was confirmed as being overreported as more HMIS data was reported than commodities distributed. Also, in FY3 in Sofala, data was integrated post-IDAI campaign and an audit completed by the Provincial Health Directorate (DPS) and IFPP confirmed that data reported was partially duplicated. On the other side, HF routine data quality audit (RDQA) visits confirmed that HPs and HF Directors were overreporting FP HMIS data – a problem that has been consistently and progressively addressed in FY3 and FY4 through a combined task-force between IFPP and DPS by the monitoring and evaluation (M&E), programmatic, technical and health system strengthening (HSS) components. As a result, gaps between HMIS reported data and SIMAM distributed commodities are narrowing with reductions in overreporting. Additionally, for Nampula's Q4FY4 data reported IFPP choose to report only the SRH/FP service summary sheet. Although there is an additional sheet (the Integrated Family Planning [IFP] sheet) introduced to the HMIS to separate the SRH/FP consultation data from FP data offered through other outpatient services, some SDSMAS/HFs have continued to aggregate FP data into the SRH/FP summary data sheet resulting in duplications of FP data (reporting in both the SRH form and IFP form). An audit is planned with Nampula DPS/SPAS to verify which HFs duplicated data in order to correct this data next quarter.

It is also worthful to note that all Interpersonal Communication (IPC) Agents, Community Facilitators (CFs), Traditional Birth Attendants (TBAs), and *Agente Polivalente Elementar* (APEs, Ministry of Health Approved Community Health Worker) were trained on COVID-19 prevention messages, based on MISAU's COVID-19 curricula, and how to integrate the message into their daily FP activities. Furthermore, it is also important to acknowledge that the dynamism of the demand creation component resulted in a considerable increase in confirmed referrals for FP from 98,123 in FY3 to 142,138 in FY4 – a 49% increase. This mitigated the existing limitation of access to HFs for FP/primary health care. Despite COVID-19 imposed limitations, in FY4, 2,923 MBs were carried out - 91% of IFPP FY4 target. In light of IFPP's refined strategy to synchronize MBs with demand creation activities and reduce vulnerable populations' barriers to accessing services, especially youth and those living far from health centers, community dialogues synchronized with MBs resulted in: (i) FP services being offered to communities that had not had previous opportunities to receive a MB; (ii) Community Leaders (CLs) valuing the MBs coming in and actively supporting their mobilization; (iii) FP service credibility increasing; (iv) women of reproductive age (WRA) valuing the availability of LARCs (Implanon); (v) additional health services being offered to men and the elderly who visited MBs/ were accompanying their wives; and (vi) CFs seeing increases in confirmed referrals.

Continuous support to APEs to increase FP services offered has been provided since the onset of IFPP. In Q4FY4, 81,314 WRA were reported as served by APEs compared to 55,871 WRA in Q4FY3, 41,982 in Q4FY2, and 19,104 in Q4FY1, highlighting the progresses achieved by the project.

Notwithstanding, IFPP strongly believes that APEs can continue to improve as they are key to sustaining FP service delivery in rural areas. Therefore, in FY4, a complementary 3-day training curriculum was drafted for APEs performing poorly. It focuses on FP values clarification and attitude transformation including addressing biases, the importance of reaching adolescents and youth to commence the demographic transition, addressing myths and misconceptions about LARCs and providing correct information about side effects, LARC user's rights regarding removals at HFs, and the importance of male engagement. In Q4FY4, IFPP district teams began the trainings which will include three successive monthly-small-group sessions of six hours based on experience's sharing with championing APEs discussing each topic.

Regarding IR2, despite FY4 adversities from the COVID-19 pandemic and misinterpretation of the presidential decree, the diarrheal outbreak in Nampula province, misinformation about insurgents in Nacaroa that paralyzed activities, military unrest (Renamo dissident branch) in Nhamatanda, Chibabava, Buzi, and Gorongosa districts, arrival of displaced populations from Cabo Delgado, and frequent breakdowns of motorcycles, IFPP succeed to adapt its strategies and increase its coordination to impact FP demand creation. A few key activities include: increased assistance from the Field Supervisors to CFs for amplified community involvement; additional follow-up on referrals from CFs and field supervisors; radio broadcastings by CLs and interview with male champions, broadcasts of success stories and satisfied contraception users' testimonies, and broadcastings of MBs' coverage; semi-annual FP advocacy and feedback sessions during the *Conselho Local da Localidade* (CLL, Locality's local council at the county level) meetings on progress achieved locally; and timely planning of MBs. Regarding MBs, IFPP ensure involvement of all local partners and project components for improved follow-up and coordination. This resulted in positive perceptions of the benefits of FP among the community thus creating a more enabling environment for adherence to FP. This also boosted creation demand for FP and fine-tuned the MBs mobilization and effectiveness. IFPP also shared experiences and testimonies from satisfied LARC users, specifically stories of women who did become pregnant after removal, during community dialogues and MBs to further deconstruct the myths and misconceptions around LARCs.

During FY4, a total of 856,381 female contacts have been reported, tripling the expected target to reach during the FY4 and surpassing by 63% the result achieved in entire FY3 - 524,166 contacts. With regards to the urban demand creation component, after changing the intervention strategy at the end FY2 to a systematic mapping of all registered houses in preselected boroughs, the consistency and effectiveness of the component has dramatically increased. All planned houses were visited and either counseled for FP or identified to participated in small groups to further discuss constraints and barriers. At end of FY4, IFPP covered the predefined households in urban areas - the 337,500 WRA planned to be counseled (212,500 in Nampula, 125,000 in Sofala) against the 112,350 reached at end FY3. Additionally, regarding the community referrals mentioned above, the urban creation component carried out 25,845 in-facility referrals of which 24,088 (93%) were confirmed and 1,265 initiated or switched to a LARC. This in-door HF FP strategy focusing on HFs with high volume has the potential to reduce missed opportunities and decrease unmet needs.

With regards to rural demand creation, IFPP has invested in reaching additional remote communities in order to provide FP information and knowledge, as well as FP services to the most remote populations. In FY4, the rural demand creation component expanded its activities to 30 additional counties (*"localidades")* compared to the areas covered through end of FY3. CFs provide sessions with two groups per day – one with CLs and the other with young couples. They carried out activities six days per week, covering three different villages over three weeks and increasing their productivity. This is important so that NHS, through IFPP support, can cover additional hard-to-reach areas and meet the life of project (LOP) target of 13,056 community dialogue groups. At end of FY4, 12,384 community dialogue groups (95% of the LOP target) were cumulatively carried out against 7,113 at end FY3 (54% of the LOP target), highlighting the turnaround succeeded by the rural component and the success in the approach to improve the project's reach in FY4.

To improve the environment in communities that support healthy FP behaviors (IR2.2), the rural demand creation component is implementing a systematic community dialogue process as mentioned above. Half of the groups are targeting key CLs and influencers to address social and gender norms and drivers behind the lack of modern FP use, and create a more enabling environment at the community level for adherence to modern FP methods. In order to strengthen CLs' ownership and comfort of the work CFs do through village-based CL groups, IFPP since FY2, is being reviewed semesterly with the upper administrative structure members – standing for the counties or CLLs. During FY4, IFPP organized 330 one-day meetings focused on the FP program results in their localities and their important role as gatekeepers against 105 in FY3, strengthening their leading role and increasing further community sustainability of the FP national program. In the urban settings, the IFPP-Led Community Assistants together with the CLs and the IPC agents, organized different groups in order to create an enabling environment for demand creation, particularly focusing on men, women, and couples with strong beliefs against FP use. During FY4, 1,681 CLs distributed across 250 groups attended the sensitization sessions related to sexual and reproductive health and rights (SRHR) and FP. The objective is to ease the acceptability of the IPCs agents within the boroughs and obtain active support of the CLs in gathering small groups of women and men, who have strong beliefs against FP use, identified through home-based visits carried out by IPC agents and Community Assistants. A total of 5,476 women and 2,525 men participated in men's and women's small groups, respectively, during FY4. As an integrated component of IFPP, twelve community radios have broadcasted 435 SRH/FP programs, discussions, and interviews with CLs, HFs Directors, HPs, male and female champions related to the implementation of the Community Score Cards (CSC) events, community dialogues, CLLs meetings, and synchronized MBs enabling strategically community environment for the national FP program.

Regarding IR3, the IFPP-HSS teams focused on integrating and ensuring compliance with MISAU's COVID-19 prevention and control guidelines in ongoing IFPP managerial and technical interventions. The focus was on strengthening the capacity of the DPS, the District Health Welfare and Women Directorate (SDSMAS), and HFs to improve coordination, implementation, and monitoring of 2020

activities under the Social and Economic Plan (PES), the District Operational Social and Economic Plan (PESOD), and the Annual Operational Plan (POA). Seventy-two semi-annual Management Standards Compliance (MSC) assessments were conducted resulting at end FY4 in 36 SDSMAS achieving satisfactory scores of 80% or greater. During the Y4 IFPP planning workshop, the weak managerial preparation of the HF heads to support the implementation of health programs generally, and consequently the national FP program, was highlighted as a notable constraint to increase FP services and underscored the limits of training and mentorship activities if HF management does not monitor and emphasize the recommendations provided during support visits. Therefore, IFPP planned a five-module-based management training for HF heads implemented at district level and led by the SDSMAS management teams. In FY4, in total, for both provinces, IFPP implemented 30 trainings of trainers (ToTs) reaching 301 SDSMAS staff and carried out 67 replica trainings for HF Directors gathering 830 participants – HF Directors participating in different modules. The FP HMIS module and the FP commodity Logistic module which includes the SIGLUS app use are supporting a FP data quality improvement initiative designed with both provinces to systematically analyze and lessen data discrepancy between contraceptives supplied, recorded in stock cards, offered to clients and reported in FP log books and in DHIS2-HMIS data base. The aim of this initiative is to ensure less data discrepancy but, above all, result in zero stock-outs and lesser shortage events at the HF level, and ultimately increase the uptake of contraceptive methods. It is important to highlight that, IFPP, in FY4, has contributed to establishing in Nampula and Sofala, a team of 288 ToT managers (184 in Nampula, 104 in Sofala) capable of sustaining SDSMAS's internal health system capacity building trainings, mentorship, and competence-based TA visits in Human Resources for Health (HRH), IPC, SIS-MA, and FP logistics/SIGLUS and contributing to the pathway for sustainability by ensuring that HFs are quality-managed by 407 HF Directors.

The CommCare App, SIMAM, and SIGLUS tools were used as sources of information to report HF stock outs of the main five methods of contraception. Overall, an average of 270 out of the 407 existing HFs were assessed quarterly for stockouts; the percentage of stock-out (after data cleaning – based on the paper stock cards) decreased from 4.4% (Q1) to 0% (Q4). Similarly, the percentage of stock-out (before data cleaning – based on electronic stock cards) has decreased from 41% to 14% highlighting the progress made by the SIGLUS users in daily operating their tablets. Although IFPP is finishing FY4 reporting zero stock-out at assessed HFs, the team is aware that frequent shortages are happening limiting the regular flow of FP offering to potential users at HF level and at APE level. Therefore, IFPP strongly supports the district, provincial, and national Maternal and Child Health (MCH) commodity management taskforces to change their operational paradigm – being less reactive and more proactive. This will ensure that logistic chain managers give more attention to correct management of different minimum levels of FP stock, and that actions are backed-up by politics (Provincial Governments, MISAU, DPS, SPAS, *Central de Medicamentos e Artigos Médico*s [CMAM]), once poverty reduction and the country's reach of the demographic dividend are closely related to the existence of an optimum operational FP program.

To strengthen governance and civil society engagement around FP and contribute to stronger systems (IR3.3), IFPP is carrying out CSC activities - a participatory, community-based tool for assessing the quality of health services. Twenty-nine HFs were enrolled to carry out and complete the CSC process in FY4. Out of these, twenty-one HFs were eligible – able to run the CSC process for the first time – to be accounted for in the related IFPP indicator. Therefore, at end of FY4, including the 13 in FY2 and six in FY3, a total of 40 HFs have completed the CSC process for the first time with 95% (40/42) of IFPP's LOP benchmark reached.

For improved generation, dissemination, and use of FP data for more effective decision-making, IFPP developed, since FY1, a district profile tool composed of ten selected strategic FP program indicators used in all 36 districts. At the end of Q4FY4, 36 SDSMAS prepared and completed their DPS tool with 32 carrying out the related meeting to discuss the indicators and draft updated quality improvement (QI) plans. These plans included actions that will address prevalent bottlenecks in order improve FP key performance indicators regarding the availability of contraceptives stocks, trained HPs, performance of MBs and IFP SDPs, and data quality for contraceptive and FP clinical activities. This represents an achievement of 90% against the LOP target.

Regarding M&E, IFPP has boosted the number of activities to improve data quality such as routine data quality audits - 640 RDQA visits were carried out in FY4 compared to 396 in FY3 – joint SDSMAS and IFPP supervision visits, and HP trainings on FP register logbooks. At end of FY4, 203 HFs scored with an acceptable or good quality RDQA result and 37 scored with a medium quality result. A total of 338 HFs have already completed at least two RDQAs, resulting in a 25% increase in Sofala and a 29% increase in Nampula when compared with the first phase of RDQAs, highlighting the progress achieved.

Major Implementation Issues

FY4 implementation issues include:

- In Sofala's main corridors (National Highway Number 1 – Muxúngue, Inchope, Gorongosa and Nhamatanda) attacks on civilians hampered MBs, community dialogues, and CSC activities and resulted in closures of three HFs in Nhamatanda (Chiadeia, Macocorocho, and Mbimbir) and in order to reach these risky areas, close communication and coordination with local authorities has been held to have go-no go decision.
- The COVID-19 pandemic created anxiety among communities and reduced access to healthcare services overall, thus impacting FP/SRH services. The first case in Mozambique was reported at the end of Q2FY4 (March 23, 2020) and as state of emergency was initiated on April 1st. Consequently, all community related activities were stopped for three to six weeks but after negotiating the conditions community activities were restarted and are running accordingly with MISAU national COVID-19 guidelines in place.

- Keeping DPS/SDMAS staff compliant with their managerial duties while implementing COVID-19 prevention activities has been a very challenging process. Some managers see COVID-19 as a standalone issue with high priority especially compared to the original planned PES/PESOD activities.
- Ensuring that SPAS and DPS managers and technicians jointly coordinate the implementation of PES/PESOD activities.
- Compliance with COVID-19 prevention measure in Nampula and Sofala remains constrained by a lack of resources including masks (N95s), hand sanitizers, gloves, and other personal protective equipment materials and HP's attitude.
- The inadequacy of CMAM response in terms of quantity and timing to DPM FP commodity orders has led HFs to hold contraceptives to avoid stock outs. This has persistently limited the HFs' ability to respond to FP client demand and consequently achievement of full IFPP potential.

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

Table 1. Project supported trainings at end of June 2020

Provinces	FY1				TOTAL	FY2				TOTAL	FY3				TOTAL	FY4				TOTAL	To date
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		
# of Facility based trainings per quarter and province																					
Nampula	27	27	17	20	91	11	5	12	4	32	6	7	4	9	26	2	7	13	22	44	193
Sofala	0	30	24	8	62	6	12	8	4	30	3	2	1	2	8	5	1	14	11	31	131
TOTAL	27	57	41	28	153	17	17	20	8	62	9	9	5	11	34	7	8	27	33	75	324
# of unique Health Providers reached thru FP training per quarter and province																					
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1 FY2	Q2 FY2	Q3 FY2	Q4 FY2	TOTAL	Q1 FY3	Q2 FY3	Q3 FY3	Q4 FY3	TOTAL	Q1 FY4	Q2 FY4	Q3 FY4	Q4 FY4	TOTAL	To date
Nampula	565	414	205	240	1424	132	72	183	121	508	132	115	55	169	471	30	82	108	194	414	2817
							26 **														
Sofala		463	347	81	891	107	213	139	65	524	57	34	16	26	133	72	15	136	106	329	1877
				64**		3 **	26 **														
TOTAL	565	877	552	321	2315	239	285	322	186	1032	189	149	71	195	604	102	97	244	300	743	4694
# of unique Health facilities reached thru FP training along quarters by province																					
	Q1 FY1	Q2 FY1	Q3 FY1	Q4 FY1	TOTAL	Q1 FY2	Q2 FY2	Q3 FY2	Q4 FY2	TOTAL	Q1 FY3	Q2 FY3	Q3 FY3	Q4 FY3	TOTAL	Q1 FY4	Q2 FY4	Q3 FY4	Q4 FY4	TOTAL	To date
Nampula (cumulative %)	43	36 *	34 *	34 *	147/226 (65%)	23 *	4 *	16 *	14 *	204/228 (89%)	12 *	9 *	1	6	232/237 (98%)	0	1	0	1	2	234/238 (98%)
Sofala (cumulative %)		55	43 *	14 *	112/157 (71%)	24 *	13 *	1 *	0	150/157 (95%)	0	3 *	4 ***	0	157/162 (97%)	0	2	7	0	9	168/169 (99%)
TOTAL (cumulative)	43	134	211	259	68%	47	64	81	95	92%	12	24	29	35	97%	0	1	7	1	11	99%

Cascade in-service training

During FY4, a total of 75 five-day FP facility-based trainings were carried out (44 in Nampula, and 31 in Sofala) against 34 in FY3 (26 in Nampula, and eighteen Sofala). Meanwhile, training sessions gathered less participants than usual in Q3 and Q4 of FY4 to comply with COVID-19 prevention measures, which partially explains the 200% increase in number of trainings. These 75 trainings reached a total of 743 health providers (414 in Nampula, and 329 in Sofala) against 604 in FY3 (471 in Nampula, and 133 in Sofala); MISAU FP district's trainers were actively involved in all 75 trainings. As summarized in Table 1, since the launch of the project, a total of 4,694 HPs have been trained (2,817 in Nampula and 1,877 in Sofala). At the end of FY4, a cumulative of 609 HF needs-assessments were cumulatively conducted, reaching **396 HFs in Nampula and 213 HFs in Sofala**. Most of the HFs in Nampula and Sofala repeated their needs-assessment to strengthen the availability of the basic equipment needed to ensure FP service quality. The assessments focused on commodity management, infection prevention, client flow, and adolescent and youth friendliness. Although IFPP regularly distribute goods to the HFs, there is a high need. IFFP is planning to refurbish both surgical material – BTL, IUD, PPIUD and implant (insertion and removal) kits, as well as medical and non-medical supplies such as gloves and furniture to the HFs (tables, chairs, information boards, curtains and fans).

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	17	100%	7	41%
Dondo	15	15	100%	13	87%
Nhamatanda	17	16	94%	15	88%
Buzi	17	17	100%	17	100%
Chibabava	16	16	100%	11	69%
Machanga	11	10	91%	8	73%
Caia	13	13	100%	13	100%
Marromeu	10	10	100%	9	90%
Chemba	10	10	100%	10	100%
Gorongosa	14	14	100%	11	79%
Cheringoma	8	8	100%	**7**	88%
Maringue	10	10	100%	**7**	70%
Muanza	11	10	91%	11	100%
SOFALA PROVINCE	**169**	**166**	**98%**	**139**	**82%**
Angoche	20	20	100%	14	70%
Mogincual	6	6	100%	2	33%
Liupo	4	4	100%	1	25%
Npla Cid	25	23	92%	4	16%
Erati	11	11	100%	8	73%
Memba	14	14	100%	12	86%
Meconta	8	8	100%	3	38%
Nacaroa	7	7	100%	7	100%
Muecate	11	11	100%	8	73%
Mogovolas	8	8	100%	4	50%
Moma	11	11	100%	5	45%
Lardes	7	7	100%	5	71%
Monapo	17	17	100%	15	88%
Mossuril	11	10	91%	8	73%
Ilha Moç.	5	5	100%	5	100%
N.Porto	14	12	86%	10	71%
N.Velha	6	6	100%	4	67%
Murrupula	6	7	117%	4	67%
Rapale	7	7	100%	4	57%
Mecuburi	13	13	100%	11	85%
Ribaue	10	10	100%	4	40%
Malema	10	10	100%	2	20%
Lalaua	7	7	100%	6	86%
NAMPULA PROVINCE	**238**	**234**	**98%**	**146**	**61%**
Both provinces	**407**	**400**	**98%**	**285**	**70%**

Table 2 summarizes the number of project-supported HFs enrolled in FP trainings with at least one HP trained, by district and province. In Sofala and in Nampula, at end of FY4, 98% (166/169 in Sofala and 234/238 in Nampula) of the HFs had at least one HP trained in FP. In FY4, nine additional HFs were included in the list of HFs with at least one FP trained HP (Nhamatanda HC in Caia district, Correia in Chamba district, Ndeja in Nhamatanda district, Km37 and Chicuecue in Buzi district, Ngase in Marromeu, Malongue in Cheringoma, Mussapassua and Nhamassizira in Muanza.) In Sofala, Nhamatanda, and Muanza districts, HPs of five HFs (Chiadeia, Mbimbir, Mecuzi Puazi, Macarococho; Mussapassua) were transferred due to ongoing security issues (unrest related to the dissident branch of Renamo). Two HFs still need to be provided with trained HPs (Isapol HC in Nhamatanda and Zimuala in Machanga district). In Nampula, IFPP has four remaining HFs without a HP trained in FP, two of which are in Nampula city. One is the male penitentiary HP who will be trained on comprehensive counseling to enable partner support including male sensitization, and the other is the Mental Health Center, which refers WRA to the CS *anexo psiquiatrico* located within the center and offers FP services. Note that Mental HC and CAMINA HC are led by the Catholic Church and on several occasions they have declined the opportunity to integrate FP services within their HF. However, since Q1 FY4, in order to diminish the lost opportunities at CAMINA HC (which focuses on preventative and curative care for children under five and attends to 800 children per month), an IFPP activist mobilized mothers at the exit door of the CAMINA HC to counsel and establish a one stop referral pathway for women with unmet needs for FP services in the neighboring Akumi HC which is 300 meters away. Comparatively, Table 3 illustrates the number of HFs with all HPs trained in FP. In FY4, IFPP continued with HPs trainings to improve the total number of HFs with all HPs trained in FP. In Sofala, this number increased from 90 out of 164 (56%) in FY3 to 139 out of 169 (82%) in FY4. In Nampula province, this increased from 94 out of 237 (40%) in FY3 to 146 out of 238 (61%) in FY4, totaling for both provinces a jump from 48% (184/399) in FY3 to 70% (285/407). In FY4, IFPP restricted the range of eligible HP to HPs posted at AYFS, FP/SRH, MCH, EPI, healthy child consultations, at risk child consultation, HIV integrated consultation, and adult and child first-line curative consultations.

Photo 1 Distribution of medical and non-medical equipment for Gorongosa district

Table 3: Number of <u>other</u> technical trainings, by topic to date

# of unique Health Providers reached thru <u>other</u> trainings								
	FY2		FY3		FY4		TOTAL	
Additional Trainings	Nampula	Sofala	Nampula	Sofala	Nampula	Sofala	Nampula	Sofala
Implanon	58	143		28	0	145	58	316
BTL	22	0			0	6	22	6
ISL	83	83	36		0	0	119	83
FP Compliance			86	41	0	0	86	41
3 days advanced FP updates			112		277	0	389	0
CECAP			83	49	0	178	83	227
FP TOT			50		0	15	50	15
TOTAL	**163**	**226**	**367**	**118**	**277**	**344**	**807**	**688**
	389		**485**		**621**		**1495**	

In FY4, the percentage of HPs in both provinces who completed the training on modern methods of contraception with passing scores on the written post-test remained high, reaching 97% (718/743) in Y4 against 90% (545/604) in FY3.

Other FP related trainings

In FY4, as illustrated in Table 3, a total of 621 HPs participated in additional on-the-job technical trainings: 344 in Sofala and 277 in Nampula; 145 were trained on Implanon insertion while 178 were trained in CECAP techniques; 277 were trained in the 3-day advanced FP updates and 15 were trained in Sofala to be FP trainers and mentors.

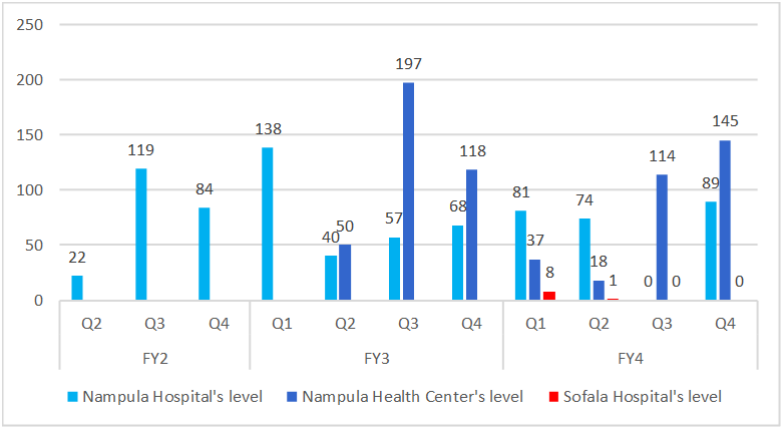
Table 4: distribution of on-the-job trainings carried out in Sofala per district and topic

On-the-Job training in Sofala Province								
District	Implanon				CECAP			
	Q3		Q4		Q3		Q4	
	# HPs	# HFs	# HPs	# HFs	# HPs	# HFs	# HPs	# HFs
Dondo	12	10						
Nhamatanda	21	9	2	2	7	4	3	3
Buzi	10	6	6	4	10	8	9	6
Gorongosa	2	1			2	2	1	1
Maringue	2	1						
Chibabava	12	7	5	4	12	7	5	4
Machanga	5	4			5	4		
Marromeu	12	4	6	2	6	4	4	3
Caia					3	2		
Machanga			6	3			6	3
Total	76	42	25	15	45	31	28	20

Table 4 illustrated the number of HFs and HPs involved with on-the-job trainings per district during the last semester of FY4 in Sofala, highlighting efforts carried out to maintain and increase service quality; MISAU district FP trainers continue to support IFPP activities at the district level and their participation and commitment are important to support the HP at different HFs. They are involved in HP mentoring at the HF level, supervising FP/RH, and PPC consultations. They also support other outpatient consultations integrating FP services, and FP offerings at maternity level. Additionally, they support the MBs, data collection and aggregation, stock management, verification of environmental and FP compliance at HFs, APEs supervision and TBAs training, and application of FP and CECAP Quality Standard tool.

Bilateral Tubal Ligation (Mini-Laparotomy) Trainings in Nampula province & Sofala

Figure 1. Number of mini-laparotomy carried over, by HF's levels, provinces and quarter – IFPP



Since Q2 FY2, 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 within the range of available contraceptive methods in country. This is responding to the increasing demand for limiting births. While 225 mini-laparotomy BTL were performed in FY2 (only at hospital level), in FY3, 668 mini-laparotomy BTL were carried out. Of these, 365 were carried out at peripheral HF's level in 13 different Health Centers, making the mini-laparotomy procedure more available as an option for contraception. In FY4, a total of 567 mini-laparotomies were performed, of which 314 were carried out at nine different peripheral HFs – Chalaua, Malema, Micane, Natiri, Nihessiue, Nametil, Rapale, Mossuril, and Nakakana. IFPP's efforts to scale-up this technique in Sofala province were less successful. Following the Q4 FY3 experience-sharing visit of the senior clinicians of the central hospital of Beira (HCB) and the focal point for FP at Sofala PHD in Nampula province, in Q1 FY4, Dr Francois Biombe, gynecologist-obstetrician of the Central Hospital of Nampula (head of the department), together with two additional facilitators, Dra Emilia Sueia and Dr Cahimo Mulina, visited HCB to advocate and overcome the remaining misunderstandings related to mini-laparotomy BTL. Six clinicians working at Beira Central Hospital and one Pathfinder Bachelor nurse based in Chibabava district were trained. In Q2 FY4, an additional exchange visit was conducted in Nampula, by the HCB's FP focal point to further understand how HCN FP focal points organize different FP services including how data is collected and reported for tubal ligations; despite these efforts, the number of mini-laparotomy BTL are slowly increasing compared to Nampula requiring further DPS and SPAS engagement in Sofala. Continuous efforts will be done during FY5 to continue to support the introduction of this new technique in Sofala and strengthen its use in Nampula.

Joint supervision MISAU-IFPP

As described in table 5, during FY4, the IFPP technical team and SDSMAS/DPS staff carried out joint technical support and supervision visits to HFs. This FY4, 726 joint supervisions were carried out (289 in Sofala and 437 in Nampula) against 622 in FY3 (255 in Sofala and 367 in Nampula). When comparing the two FY, almost all districts carried out more integrated supervision visits with the exception of Beira and Dondo, in Sofala, and Nacala Porto, Nacala Velha and Nampula City in Nampula. Larde, Ribaue and Malema also decreased but the number of integrated supervisions is still very respectable when compared with the respective existing number of HFs. Joint supervision serves to strengthen understanding and coordination, to lay foundations for self-reliance and sustainability as they boost adoption of recently introduced programmatic components and increase ownership of the MISAU's FP strategy; they are also important to boost the quality of the SRH services. Integrated supervision also includes the FP integration data aggregation tool, assessment of the quality of counseling, techniques for method insertion, cleanliness, ICP and organization of HF services, FP commodities and management.

It is worth highlighting that, at the end of Q3 FY4, MISAU head responsible of FP – Alda Mahumane together with the M&E responsible – Benilde Homo and the logistic responsible – Bonfilho Sargento did a national level supervision visit accompanied by the DPS FP focal point – Almija Pulseira, visiting Dondo, Nhamatanda, Buzi, and Muanza districts to assess the level of FP program implementation; they value that FP is

Table 5: # of joint MISAU-IFPP supervision at district level by province – FY3 and FY4

DISTRICT	# of HF per district	# of HF with at least 1 HP trained in FP	HF receiving integrated supervision	
			FY3	FY4
Beira	17	17	24	11
Dondo	15	15	17	11
Nhamatanda	17	16	24	36
Buzi	17	17	14	30
Chibabava	16	16	31	31
Machanga	11	10	28	28
Caia	13	13	17	22
Marromeu	10	10	24	28
Chemba	10	10	19	19
Gorongosa	14	14	10	13
Cheringoma	8	8	8	16
Maringue	10	10	19	25
Muanza	11	10	20	19
SOFALA	**169**	**166**	**255**	**289**
Angoche	20	20	22	25
Mogincual	6	6	17	22
Liupo	4	4	6	11
Npla Cid	25	23	48	9
Erati	11	11	16	22
Memba	14	14	10	16
Meconta	8	8	5	8
Nacaroa	7	7	14	28
Muecate	11	11	23	43
Mogovolas	8	8	8	16
Moma	11	11	10	22
Lardes	7	7	14	12
Monapo	17	17	25	44
Mossuril	11	10	10	25
Ilha Moç.	5	5	7	15
N.Porto	14	12	10	5
N.Velha	6	6	9	5
Murrupula	6	7	11	16
Rapale	7	7	10	14
Mecuburi	13	13	9	20
Ribaue	10	10	43	25
Malema	10	10	23	20
Lalaua	7	7	17	14
NAMPULA	**238**	**234**	**367**	**437**
Both provinces	**407**	**400**	**622**	**726**

implemented regularly in all HFs and it continues even within the context of COVID-19. There is availability of FP consumables at either at provincial warehouses or HFs; HPs with high performance are involved in FP activities in another HF. They recommended that it is important to reinforce LARC counselling at all consultation doors and with special attention to maternity wards within the full range of contraceptive options; to distribute three packs at once to pill users; to maximize APEs activities to prevent discontinuation of FP among the clients; and to strengthen the use of the FP data daily summary sheet to guarantee high quality of data. Complementary to this, IFPP supported mentoring visits (summarized in Table 6) by provinces and districts in FY3 and FY4, highlighting the number of HF mentoring visits carried out, and the percent of HFs with at least one HP trained that received a mentorship visit. 95% of the HF (223/234) in Nampula and 92% (155/166) were visited at least once for HP mentorship in FY4 comparing to 89% (207/232) in Nampula and 94% (148/157) in Sofala during FY3, highlighting the consistent efforts carried out during the two last FYs. Some HFs received more than one visit, as 3,014 mentorship visits in FY4 were conducted, compared to 2,858 mentorship visits in FY3.

Table 6: Mentoring visits received by HFs during FY3 and FY4

DISTRICT	# of HF per district	# of HF with at least 1 HP trained in FP	% HF with at least 1 HP trained which received a mentorship visit at end FY4			
			# HF mentored along FY3	% of HF mentored at least once along FY3	# HF mentored along FY4	% of HF mentored at least once along FY4
Beira	17	17	17	100%	17	100%
Dondo	15	15	15	100%	14	93%
Nhamatanda	17	16	17	100%	14	78%
Buzi	17	17	15	100%	17	100%
Chibabava	16	16	14	93%	15	94%
Machanga	11	10	10	100%	10	100%
Caia	13	13	9	75%	12	92%
Marromeu	10	10	9	100%	8	80%
Chemba	10	10	9	100%	9	90%
Gorongosa	14	14	11	79%	13	93%
Cheringoma	8	8	7	100%	8	100%
Maringue	10	10	9	100%	9	90%
Muanza	11	10	6	75%	9	90%
SOFALA	**169**	**166**	**148**	**94%**	**155**	**92%**
Angoche	20	20	12	60%	15	75%
Mogincual	6	6	6	100%	6	100%
Liupo	4	4	3	75%	3	75%
Npla Cid	25	23	21	91%	22	96%
Erati	11	11	10	91%	11	100%
Memba	14	14	12	86%	13	93%
Meconta	8	8	8	100%	8	100%
Nacaroa	7	7	7	100%	7	100%
Muecate	11	11	11	100%	11	100%
Mogovolas	8	8	6	75%	8	100%
Moma	11	11	10	91%	11	100%
Lardes	7	7	5	71%	7	100%
Monapo	17	17	14	82%	17	100%
Mossuril	11	10	9	90%	10	100%
Ilha Moç.	5	5	5	100%	5	100%
N.Porto	14	12	11	92%	12	100%
N.Velha	6	6	6	100%	6	100%
Murrupula	6	7	6	100%	6	86%
Rapale	7	7	7	100%	7	100%
Mecuburi	13	13	13	100%	12	92%
Ribaue	10	10	9	100%	10	100%
Malema	10	10	10	100%	10	100%
Lalaua	7	7	6	86%	6	86%
NAMPULA	**238**	**234**	**207**	**89%**	**223**	**95%**
Both provinces	**407**	**400**	**355**	**91%**	**378**	**94%**

COVID-19 support to DPS and SDSMAS

COVID-19 pandemic highlighted weaknesses of the health services. At end of March 2020, lockdowns started and lasted through Q3 and part of Q4. Preventive services were the most affected and the continuity of short-term acting contraceptives reduced dramatically during the month of April 2020. IFPP supported MISAU at different levels in drafting guidelines to prevent disruption of FP services. IFPP also supported DPS to share and train SDSMAS MCH responsible to follow the recommendations. Additionally, IFPP supported both Sofala and Nampula with posters, flyers, and IPC materials (Table 7), to guarantee that both providers and beneficiaries are safe during activities.

Table 7: IPC materials distributed in COVID-19 context (Q3 and Q4 FY4)

item	Nampula		Sofala
	NHS	IFPP (staff and CHW)	IFPP (staff and CHW)
Alcohol/Sanitizers	400	50	120
buckets with tap	5	74	45
Soap	700	240	
Chlorine	100		
Gloves	5,500		
Cloth-based masks		27,123	10,677
N95 Masks	1,000	400	500
Protective Glasses	600		

Quality Improvement and Mentoring

Quality improvement (QI) is key to project success in terms of achieving and maintaining high quality service provision 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 HPs trained by the project are engaged on a regular basis and are supported to achieve and maintain clinical proficiency and service quality. Mentoring includes direct observation of quality service 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 ten 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 HF with trained HPs, if possible, once per quarter.

Table 8: Number of HPs trained according to their actual status (registered, active, mentored) at end Q4 FY4.

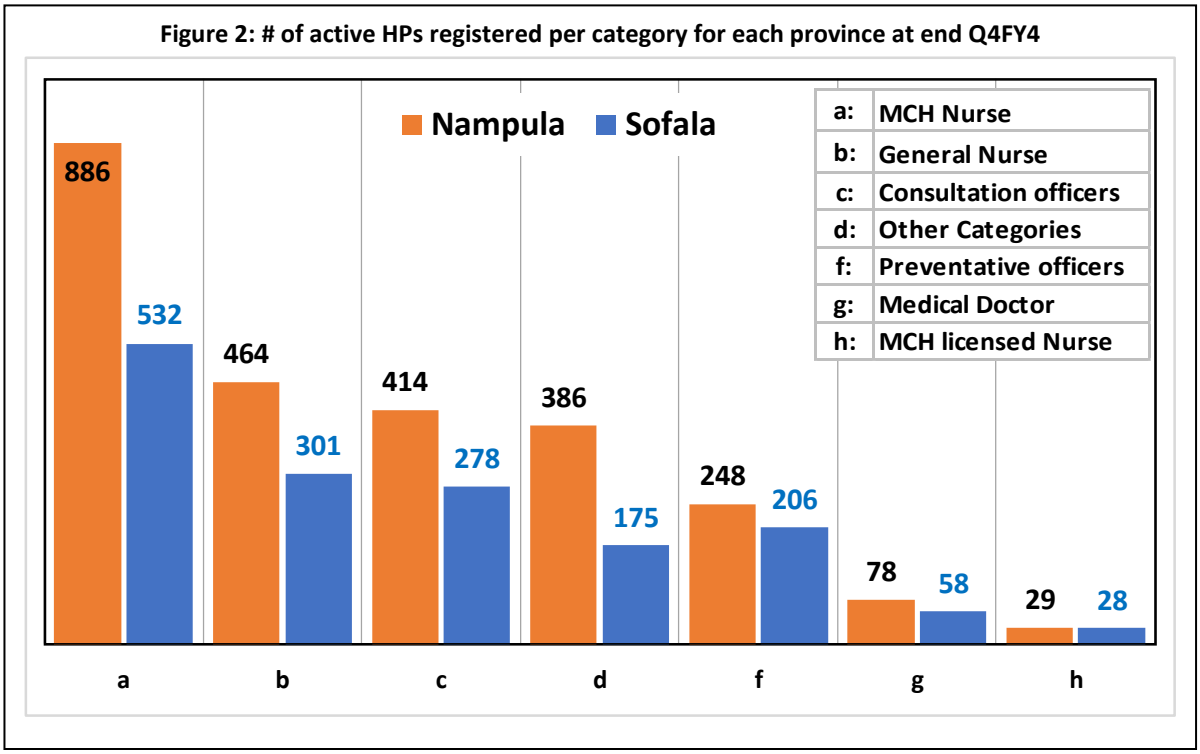
item #		At end FY3	At end FY4
#1	Reported as trained (cumulative)	3951	4694
#2	Registered in the mentorship App AND still active (cumulative)	3287	4083
	% (item #2 / item #1)	*83%*	*87%*
#3	Mentored at least once (cumulative)	2820	3731
	% (item #3 / item #2)	*86%*	*91%*
#4	Not yet mentored	467	352
	% (item #4 / item #2)	*14%*	*9%*
#5	Not yet mentored and fall into the "other provider" cadre	120	90
	% (item #5 / item #4)	*26%*	*26%*

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. It provides HP-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. As seen in Table 8, out of a total of **4,694** reported as trained through IFPP at end FY4, **4,083** (87%) HPs are *active and registered in the mentorship App*; the difference (611 providers) accounts for HPs who left the region, were transferred to an administrative position, currently studying, asked for a temporary administrative leave, or retired/passed away. Out of these *(active and registered)*, 3,731 (91%) were already mentored at least once after the initial training. Meanwhile out of the 9% of providers not yet mentored, 26% (90/352) of them fall into the "other provider" cadre which includes health professionals in fields not traditionally associated with MCH or SRH services such as pharmacists, laboratorians, and more specialized health technicians including physiotherapists, ophthalmologists, radiologists, and anesthesiologists. These providers were trained to enable the environment by providing in-facility referrals, therefore clinical mentorship is being conducted to prioritize those providing FP methods.

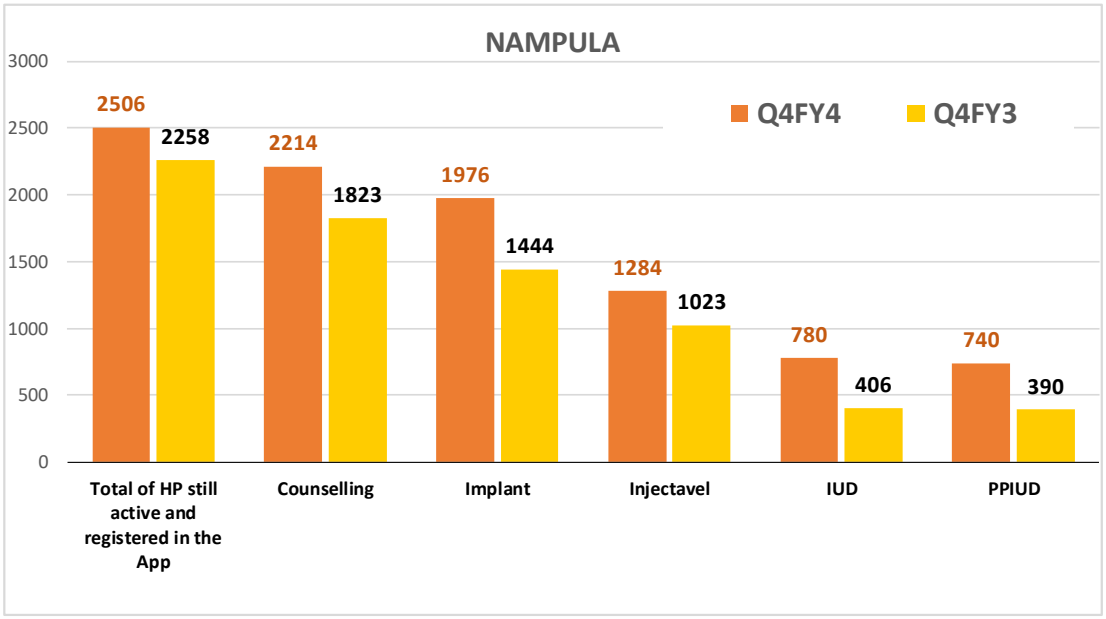
Figure 2: # of active HPs registered per category for each province at end Q4FY4

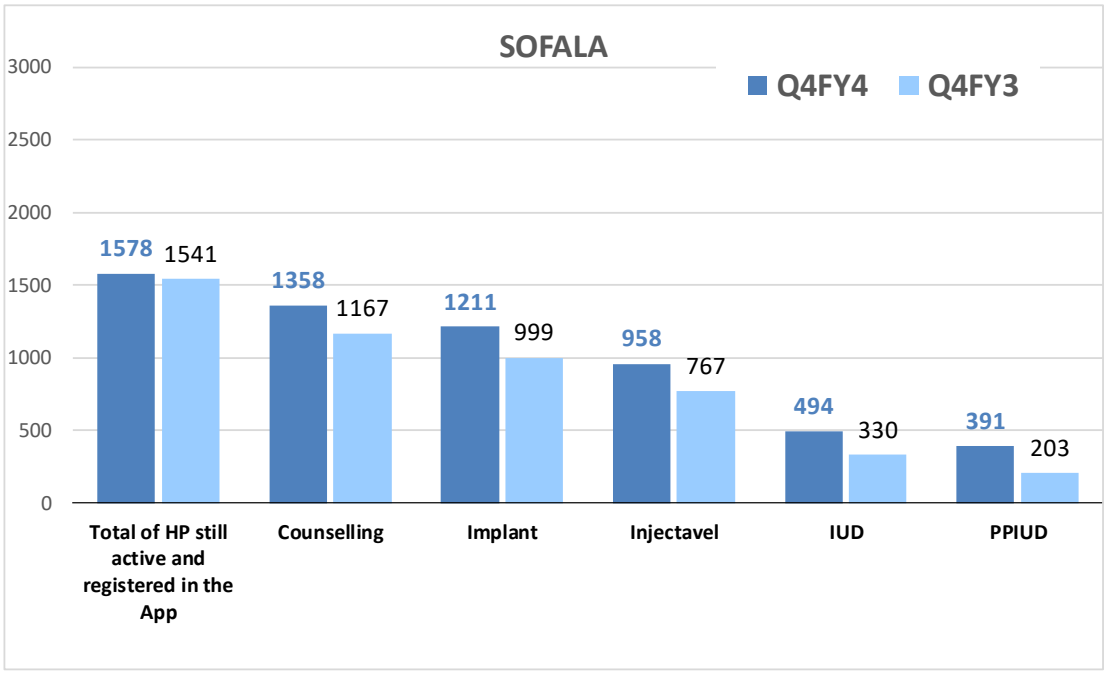


As seen in Figure 2, 4,083 HPs are still active and registered in the App and are distributed, per province, between MCH nurses, General nurses, Consultation officers, other categories, Preventative officers, Medical doctors and MCH bachelor nurses. Nampula province (orange bars) has more HPs than Sofala (blue bars) but Nampula is three times more populated, stressing the inequities.

Figures 3a and 3b illustrate per province, the total number of HPs still active and registered in the App at end of Q4 FY4 and at end Q4 FY3 and the number of unique HP mentored per checklist. This highlights the progress achieved for PPIUD compared to FY3 (+90% in Nampula and +93% in Sofala), IUD (+92% and +50%) and implants (+37% and +21%).

Figure 3a and 3b: Comparison of the # of unique HP trained, registered, still active at end Q4FY4 and Q4FY3, who received a mentoring visit(s), per topic and province



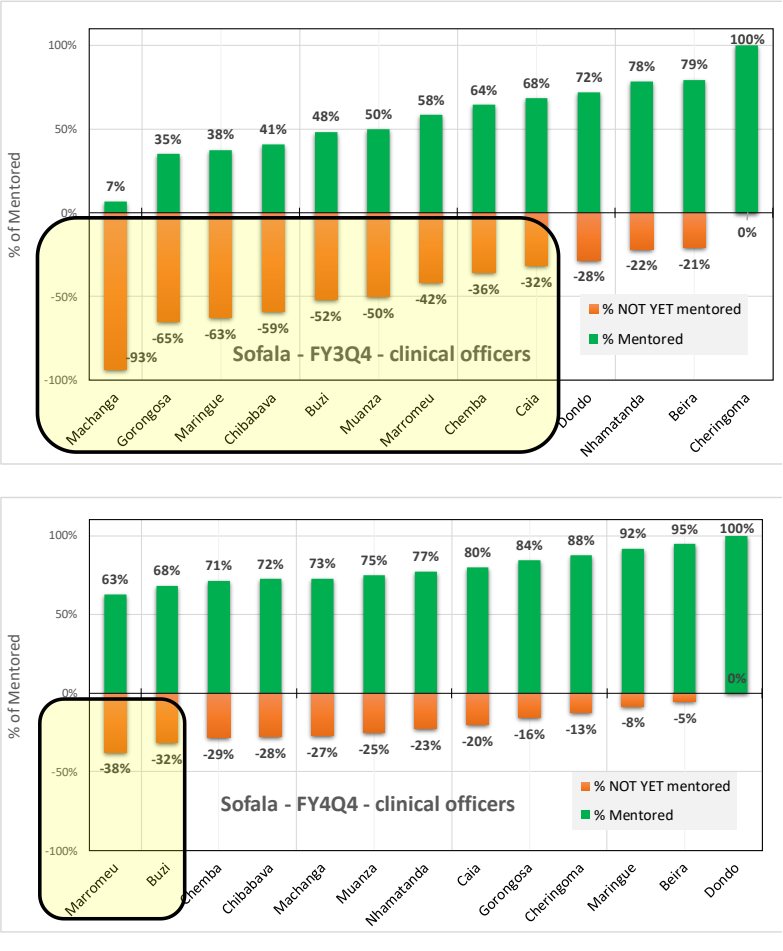


As illustrated in Table 9, during FY4, a total of 14,694 mentorship app checklists were fulfilled compared to 11,791 in FY3 – a 25% increase, with PPIUD and IUD checklists almost doubling. Mentorships efforts in FY4 were further analyzed by main provider cadres and province in order to identify gaps per districts; the following figures (4a to 9b) illustrate the trends to improvement that HPs have achieved. This analysis will focus on the categories of MCH nurses and clinical *(Agentes e tecnicos de medicina curativa)* and preventative officers *(Agentes e tecnicos de medicina preventiva)* as they are at the frontline of the FP service delivery at HF outpatient service, maternity level, and MB SDP. Figures 4a and 4b highlight the progress achieved in Sofala for implant insertion through mentorship, for the clinical officer category: while at end FY3, nine of 13 districts had more than 30% of their trained clinical officers not yet mentored, at end FY4, only two districts remained with more than 30% of clinical officers not yet

Table 9: Trends per province and per mentorship checklist type in FY3 and FY4

Type of Mentorship form	FY4			FY3		
	Nampula	Sofala	Both	Nampula	Sofala	Both
Counselling	3019	4107	**7126**	2283	3403	**5686**
PPIUD	650	578	**1228**	360	278	**638**
IUD	661	623	**1284**	306	348	**654**
Implant	1668	2158	**3826**	1467	1943	**3410**
Depo	490	731	**1221**	438	965	**1403**
CPA	4	5	**9**	0	0	**0**
Total	6,492	8,202	14,694	4,854	6,937	11,791

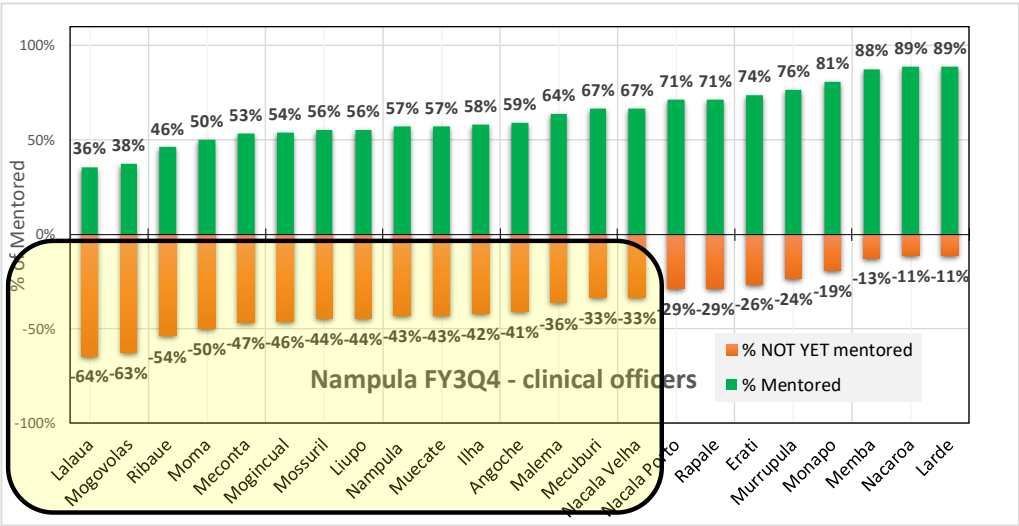
Figures 4a and 4b: Comparison of the proportion of clinical officers being mentored at end FY3 (4a) and end FY4 (4b) for Implant insertion per district in Sofala province

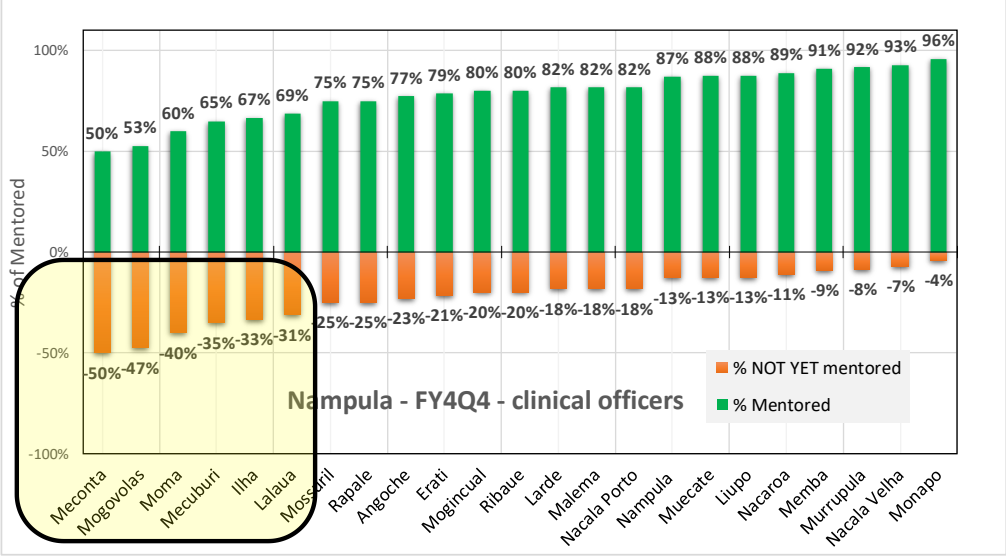


mentored (Marromeu and Buzi). It is important to note that, at end FY4, out of 278 clinical officers trained and still active, 231 were already mentored (83%) and 221 (96% of the mentored) passed.

Figures 5a and 5b highlight the progresses achieved in Nampula for implant insertion through mentorship, for the clinical officer category: while at end FY3, 15 of 23 districts had more than 30% of their FP trained clinical officers not yet mentored, at the end FY4, only six districts remained with more than 30% of clinical officers not yet mentored (Meconta, Mogovolas, Moma, Mecuburi, Ilha, Lalaua); at end FY4, out of 414 clinical officers trained and still active, 325 were mentored (79%) and 297 HPs (91% of mentored) passed.

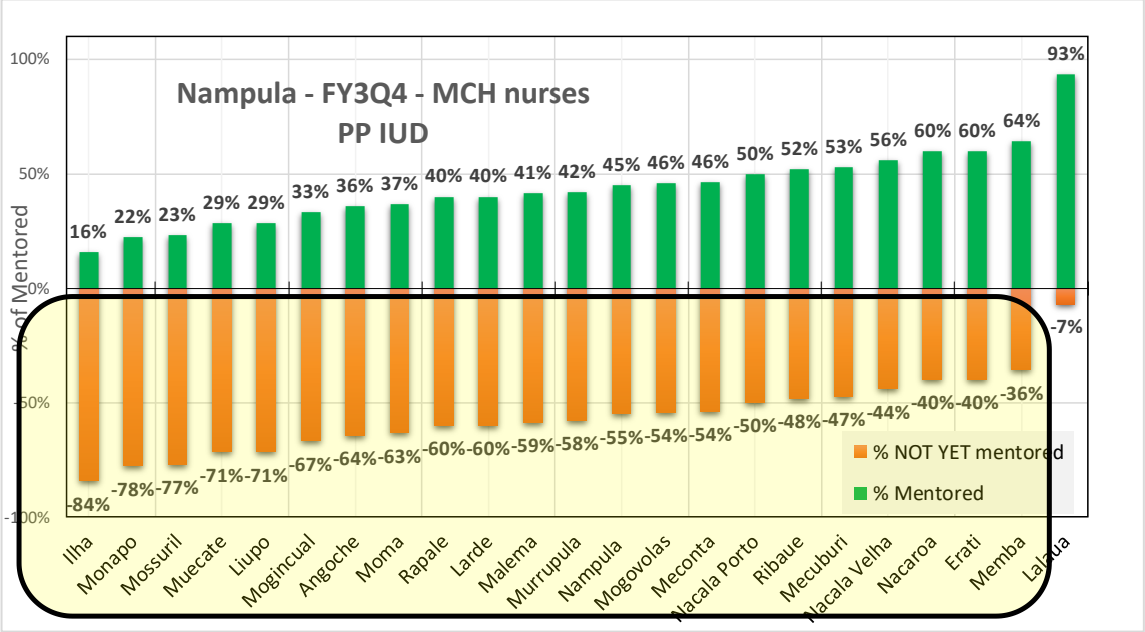
Figures 5a and 5b: Comparison of the proportion of clinical officers being mentored at end FY3 (5a) and end FY4 (5b) for Implant insertion per district in Nampula province:

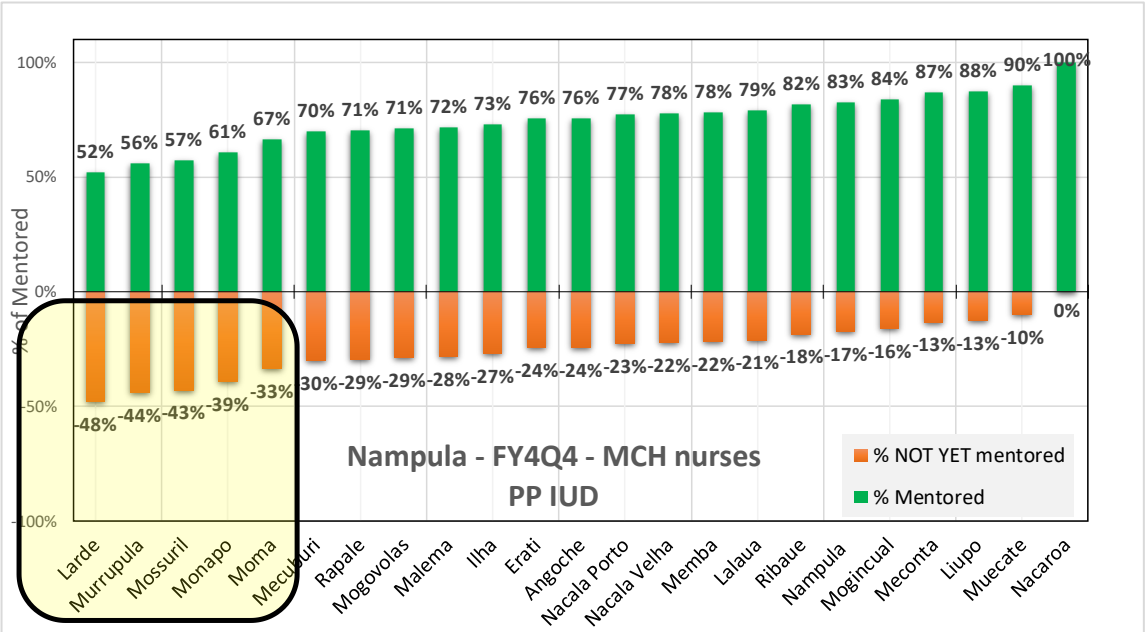




Figures 6a and 6b highlight the progress achieved in Nampula for PPIUD insertion through mentorship. For the MCH nurse category: while at end FY3, 22 out of 23 districts had more than 30% of their FP trained MCH nurses not yet mentored; at end FY4, only five districts remained with more

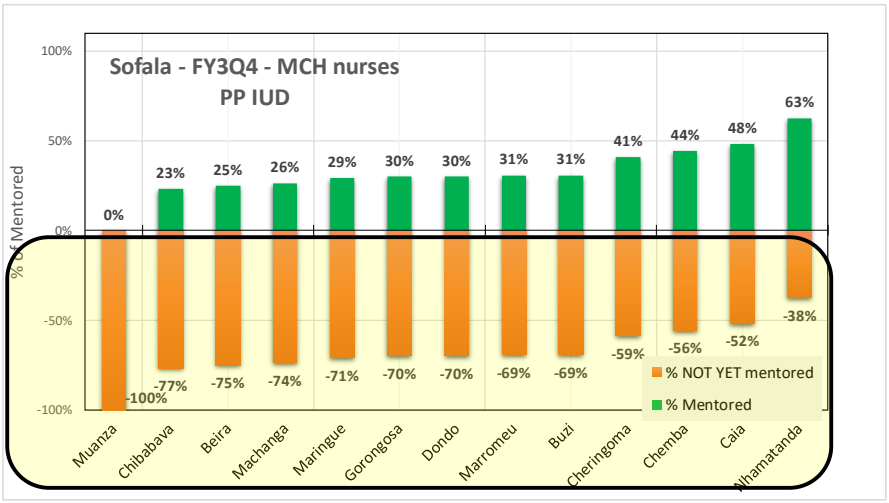
Figures 6a and 6b: Comparison of the proportion of MCH nurses being mentored at end FY3 (6a) and end FY4 (6b) for PP IUD insertion per district in Nampula province:

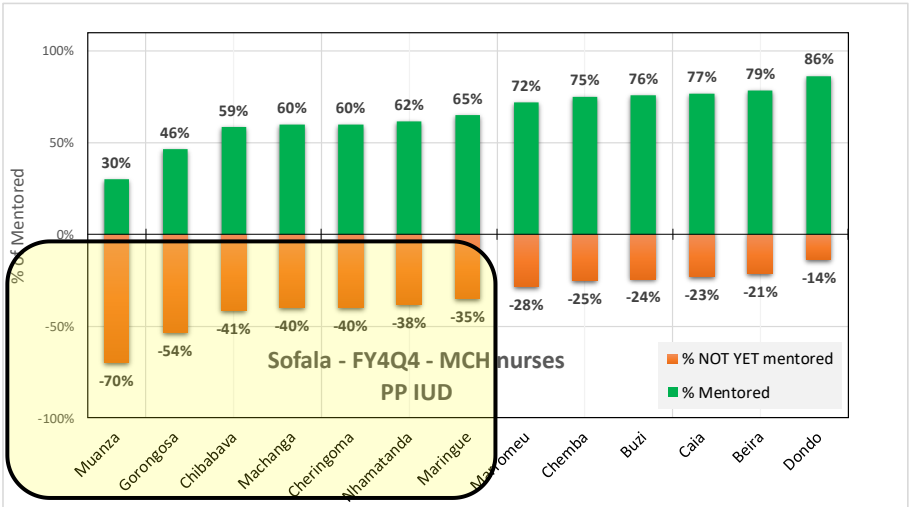




than 30% of MCH nurses not yet mentored (Lardes, Murrupula, Mossuril, Monapo, and Moma). It is important note that, at end FY4, out of 914 MCH nurses trained and still active, 689 were mentored (75%) and 630 HPs (91% of mentored) passed. This turnaround is all more remarkable as the number of trained and still active MCH nurses has increased from 783 at end FY3 to 914 at end FY4. The scenario, as illustrated in Figures 7a and 7b, is comparable for Sofala province: while at end FY3, all 13 districts had more than 30% of their FP trained MCH nurses not yet mentored, at the end of FY4, six had reached 70% of their MCH nurses already mentored for PPIUD, while seven districts remained with more than 30% of their MCH nurses yet to be mentored. In Sofala, out of 560 trained and still active MCH nurses registered in the App, 401 (72%) were already mentored for PPIUD and 394 (98% of mentored) passed. Related to the MCH nurse category, in FY4, the same turnaround was solidified for interval IUD insertion mentorship. In Nampula, out of the 914 trained and still active MCH nurses, 682 (75%) were already mentored for interval IUD insertion and 615 (90%) passed; the seven remaining districts with more than 30% of "not yet mentored" MCH nurse, are Lalaua, Memba, Moma, Murrupula, Mossuril, Monapo and Mogovolas. In Sofala, out of 560 MCH nurses trained and still active, 425 (76%) were already mentored for interval IUD and 400 (94%) passed; the seven

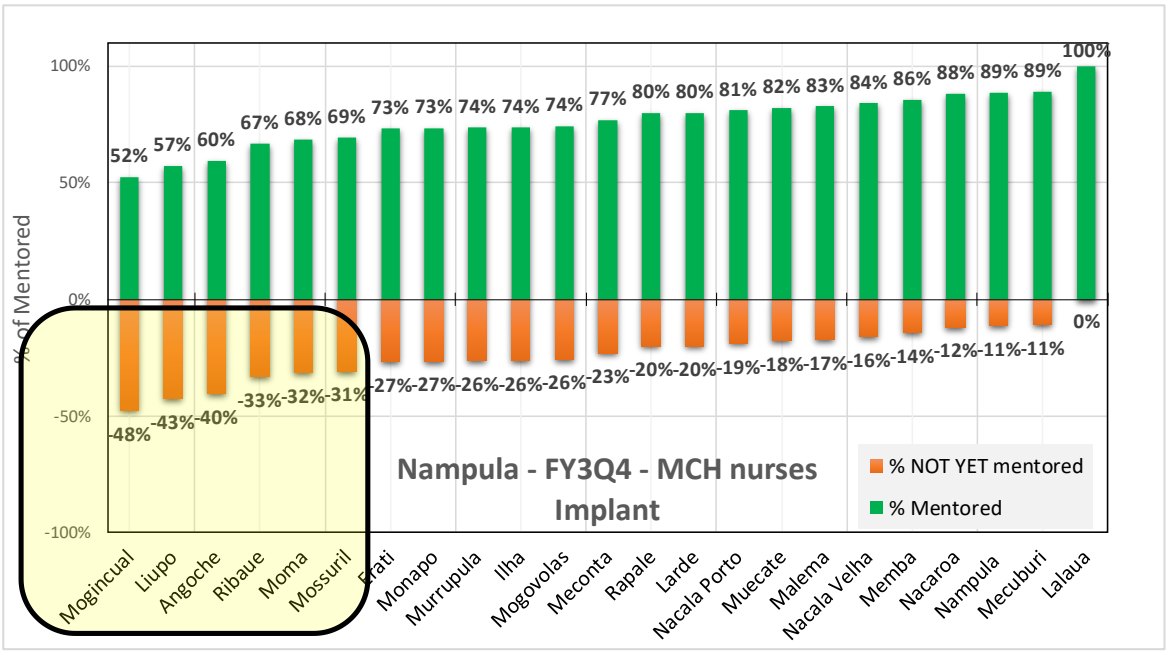
Figures 7a and 7b: Comparison of the proportion of MCH nurses being mentored at end FY3 (7a) and end FY4 (7b) for PP IUD insertion per district in Sofala province:

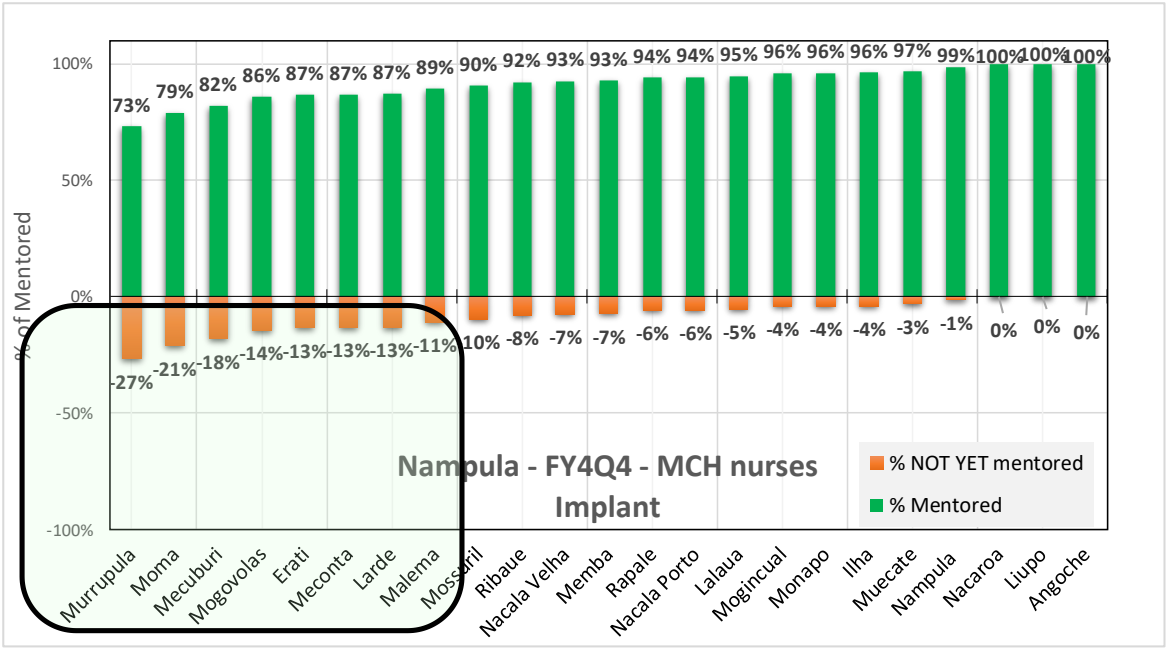




remaining districts with more than 30% of "not yet mentored" MCH nurse, are Nhamatanda, Chemba, Gorongosa, Cheringoma, Caia, Maringue and Muanza. Figures 8a and 8b highlight the progress achieved in Nampula for implant insertion mentorship. For the MCH nurse category: while at end FY3, IFPP had already made notable progresses – only six districts had more than 30% of their

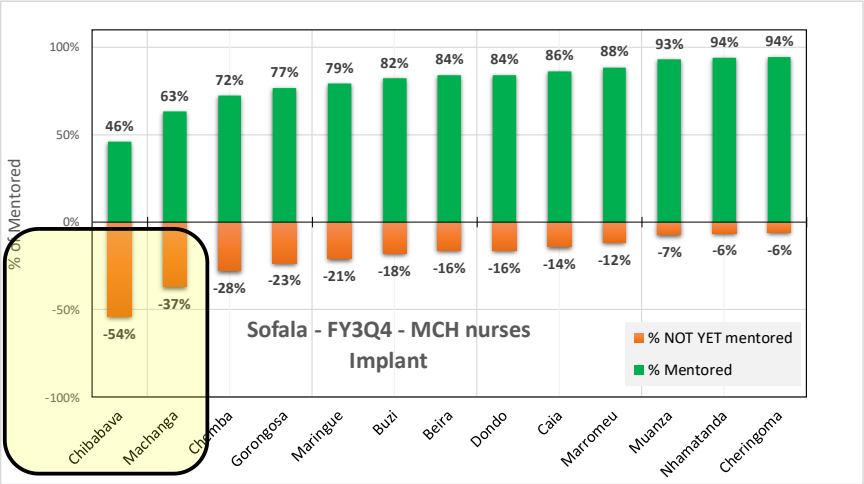
Figures 8a and 8b: Comparison of the proportion of MCH nurses being mentored at end FY3 (8a) and end F Y4 (8b) for implant insertion per district in Nampula province:

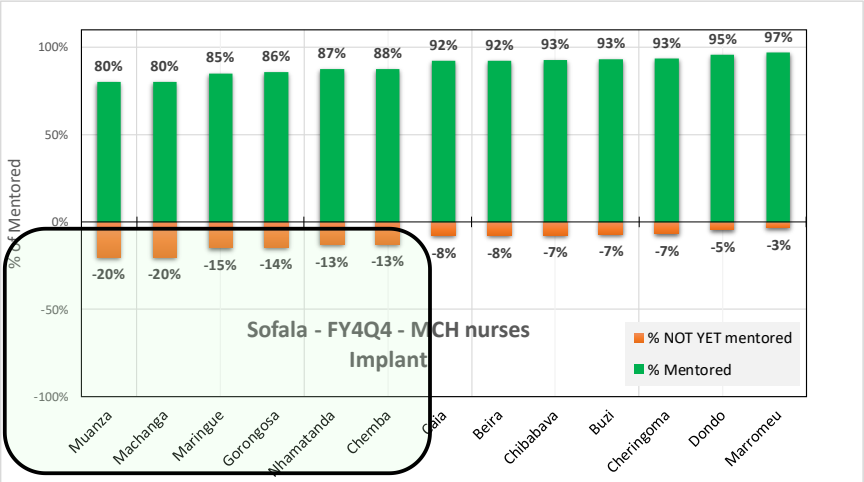




FP trained MCH nurses not yet mentored - at the end of FY4, no district remained with more than 30% of MCH nurses not yet mentored and 15/23 districts had 10% or less of MCH nurses not yet mentored for implant. The remaining eight districts vary between more than 10 % but less than 30%. At the end of FY4, out of 914 MCH nurses trained and still active, 839 were mentored (92%) and 824 HPs (98% of mentored) passed. Similarly, in Sofala province, figures 9a and 9b highlight progress achieved for implant insertion mentorship per district. Overall, at the end of FY4, out of 560 MCH nurses trained and still active, 511 were mentored (91%) and 508 (99% of mentored) passed.

Figures 9a and 9b: Comparison of the proportion of MCH nurses being mentored at end FY3 (9a) and end F Y4 (9b) for implant insertion per district in Sofala province:

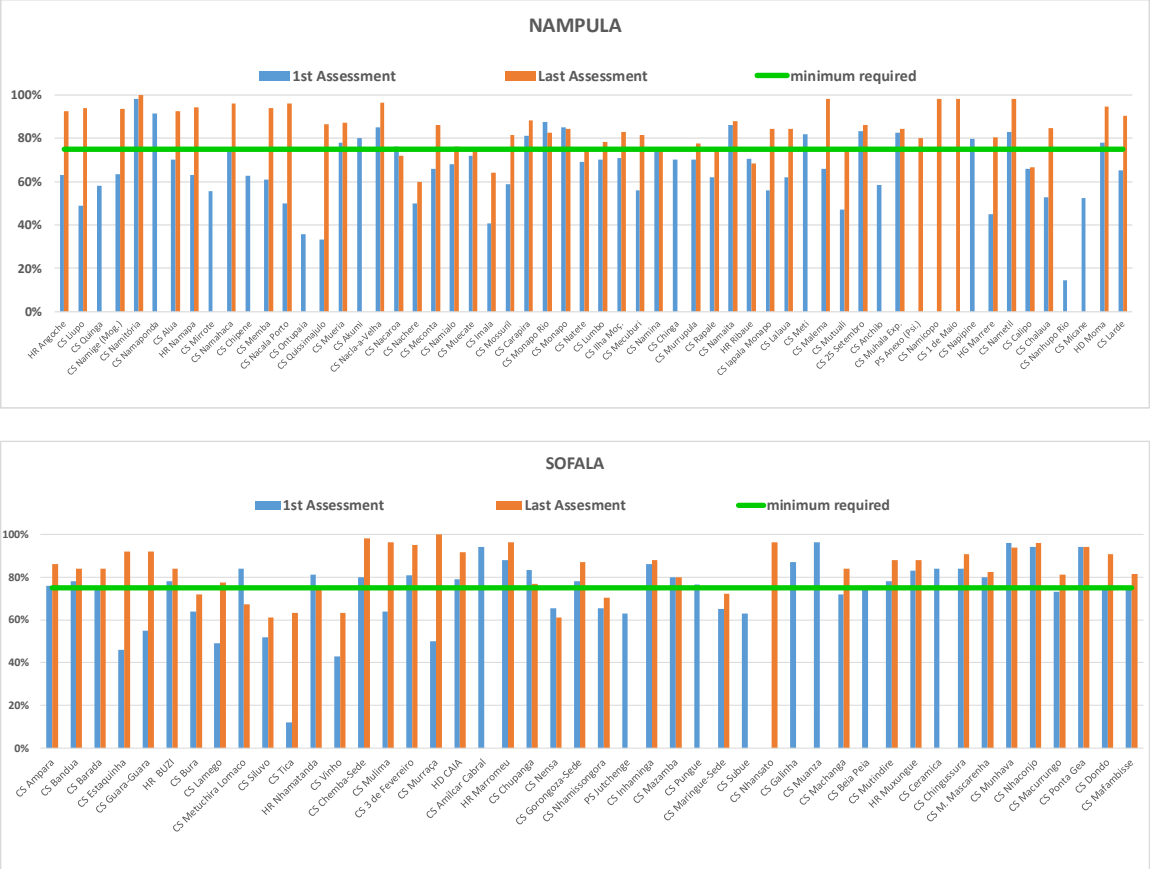




During these last two quarters, IFPP staff prioritized mentorship at the HF level to support HPs during this difficult COVID-19 era. The project will continue to carry out mentorship visits during the daily shift changeover meetings at maternity ward level which provides an opportunity to give parturient women counselling and immediate PPFP, including PPIUD insertions. IFPP can also catch night-shift workers who are otherwise missed for mentorship. This effort will be coupled with MISAU district trainers based at district level as one additional steps towards sustainability of mentorship approach.

Finally, during FY4, the MISAU SRH quality standard tool was applied in 104 HFs, 58 HFs in Nampula province and 46 HFs in Sofala. Sofala started to apply the tool in Q1 FY3 and focused on 32 HFs while Nampula started in Q3 FY3 and focused on 44 HFs. In FY4, both provinces expanded the tool's application. The tool requires on average four hours to be applied. Figures 10a and 10b illustrate the trend between the first and the last assessments per HF. Nampula province should continue its efforts in order to improve global results as at end of FY4, 10% (against 15% at end Q3 FY4) of the HFs with at least one measurement are reaching less than 60% of the standards, 16% (against 30% at end Q3 FY4) are in the range ≥60% to <75%, and 74% (against 55%) of HFs reach the minimum level required (75%). While in Sofala, none (against 5% at end Q3 FY4) of the HFs assessed are reaching less than 60% of the standards, 20% (against 15% at end Q3 FY4) are in the range ≥60% to <75%, and 80% (against 80% at the end of Q3 FY4) are ≥75%.

Figure 10a and 10b: Results of the SRH quality standard tool application by HFs in Nampula and Sofala provinces up to end Q4FY4



Summary of the main observations and recommendations of the mentoring and supervision visits:

- *Technical skills:* Difficulties persist in immediate postpartum method provision, especially for LARCs. The PPIUD insertion technique is the most difficult for HPs and they need more mentorship to improve their self-confidence. For low-volume HF providers, an internship approach has been progressively implemented so that HPs have practicum opportunities at the main district-level HFs.
- *Offering of FP methods at maternity level*: The PPFP counselling at antenatal care (ANC) still needs to be more consistent so missed opportunities are diminished, specifically during ANC visits attended by the couple for HIV screening, further support during mentorship visits will be given at ANC visits.
- *FP integration*: In most of the trained HFs, FP methods are offered, but non-maternal and child health (non-MCH) providers need more follow-up with respect to FP method provision in order to decrease the missed opportunities and increase access to FP methods at the HF level. When providers are transferred or on annual leave, the substitute tends to not follow up on the activity even though they were informed. It was recommended through integrated supervision and mentorship visits that FP focal points and HF directors increase their follow-up and support. The daily and weekly monitoring role of the HF director is particularly important and has been reinforced. In order to support that, IFPP implemented a management training in FY4 (please see section IR3).
- *M&E logbooks*: More SRH/FP logbook daily summaries are filled out correctly when compared 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 or student who is not familiar with the process. Data follow-up by clinical HF heads, on a weekly basis during the HF clinical review meetings continues to be recommended. FP data are reported by each HF responsible and discussed during the quarterly review data meeting at SDSMAS level. The 50 HPs, in Nampula, trained as district trainers for FP during Q3 and Q4 FY3 and the 15 district FP trainers trained in FY4 in Sofala were trained in the correct registration and aggregation of data in the different logbooks for use at national level and contribute to improve data quality.

Experience exchange (Learning) visits between MCH nurses with low LARC volume and those with high volume

Experience exchanges motivate HPs to do more and also to have FP as one of the priorities and share their experience with other HPs improving abilities on both sides. In Beira city, Búzi, Dondo, Cheringoma, Maríngue, Muanza, and Gorongosa district in Sofala and Nacala Porto in Nampula, one week of experience exchange visits between 11 HFs (Q1 FY4), 12 HFs (Q2 FY4), and 15 HFs (Q3 FY4) were carried out involving 67 HPs (Q1 FY4), 23 HPs (Q2 FY4), and 20 HPs (Q3 FY4), resulting in insertion of a total of 320 IUDs (interval and post-partum), 1,091 implants, and offering of 999 injectables and 741 pills.

Strengthening Cervical Cancer Prevention (CECAP) through Integrated Prevention, Testing, and Treatment

Leveraging the opportunity presented by IFPP, Pathfinder supported CECAP activities during the FY4 in close collaboration with HIV partners (ECHO in Sofala and ICAP in Nampula) as strengthening the screening and treatment of HIV positive woman continues to be a challenge. In FY4, in Sofala province, 178 HPs received on the job training, focusing on recently posted HPs. Additionally, the MISAU CECAP quality standard tool was applied in 86 HFs (41 HFs in Nampula and 45 in Sofala) compared to 58 HFs in FY3 (31 and 27 HFs, respectively). Figures 11a and 11b illustrate the trend between the first and the last assessments per HF: Nampula reached the minimum level required (≥75%) in 74% of HFs (against 62% in FY3), 16% of HFs (against 23% in FY3) met the range of ≥60% to <75%, and 10% of HFs (against 15% in FY3) had less than 60% of the standards completed. In Sofala,

Figure 11a: % of CECAP standards achieved by HF assessed in Nampula province at end Q4FY4

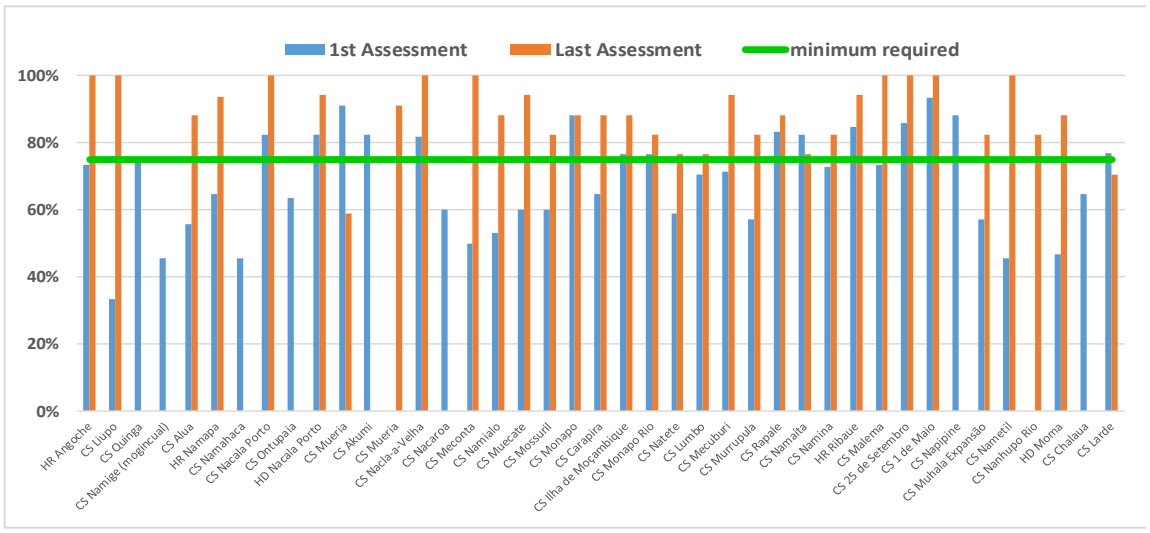
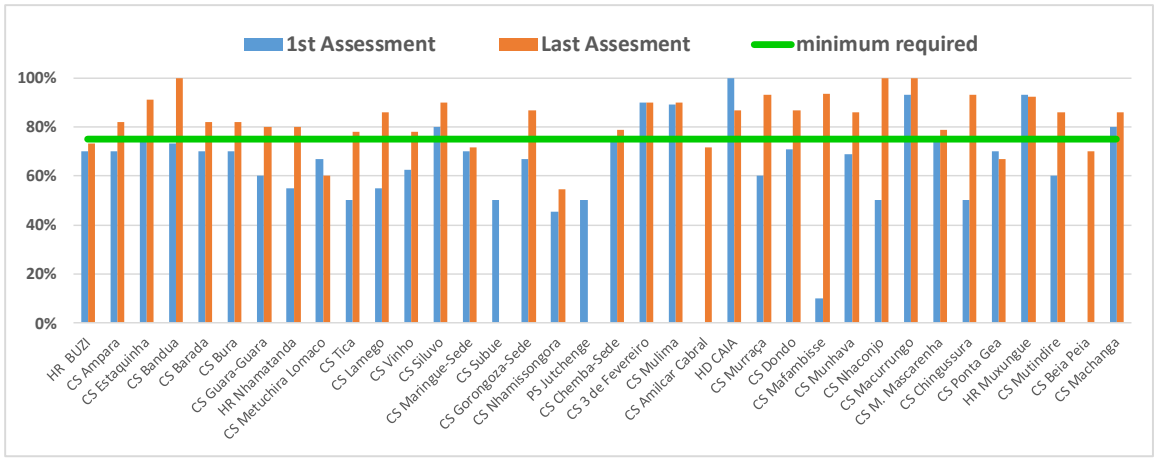


Figure 11b: % of CECAP standards achieved by HF assessed in Sofala province at end Q4FY4



76% of HFs (against 60% in FY3) are ≥75%, 11% of HFs (against 22% in FY3) are in the range ≥60% to <75%, and 13% of HFs (against 18% in FY3) assessed have completed less than 60% of the standards.

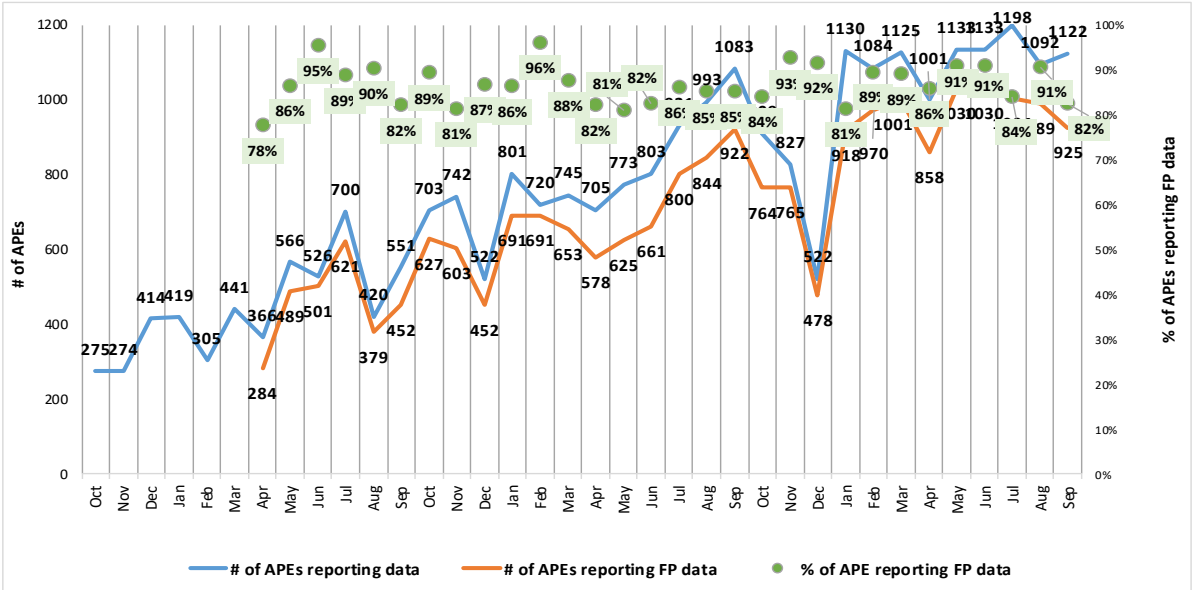
The results are improving and highlight the need to continue a more intensive follow up and support from DPS and clinical partners. IFPP will continue to carry out the CECAP quality standard tool during the next quarters.

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 APEs is a key activity that will increase FP access for the hard to reach, rural populations. APEs are trained on FP through the initial MISAU training. However, the MISAU requested that IFPP strengthen APEs skills and increase support and supervision to effectively integrate FP into their daily tasks. APEs were invited to participate 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 from FY1 to FY3. By the end of FY3, 868 APEs were already trained (316 in Sofala and 552 in Nampula) with the support of IFPP. During FY4, 27 additional APEs were trained in Sofala, totaling 895 APEs trained. The number

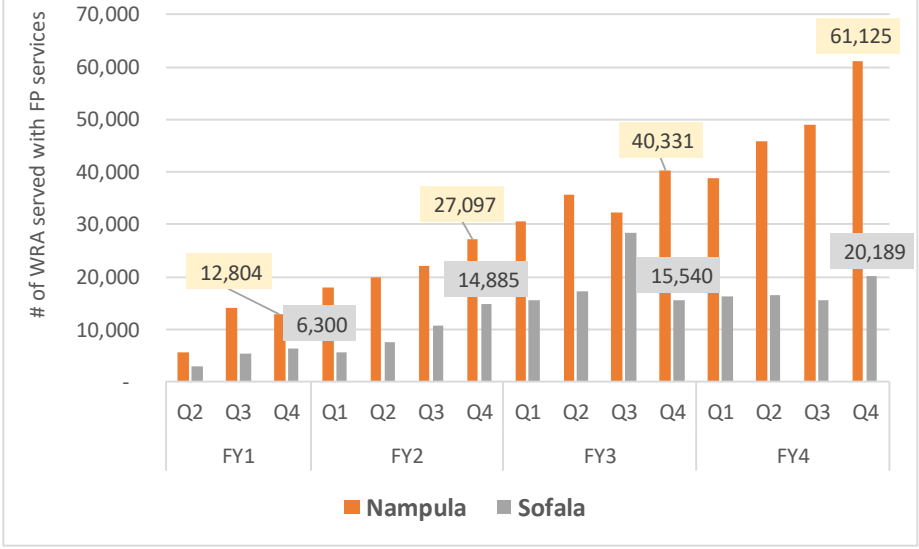
Figure 12: Trends of the # of APEs reporting data, reporting FP data, % of APE reporting FP data, per month, in Nampula province – Oct. 2017 – September2020



of women served through APEs has the potential to increase as detailed analysis per APE is being carried out to identify those struggling to offer FP services. Figure 12 illustrates the growing trends in the number and percentages of APEs reporting FP data compared with the number of APE reporting, in general, activities per month in Nampula. Monthly data reporting has the tendency to be incomplete, as APEs are community based and represent the most peripheral FP service delivered. Therefore, it is directly related to the number of monthly peripheral HF meetings carried out and also the number of APEs traveling from their communities to their catchment HFs every month to

attend this meeting. 925 APEs reported FP data in September 2020 against 284 in October 2018; these 925 APEs represented 82% of the APEs reporting data in general. These numbers can be underestimated as some APE HF data summaries do report women served for FP but do not fulfill the number of APEs having been reporting FP data. Figure 13 illustrates the number of WRA served per quarter throughout IFPP's intervention, highlighting the progress achieved in both provinces. In Sofala, the Q3 FY3 peak of reporting is related to the post-IDAI campaign, but this data should be viewed very cautiously as data over-reporting occurs during campaigns and the gain of users (continuation) is not reflected in the following quarters. In Nampula, the quarterly average number of DMPA users served per APE is around 42, while the average number of oral contraceptive pill users served per APE is around ten per quarter, totaling 52 (72% of the benchmark fixed by MISAU) users served per quarter and per APE. In Sofala, the quarterly average number of DMPA users served per APE is around 34, while the quarterly average number of pill users served per APE is around 20 per month, totaling 54 users. The goal of MISAU is to reach 75 women served per quarter per APE. In FY4, IFPP identified poor performing APEs and designed a complementary three-day curriculum training focusing on FP value clarification and the importance of offering FP methods to adolescents to commence the demographic transition, youth provider and community bias, LARC myths and main side effects, LARC user's rights in regards to removals at HF level, and the importance of male engagement. In Q4 FY4, IFPP district teams started the trainings scheduled to be taught through three successive monthly-small-group sessions of six hours based on experience sharing with championing APEs discussing each topic. In Nampula, all districts started this approach for those APEs with low performance, while in Sofala, 17 APEs completed the training. Additionally, IFPP continues to support provincial and district-level APE supervision—including one-on-one mentorship visits between APEs and MCH nurses from catchment area HFs and district FP trainers, to address individual performance and challenges, and quarterly administrative post-wide meetings among APEs, district supervisors, and HF focal points to analyze data and improve reporting and supplies.

Figure 13: Trends of the # of WRA served per quarter with FP services by APEs reporting FP data in Nampula and Sofala provinces



During FY4, IFPP teams participated in APE administrative post or district's level meetings to review APEs performances alongside the district community engagement officer from NHS. Direct technical assistance was provided to 659 APEs (297 in Sofala and 362 in Nampula) from 152 HFs (96 in Sofala and 56 in Nampula). Additionally, IFPP trained APEs on COVID-19 topics, using MISAU package for community activists in Monapo, Mossuril, Ilha de Moçambique, Muecate, and Nacaroa. Among the APEs, 14 in Nampula were identified as champions in FP service offering. IFPP will continue to strengthen its efforts to support APEs. Therefore, the following activities besides the complementary three-day training for poor performing APEs will continue to be carried out. This will include: 1) increasing supervision visits by IFPP's technical team as well as support to APE supervisors at SDSMAS and DPS level for integrated supervision, FP registration in the APE logbook, referrals to HFs for LARCs, planning for MBs, and management of traditional birth attendants' (TBAs) FP referrals that are directed to APEs; 2) improving supplies of short-term methods available to APEs in both provinces supporting the dissemination of MISAU's recommendations for the distribution of MCH commodities for APEs, as well as clarifying that DMPA-IM injection can be provided by APEs as a substitution when DMPA-SC (Sayana Press) stocks are insufficient; and 3) printing register books and references slips when necessary.

Photo 2 and 3: Monthly capacity building sessions for poor performing APEs and TA Support to APE in filling logbook -Sofala

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).

Table 10 – TBAs trained in FP methods and community sensitization

TBAs trained in FP methods and community sensitization						
	FY1	FY2	FY3	FY4	To date	Grand Total
Nampula	762	79	152	359	1352	1808
Sofala	92	179	72	113	456	

TBAs are trained and supervised by the HF MCH trainers, in partnership with IFPP teams. 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 under IFPP as woman with three or more children). TBAs also engage household influencers and gatekeepers (for example, male partners, and mothers-in-law).

In FY4, IFPP trained 472 additional TBAs (359 in Nampula and 113 in Sofala), totaling 1,808 TBAs trained since the beginning of the project (Table 10).

Photo 4: Mask distribution to PTs before the monthly meeting – Marrere – Q3FY4

This investment was worthwhile, as TBAs seem to be a success story in both provinces. In Nampula, advancing from 1,652 (FY1) to 16,595 (FY2), 29,582 (FY3) and 41,872 in FY4, and in Sofala moving from 486 (FY1) to 4,120 (FY2), 8,163 (FY3) and 13,505 in FY4, totaling a 47% increase in confirmed referrals when compared with FY3. In Nampula province, these efforts were crowned with success as quarterly confirmed referrals reported by TBAs has jumped from 537 (Q1 FY2) to 9,208 confirmed referrals in Q2 FY4, and to 11,858 in Q3 FY4. During Q3 FY4, in Nampula, an average of 102 out of the 149 HFs that have trained TBAs reported confirmed TBA referrals, and 106 out of 118 HFs in Sofala reported confirmed TBA referrals.

When analyzing the confirmed referrals by specific subgroups in Nampula province, adolescents without children appear as a specific sub-group for referrals. This number has steadily increased from 1,144 (Q2 FY3) to 2,511 (Q4 FY4), representing on average, 20% of all confirmed referrals carried out by TBAs – an outstanding result as it illustrates the impact that TBAs can have on adolescents without children. In Sofala, adolescent without children represents 24% of all referrals in Q4 FY4, against 19% in Q3 FY4. In Sofala province, the 456 trained TBAs are spread across 127 rural HF catchment areas and not all HFs have a focal point trained as a TBA trainer. Therefore, monthly review meetings between the HF MCH nurse and TBAs is more difficult to organize. During Q4 FY4, 4,568 (78%) FP referrals were confirmed at HFs, an increase in the number of referrals made but a slight decrease in the percent of confirmed referrals when compared with Q3 FY4 with 3,605 (81%). Technical assistance was provided in 118 HFs in Sofala Province during FY4 in order to support NHS nurses to hold these meetings. Many TBAs are high performers and committed to providing FP information and referrals to all women of reproductive age. IFPP is promoting success stories among TBAs who lower performers in an attempt to share experiences and motivate them.

In both provinces, in Q4 FY4, 580 TBA meetings (308 in Sofala and 272 in Nampula) were carried out in 233 HFs (118 in Sofala and 115 in Nampula) out of a total of 299 HFs with trained TBAs (127 in Sofala and 172 in Nampula), to analyze and share the data and receive technical assistance to improve they work in the communities.

Interpersonal Communication (IPC) Agent Training

The project's urban demand creation strategy builds on the "TEM mais" or private clinic network (TEM+) model already used by PSI, which seeks to share information and create demand for FP directly at the household and community level through home visits and community meetings. Table 11 describes the number of IPC agents trained since the start of IFPP, illustrating the high number of trainees for Sofala province in FY3. At the end of Q2, the IPC agents were oriented to include additional priority activities such as water and sanitation awareness and ended up in other post-emergency NGOs. In Q3 FY4, 20 additional IPC agents were trained in Sofala, while no new IPC agent were trained in Q4 FY4. In addition to the initial trainings, monthly updates are carried out to increase IPC agents' abilities to use the updated version of the digital platform *"Connect with Sarah"* (CwS) which operates on a more advanced cell phone model (VODAFONE SMART E9) and allows IPC agents to follow-up with WRA and their families. Monthly technical updates are also provided with focus on the importance of FP compliance, client follow-up, reporting behavior change barriers met at each household visited, and involvement of community leadership to conduct male group sensitization.

Table 11: # of IPC agents trained, by province

	FY1	FY2	FY3	FY4	Total to date
NAMPULA	39	95	27	35	**196**
SOFALA	45	48	86	20	**199**

Impact of COVID-19 and how IFPP adapted its intervention this Q3 FY4 and Q4 FY4

In the first week of April, the urban component developed a plan to adapt the demand creation activities to the COVID-19 context, revising the responsibilities of each team member. It should be noted that at the onset of the state of emergency, the community leaders as well as some families understood that people should not work and should stay at home. IPC agents were prohibited from visiting their homes. Meetings were needed at various levels to adjust the positions and clarify with nearby community leaders what the role of the IPC agents and community assistants would be in the field. At the same time, all IPC agents were trained about COVID-19 prevention messages and how to include them into their daily FP activities; protective material for IPCs agents (masks) and individual prevention measures (social distancing and hand washing) were promoted in their daily activities; messages underscore the importance of not interrupting FP, particularly during this time of uncertainty and the increase in cost-living; the IPC agents shared their CwS number with their clients to be more easily reachable for further counselling, accompanied referrals or short-term methods provision. In order to ensure continuity of short-term contraceptive methods, authorization to provide these methods was requested from respective DPS. As a result, pills were immediately authorized while Sayana Press application was dependent upon IPC agents training. These trainings were carried out in Q4 FY4 in

Photos (5 to 14) illustrating different activities carried out in the Beira, Mafambisse (Sofala) and Nampula; sessions for IPC and door-to-door sessions in the context of physical distancing due to COVID-19; IPC agent meeting and CBD in Angoche,

Nampula province. The Community Contraceptive Distribution (CBD) activities consist of the implementation of three key activities: (i) scheduling the offer of services during door-to-door visits by IPC agents; (ii) receiving the CwS and HF lists for locating the users of the following consultations in the neighborhoods already mapped; and (iii) providing short-term methods to eligible users during IPC sessions carried out through door-to-door visits. With this strategy, it is expected that IPC agents (i) will receive an agenda with a list and date of beneficiaries to be served, (ii) locate and visit beneficiaries to offer CBD services and schedule the next visit in CwS and in the registration book, and (iii) offers services to all eligible beneficiaries at the time of the door-to-door visit. Sofala province started offering CBD services in June 2020, followed by Nampula in September 2020. In a first phase, the service was provided only in areas where TEM+ clinics are operating (Matapue, Urban HF in Nacala, and Napipine in Nampula and Dondo, Mafambisse, and Matacuane in Sofala). During this quarter, in Sofala, 136 CBD visits were planned to offer FP services through door-to-door visits. IPC agents offered 270 pill cycles during these visits and ICP sessions. In Nampula, 524 CBD visits were planned and 41 pills cycles and 96 Sayana Press injectables were offered during the door-to-door visits. As this was the first quarter of services offered by IPC agents, it is expected that the number of users who will benefit from CBD during the following quarters will increase.

The use of alternative modes of communication such as Zoom, Microsoft Teams, Skype, and WhatsApp was expanded within the community team and used to share guidance about FP programming and COVID-19 prevention and integration into their daily FP sensitization activities. Therefore, in Q3 FY4, PSI in partnership with MISAU, produced a video about COVID-19 to be shared at the beginning of each counselling session. Follow-up and support of IPC agents through community IPC assistants was strengthened during the two last quarters of FY4.

"Connect with Sarah" App (CwS)

The *"Connect with Sarah"* platform was introduced at the end of FY2 to strengthen client's registration, the number of sessions, follow-up of references and identify family's subgroups with similar barriers for family acceptance to design additional strategies for demand generation activities.

The IPC agents register the client and document the different interactions carried out during the year which will strengthen the follow-up of clients, improve registration of clients' FP needs, collect client feedback on the services provided and track the referrals. As this App works on smartphones equipped with an android system, geo-location of the households is required and eases IFPP's internal audits and IPCs return visits. The App is being used by both IPC agents and HPs. To improve the performance of the CWS App, updates were made to the App of the PSC and the nurses, accompanied by clarification sessions in the field.

Mapping of IPCs agents

IFPP updated and redesigned its urban community mobilization and counselling strategy in Q4 FY2 has been implemented it since the beginning of FY3. IPC agents were redistributed in pre-selected

neighborhoods with the objective to progressively reach 100% of WRA for FP counseling and further follow-up. Working meetings were held and will continue to be carried out with the community leaders (CLs). In Nampula city, the IPC agents are distributed in six administrative posts and 14 boroughs: in Murrupula, in one administrative post and six boroughs; in Angoche city, in one administrative post and 15 boroughs; in Nacala Porto city, in one administrative post and in ten boroughs; in Ilha de Moçambique, in two administrative post and three boroughs; in Beira city, in four administrative posts and 18 boroughs; and in Dondo, in two administrative posts and six boroughs. Each IPC agent is covering a geographical area of about 10,000 inhabitants with the objective to cover all households with home-based visits. These IPC agents are supported by 15 community assistants (IFPP staff) to mobilize the community leadership and conduct male group sensitization for families presenting specific socio-cultural and religious barriers. The model is quite intensive but aims to create FP demand within households presenting high levels of barriers.

Table 12: Trends in urban demand creation component throughout FY3 and FY4

URBAN INTERVENTION	FY3	FY4	Total
# of sessions	154,693	462,454	617,147
# of unique WRA registered in the App	112,350	225,891	338,241
# of WRA registered in CwS not using FP	45,033	95,092	140,125
# of WRA registered in CwS using FP	67,317	130,799	198,116
% of FP users	60%	58%	59%
# of WRA that became users after IPC's intervention at end FY3 and end FY4	7,193	30,235	37,428
% of WRA that became users	6%	13%	11%
	7,193/112,350	30,235/225.891	37,428/338,241
# of WRA that became a LARC users after IPC's intervention	1075	7447	8,522
% of WRA that became LARC users after IPC's intervention (denominator = WRA registered in CwS)	1.0%	3.3%	2.5%
% of WRA that became LARC users after IPC's intervention (denominator = WRA that became a FP user in CwS after community intervention)	15%	25%	23%
	1,075/7,193	7,447/30,235	8,522/37,428

Table 12 compares FY3 and FY4 data highlighting continuous improvement in the demand creation actions as the number of sessions carried out increased from 154,693 in FY3 to 462,454 in FY4, the number of unique WRA registered in the App from 112,350 (FY3) to 225,891 (FY4), the number of WRA that became users after IPC's intervention from 7,193 (FY3) to 30,235 (FY4); the efficiency also increased considerably as, while during FY3, 6% of unique WRA visited, counseled and registered in CwS became a FP user, during FY4, 13% of unique WRA visited, counseled and registered in CwS became a FP user; most notably, out of these WRA who became a FP after IPC's intervention, 15% became a LARC users in FY3 and 25% in FY4.

In Sofala, due to IDAI (Q2 FY3) and the post-emergency phase (Q3FY3), systematic mapping had to be carried out again in Q4 FY3 to ensure coverage of WRA who, due to the cyclone, moved from one neighborhood to another and those settling in new neighborhoods after IDAI. Therefore, Table 12 takes into account only the data from Q4 FY3 for Sofala while the entire FY3 was accounted for in Nampula. IFPP, at beginning of FY3, had planned to visit, counsel, and register 337,500 unique WRA

in predefined areas up to the end of the LOP. At the end FY4, 338,241 were already visited, counselled, and registered in CwS (100% of our planned target). The use of the data-to-action framework methodology by the community assistants in monitoring IPC agents' activities supports the daily planning sessions with the IPC agents. Based on the previous results, IPC agents focused on the community assistant's recommendations to prioritize activities according to the daily results expected such as (1) MB planning and implementation in close collaboration with CLs and targeting blocks where counseling beneficiaries reported concerns to go to HFs, (2) IPC agent follow-up visits prioritizing beneficiaries without confirmed referrals, and (3) support to HPs for referrals confirmation.

Since Q1 FY4, IFPP urban demand creation component has complemented their home-based visits with an in-door HF-based sensitization strategy to diminish FP offering and missed opportunities at HF level and refer them to FP services either at SRH or outpatient consultations to boost the FP service offering, within nine HFs (six in Nampula and three in Sofala). Table 13 illustrated the results achieved per province and for both provinces, throughout the FY4. A total of 25,845 WRA were counselled and received an in-door HF-referral for FP by IPC agents posted at HF level (called "*mobilizadores"*).

Table 13: Results achieved per HF by IPC agents posted at HF level in FY4

	Type of WRA	Referrals delivered	Referrals confirmed	% of confirmed referrals	# of WRA receiving a FP method	% of WRA receiving a method	# of LARC users	% of LARC users
Nampula	WRA not FP user	3,477	3,329	96%	3,001	86%	382	13%
	WRA FP user	17,150	15,852	92%	15,373	90%	240	2%
	Total WRA	20,627	19,181	93%	18,374	89%	622	3%
Sofala	WRA not FP user	1,791	1,665	93%	1,524	85%	537	35%
	WRA FP user	3,427	3,242	95%	3,097	90%	106	3%
	Total WRA	5,218	4,907	94%	4,621	89%	643	14%
Both provinces	**WRA not FP user**	**5,268**	**4,994**	**95%**	**4,525**	**86%**	**919**	**20%**
	WRA FP user	**20,577**	**19,094**	**93%**	**18,470**	**90%**	**346**	**2%**
	Total WRA	**25,845**	**24,088**	**93%**	**22,995**	**89%**	**1,265**	**6%**

Out of these 25,845 WRA, 24,088 (93%) presented their referrals to the HPs and 22,995 (89%) exited the consultation room with a FP method. Out of these 22,995 WRA, 1,265 choose a LARC (6%); interestingly, for the cohort of WRA who are not a FP user, 20% accepted a LARC (13% in Nampula and 35% in Sofala). Also, WRA who already are FP users were also counseled either to continue their current method or to shift to another method of choice based on fertility intentions, strengthening like this, the FP continuation rate among users. Figure 12 illustrated the results per HF benefiting from an IPC agent posted at HF level in FY4. This further shows how the in-door HF FP strategy focusing on HFs with high volume has the potential to reduce missed opportunities and decrease unmet needs.

This Q4 FY4, IFPP carried out specific MBs in the urban settings highly synchronized with the IPC agents' activities. As referred beneficiaries reported difficulties in accessing HFs due to COVID-19, specific MBs were organized targeting pre-registered beneficiaries contributing to increasing the efficiency of the urban demand generation component. Table 14 illustrates the trends throughout

the quarters of FY4, and highlights the progress achieved including; support from CLs to mobilize activities was key throughout the quarters. The average number of beneficiaries served was 28 per MB and the average percentage of WRA choosing LARC was nearly 15%. It is expected that these MBs will be repeated as the IPC agents are entering in new boroughs and blocks of houses. Furthermore, in Nacala Porto, MBs were not authorized to be carried from the onset of the pandemic. Additionally, the community assistants and the PSCs to organize and accompany groups of WRA having received a community referral to HFs removing like this beneficiary's apprehension and concerns and increasing access to FP services.

Table 14: Results achieved thru Urban MB in Nampula and Sofala

Quarters	Provinces	# de BM carried out	# of users served	LARC users	% of LARC users	Average # of participants per MB
Q1FY4	Nampula	15	428			29
	Sofala					
	Total	15	428			29
Q2FY4	Nampula	17	670	236	35%	39
	Sofala					
	Total	17	670	236	35%	39
Q3FY4	Nampula	59	1,623	76	5%	28
	Sofala	115	2,750	571	21%	24
	Total	174	4,373	647	15%	25
Q4FY4	Nampula	104	3,222	231	7%	31
	Sofala	134	3,613	634	18%	27
	Total	238	6,835	865	13%	29
Total		444	12,306	1748	15%	28

Community Facilitators (CF) training

During Q4FY4, 45 facilitators who substitute the ones who had dropped-out as some of the areas of intervention moved to new counties ("*localidades*") and others due to poor performance, were trained. It was noticed by the team of trainers that, despite the recently posted CFs having undergone on-the-field induction and on-the-job training, these three-day small group trainings were relevant to standardize approaches and consolidate contents such as demand generation methodologies and M&E instruments as well as the necessary skills to conduct successfully small groups.

Photo 15: Training of CF in Mogovolas district

Targeted Mobile Brigades (MBs) for priority populations

September 26th being the World Contraception Day, IFPP and partners launched a week of communication to spread the word and raise awareness about contraception and safe sex and carried out a more intensive MBs

Photo 16 and 17: Provincial launch of the September 2020 contraception week attended by Governor's wife and Secretary of State's husband in Sofala province.

program to help each new generation of adults make informed decisions until every pregnancy in the world is a planned one.

Table 15: Trends of MBs carried out along the quarters during FY4 in Nampula and Sofala

Provinces	Q1	Q2	Q3	Q4	Total FY4	Target FY4	% achieved
Nampula	280	383	37	561	1261		
Sofala	543	286	244	549	1622		
Total	**823**	**669**	**281**	**1110**	**2883**	**3160**	**91%**

Furthermore, as MBs were heavily impacted by COVID-19, restrictions in Q3 FY4 (only 281 MBs), IFPP doubled its efforts in Q4 FY4 as illustrated in Table 15. During Q4 FY4, 1,110 MBs were carried out (561 in Nampula and 549 in Sofala). Out of these 1,110 MBs, none took place in schools this quarter due to COVID-19 restrictions while 399 (against 13 in Q3, 120 in Q2, and 24 in Q1) were synchronized with community dialogues targeting more and more remote and disperse areas (Table 16). MBs were carried out with the timing of the 4th, 5th, or 6th community dialogue session. Table 16 highlights the notable improvements achieved and the importance of this service being coordinated with dialogues in hard to reach areas as the communities are sensitized on the FP benefits, LARCs, and short-term methods, and CFs, in coordination and with the support of the respective village's Community Leader Councils (CLCs), mobilize, counsel and invite families (increase of CFs referrals distribution) to MBs. It is interesting to notice that in these remote rural areas, 19% of MB beneficiaries choose a LARC. Community Dialogue's synchronized MBs strong points include: (i) offering FP services to

Table 16: detailed focus on community dialogue synchronized MBs in Nampula province per district – Q4FY4

District	# of CFs pairs per district	# of Mobile Brigades			Contraception method choosen						Average # of users per MB
		Planned	Realized	comple-tion rate (%)	# of users	IUD	DEPO	Implant	Pills	LARC %	
Angoche	4	12	4	33%	121	0	71	27	23	22%	30
Erati	6	18	17	94%	499	0	314	54	131	11%	29
Ilha Moç.	1	3	1	33%	41	0	23	11	7	27%	41
Lalaua	1	3	3	100%	166	0	125	23	18	14%	55
Lardes	2	6	5	83%	522	16	216	175	115	37%	104
Liupo	2	6	6	100%	290	0	175	55	60	19%	48
Malema	4	12	12	100%	357	0	246	88	23	25%	30
Meconta	6	18	13	72%	568	0	437	12	119	2%	44
Mecuburi	5	15	16	107%	792	0	436	205	151	26%	50
Memba	7	21	16	76%	526	0	216	79	231	15%	33
Mogincual	2	6	6	100%	117	0	66	25	26	21%	20
Mogovolas	6	18	18	100%	393	1	190	103	99	26%	22
Moma	3	9	6	67%	100	7	27	65	1	72%	17
Monapo	5	15	13	87%	424	0	243	62	119	15%	33
Mossuril	2	12	11	92%	636	0	302	189	145	30%	58
Muecate	2	6	12	200%	250	1	134	37	78	15%	21
Murrupula	1	3	2	67%	525	2	292	117	114	23%	263
N.Velha	3	9	8	89%	251	0	161	45	45	18%	31
Nacaroa	3	9	18	200%	430	6	323	35	66	10%	24
Rapale	3	12	12	100%	691	0	525	41	125	6%	58
Ribaue	4	12	12	100%	290	0	213	25	52	9%	24
Total	**72**	**225**	**211**	**94%**	**7,989**	**33**	**4,735**	**1,473**	**1,748**	**19%**	**38**

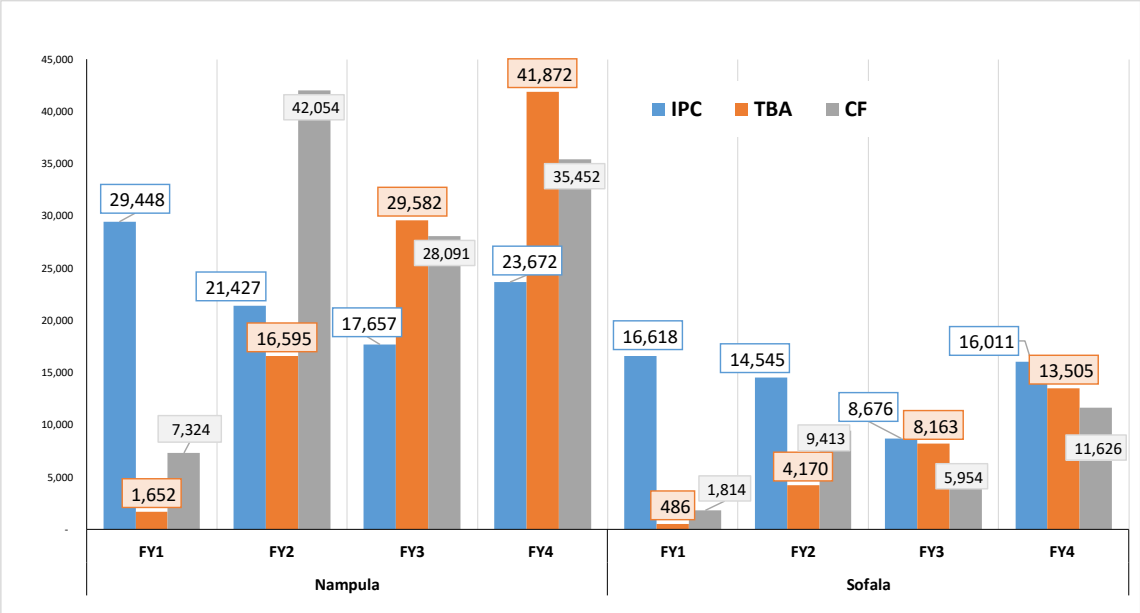
communities that have never had the opportunity to receive a MB; (ii) CLs valuing the MBs coming in and supporting actively mobilization; (iii) increases in FP service credibility; (iv) WRA valuing the availability of LARCs (Implanon), (v) offering of additional health services that attract men and elderly who attend the MBs and accompany their wives; and (vi) boosting CFs confirmed referrals. In remote communities where an APE is already delivering FP services, close collaboration is carried out for the programming, as well as the implementation of the MB. During the day of the MB, in APEs' communities, short-term method clients are served by APEs and registered in their logbook. This will help ensure short-term method users continue use of their chosen method. During all MBs, FP consultations inform clients about their rights as well as the potential side-effects and complications of FP methods and what are the next steps that users should carried out, including in case of LARC removal.

Out of the 1,110 MBs carried out in Q4 FY4, 101 were MBs in predefined locations along the main roads (against 12 in Q3, 94 in Q2, and 254 in Q1) aiming to ensure continuity and focusing on mobilizing adolescents out-of-school and in-school who were confronted with a lack of access due to COVID-19's effect on schools closing. Additionally, 502 MBs were rolled out in select rural fixed points to reduce the well-known accessibility barriers.

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

Figure 14 describes the trends in the number of confirmed referrals by the type of community health worker (CHW), quarter, fiscal year, and province.

Figure 14: Trends in # of confirmed referrals as 'attended at HF' by province, from Oct. 2016 to September 2020, by provinces and demand creation community worker type



This graph highlights how much the community component was involved in maintaining and even increasing the number of confirmed referrals at HF and MB levels during this COVID-19 state of emergency. Both provinces succeeded in adapting their strategies in order to accompany their referrals until HFs, diminishing anxiety and concerns of beneficiaries. It is worthful to highlight the strong turn around in referral rates during FY4 by Sofala's urban component, which was affected in FY3 by IDAI, totaling to 8,373 confirmed referrals in Q4 compared to 6,008 in Q3, 1,051 in Q2, and 579 in Q1. FY4 ended with a total of 16,011 confirmed referrals; an 84% increase when compared with FY3.

TBAs seems a success story either in Nampula advancing from 1,652 (FY1) to 16,595 (FY2), 29,582 (FY3) and 41,872 in FY4 – or in Sofala moving from 486 (FY1) to 4,120 (FY2), 8,163 (FY3) and 13,505 in FY4, totaling a 47% increase when compared with FY3; In Sofala during FY3 a total of 15,299 referrals were made and 10,874 were confirmed at HF (71% of confirmation rate) and in FY4 a total 17,381 referrals made and 13,633 confirmed (78% confirmation rate). There was an increase in 25% in the referrals confirmed at HF. In Nampula during FY3 a total of 23,668 referrals were made and

21,088 were confirmed at HF (89% of confirmation) and in FY4 a total 47,706 referrals made and 42,140 confirmed (88% confirmation rate). There was an increase in 99% in the referrals confirmed at HF. IFPP will further document this success in FY5. In Q4 FY4, FP trainings planned in Q3 but postponed due to COVID-19 pandemic, were conducted reaching 121 TBAs in Nampula and 48 in Sofala, totaling to 169. Overall, the demand creation community workers ensure 142,138 confirmed referrals for HFs or MBs spots in FY4 against 98,123 in FY3 (IDAI), 108,204 in FY2, and 90,534 in FY1, totaling, at end of FY4, 438,999 confirmed referrals. In addition, 24,088 in-facility confirmed referrals (see Table 13 on page 41) were carried out by IPC agents posted at big HFs, but not aggregated in the 438,999 above total. At the beginning of Y3, IFPP introduced the CwS digital platform focusing on door-to-door visits and requiring the geo-localization of the households, easing IFPP's internal audits, IPCs return visits, and all referrals became electronic, most likely explaining the drop of confirmed referrals between FY2 and FY3; this increase in number of referrals delivered and referrals confirmed at HF's level is the result of following activities: (i) the introduction of MBs in blocks where MIF's report barriers to access and waiting time for assistance at the Health Unit, (ii) the presence of mobilizers in some of the HFs guiding the WRA arriving with a community-based referral either at the FP consultation or at others consultations offering integrated FP service; (iii) the regular visits by the Community Assistant to support MCH nurses in App password validation; (iv) the reinforcement of digital messages to all women enrolled in the OES study who have received a community-based referral, reminding them to carry out their referrals. In FY4, through the rural demand creation component led by the community facilitators, 47,078 referrals were confirmed at HF's level against 34,045 in FY3, an increase of 138% related to the synchronized mobile brigade's strategy.

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

Strategies established for remaining FY5 to continuously increase uptake of FP services at HF level include:

- Continue the innovative facility **peer twinning strategy** in Y4, enabling peer-to-peer learning and development as part of the quality improvement process;
- Increase nightshift mentoring activities involving trained district trainers;
- Analyze each provider effort (either at SRH consultation, maternity ward, or Integration), to easily work with each of them to improve and provide additional mentoring;
- Carry out, for low-volume HF providers, an internship approach so that they have practicum opportunities at the main district-level HF for implant, IUD, and PPIUD, observing recommended measures in-light of COVID-19 scenario;
- Organize additional specific in-service training for the providers, including addressing adolescent and youth issues, who have already been trained through IFPP but identified as poorly performing in post-training period through mentorship (3-days advanced FP updates);
- Carry out on-the-job training for the recently posted eligible HP when they are volunteers or contracted by HIV partners (ECHO, ICAP) or recently recruited by the DPS in order to comply with government recommendations under COVID – 19;

- Organize in compliance with the MISAU community implementation activities guideline and carry out with the support of the CLs, the synchronized MBs with the demand generation activities at individual and community level;
- Implement with the respective DPS and strengthen the offering of pills and Sayana Press through the IPC agents in urban settings - where APEs do not exist - to mitigate the lack of accessibility to HFs due to the COVID-19 pandemic;
- Refresh all community actors such as IPC agents, CFs, TBAs, and APEs in national community package for COVID-19 prevention and mitigation.

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

During Q4 FY4, a total of 291,661 female contacts have been reported, a 31% increase when compared to Q3 FY4 (222,477), totaling 856,381 at end of the FY4 and surpassing by 63% the result achieved in entire FY3 (524,166 contacts).

Rural Community Facilitators (CF)

Photo 18: Community Dialogue session

During Q4 FY4, a total of 117,261 contacts (49,958 in Sofala and 67,303 in Nampula) with women were carried out; an increase of 90% when compared with Q3 FY4. Q3 FY4 was mainly influenced by COVID-19: in Nampula, CFs were prevented from carrying out community dialogue groups during the first six weeks of the quarter due to the COVID-19 state of emergency, however in Sofala, community authorities were more flexible and three weeks after the declaration of the state of emergency CFs were authorized to resume activities. Nevertheless, as soon as government and community partners were reassured that preventive measures would be respected, CFs subdivided the groups of 24 participants into two-twelve participants sub-groups. They had to carry out two sessions instead of one for the 24 participant group to address each of the six community dialogue sessions, multiplying their time for implementation. When compared with Q3FY4, CFs in Nampula carried out 415 groups (48% of the planned Q3 target), and in Sofala CFs carried out 430 groups (78% of the target). During Q4 FY4, CFs in Nampula carried out 1,278 groups and 1,155 in Sofala, an 187% increase.

Traditional Birth Attendants (TBA)

As mentioned above in Sub IR1.2, at the end of Q4 FY4, 1,808 TBAs were trained and most were implementing regular sensitization activities at the community level. Because TBAs do not report

female contacts, IFPP only reported the number of women referred to HFs. This Q4FY4, 23,705 women received a referral and were reported as contacts, a 39% increase when compared to Q3 FY4. During FY4, 65,186 women received a referral and were reported as contacts.

Interpersonal Communication Agent (IPC)

During Q4 FY4, IPC agents reported 154,965 WRA contacts, an increase of 8% when compared with Q3 FY4 and representing 53% of all female contacts reported by IFPP in Q4 FY4. During FY4, a total of 461,836 WRA contacts were made by IPC agents.

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

To contribute to IR2, IFPP through the rural community component (supported by N'weti) implements a systematic community dialogue process which involves groups of key CLs and influencers. The rationale behind the community dialogues is to address social and gender norms and drivers behind the lack of use of modern FP. Also, with the support of the urban community component (support by PSI), CLs in urban settings are trained and sensitized on the importance of the FP national program, and further involved to organize groups either with men and/or women expressing strong opinions against the national FP program. The rationale 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

In rural settings, to boost local leadership involvement in the areas in which CFs are facing a deficit, 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 *Conselho Local da Localidade* (CLL, Locality's local council). CLCs are 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.

Photo 19: CLL meeting in Dondo district Q3FY4

With the introduction of restrictive measures due to the state of emergency, CLs supported IPC agents and community assistants in organizing their sessions by strengthening the COVID-19 prevention

Table 17: Distribution of the CLL meetings by province, quarter and FY

PROVINCES	Q2 FY2	Q3 FY2	Q4 FY2	Q1 FY3	Q2 FY3	Q3 FY3	Q4 FY3	Q1 FY4	Q2 FY4	Q3 FY4	Q4 FY4
Nampula	26	5	8	18	8	12	29	48	39	30	80
Sofala	14	6	5	6	10	6	16	40	19	47	27
Total	**40**	**11**	**13**	**24**	**18**	**18**	**45**	**88**	**58**	**77**	**107**
	64			**105**				**330**			

measures and mobilizing the community to join the IPC activities as they also addressed messages from prevention of COVID-19. This was particularly notable in Sofala.

As illustrated in Table 17, in FY4, IFPP carried out 330 CLL one-day meetings (197 in Nampula and 133 in Sofala) against 105 in FY3 (67 in Nampula and 38 in Sofala) and 64 in FY2, highlighting the key importance that IFPP is giving to carry out these bi-annual meetings regularly, strengthening the accountability culture among the CLL members, and holding them responsible for leading an enabling environment within their communities.

The main objective of these meetings is to strengthen the CLLs' abilities to lead an enabling environment for FP behavior change within areas where IFPP is carrying out community dialogues sessions that involve CLs from CLCs, and promoting social norms favorable to FP/RH and HTSP. These meetings strengthen the CLL leadership to increase the community participation in community dialogues, MBs, and CSCs. The HF Director, the MCH responsible, as well as the provider in charge of community involvement are invited to be the main orators in the facilitation. The main points discussed are the activities carried out within the specific county led by each CLL, and the progress achieved since the last bi-annual meeting based on community-based and HF-based data. The final exercise is the adjustment of activities planned for the next semester, including community dialogues, MBs, CSC follow-ups, and CMC operationalization. Topics such as adolescent's contraception, early and forced marriage, and post-partum contraception are discussed, and progress achieved is assessed. Additionally, linkages between early pregnancy, girl's level of education, and poverty are highlighted.

CLs expressed their satisfaction with regards to the meetings and content. 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 and mosques to spread the FP messages, and to disseminate FP messages in communities.

Additionally, the involvement of men and women champions in the community dialogue sessions for CLCs and in the community radio program was instrumental. During Q4 FY4, 2,433 community dialogue groups (1,278 in Nampula and 1,155 in Sofala) compared to 845 (Q3) and 1,212 (Q2), attending six session each, were completed.

In the urban settings, Community Assistants together with the CLs and the IPC agents, organized different groups in order to create an enabling environment for demand creation, particularly focusing on men women and couples having strong beliefs against the use of FP, as summarized in Table 18. During FY4, 1,681 CLs distributed into 250 groups attended the sensitization sessions related to SRHR and FP. IFPP highlights the importance of FP and which families would most benefit from FP use, as well as how FP is linked to the demographic dividend and poverty reduction. The objective is to ease the acceptability of the IPC agents within the boroughs and obtain active support

Table 18: # of participants and groups organized to boost a FP enabling environment

Urban settings	# of meetings carried out with CLs	# of CLs participating	# of meetings carried out with women having strong beliefs against the use of FP	# of Women participating	# of meetings carried out with men having strong beliefs against the use of FP	# of men participating	# of couple sessions with couples having strong believes against the use of FP
Angoche city	13	175	84	767	38	337	25
Nacala Porto	10	106	58	458	30	226	30
Nampula City	84	576	263	2,027	109	981	46
Ilha	6	57	32	300	12	103	23
Beira	111	578	500	1,822	185	563	0
Dondo	26	189	25	102	78	315	0
Total FY4	**250**	**1,681**	**962**	**5,476**	**452**	**2,525**	**124**

of the CLs in gathering small groups of women, men having strong beliefs against the use of FP and identified through the home-based visits carried out by IPC agents and Community Assistants. Furthermore, 5,476 women and 2,525 men participated either in men's or women's small groups during FY4. Participants are identified through home visits. During these groups, male and female FP champions are invited to share their experience and the experience of their community. These small group talks are led by the urban community assistants.

Photos 20: Small men's groups unfavorable to FP in Nampula

Photos 21: Sensitization session with CLs and men's small group (Ilha de Moç.)

During the meetings, it was noted that they are not unfavorable to FP. However, because they lack information about modern contraceptive methods, the benefits of FP, and the type of services offered at HFs, some men persist with distrust, discredit FP, and have a deeply ingrained idea that FP is harmful to health, man's sexual pleasure, at the root of women's infidelity, or is a women's matter. Many of them think of the man's role is to authorize or decide if their partner should or should not use FP. These meetings highlight how use of FP is shaped

by social and gender norms, which limit women's autonomy and restrict communication and decision making between men and women. During the sessions, the myths and misconceptions regarding FP were addressed in order to deconstruct them, and couples using FP shared their experience about open communication and joint decision making. Women described their partner support as an essential facilitator for FP use. It was also noted that initiation rites which are different in Sofala and Nampula also played an important role in their position regarding FP as these entails comprehensive sexual and reproductive health guidance.

Leveraging community partnerships through CBOs

Technical support visits were carried out, targeting 88 community-based organizations (CBOs) to increase their follow-up activities and monitoring of CF activities at the community and HF levels. CBO representatives were involved in the CSC process. The rural component continued their sensitization activities towards the expanded localities of forty-seven HF catchment areas added up in Q2 FY4, 20 in Q3FY4, and five in Q4FY4. During this FY4, IFPP carried out capacity building sessions for CBOs partnering with IFPP focusing on activity's plan and report's drafting to improve the CBO's involvement in supporting the CF's planning and follow up, interceding near communities for existing barriers removal or deconstructing FP related myths. In Sofala, in FY4, two of these meetings in average were carried out with the 17 CBOs. Some CBOs are more open and receptive to the technical assistance model of plans and reports introduced than others. CBOs are progressively becoming more involved in the community mobilization either for the formation of the community dialogue groups or MBs. Although challenges related to human and financial resources management are common, CBOs are progressively more accountable: the following CBOs - Kulima, Mussananhe and Amai in Chibabava, Kupweshela in Nhamatanda, Kuzwana Utende, Utende Ibadja, 1 de Maio and ODC in Buzi, Mbaticoyana and Kwanguissana in Caia, and Chupanga farming in Marromeu - stand out for their active involvement in community activities and support to community facilitators.

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 nine in Sofala to broadcasts dramas, interviews and radio programs to help to demystify and minimize barriers linked to FP at the community level. CR staff were prepared to broadcast 16 SRHR and FP programs. Within IFPP's communication and sensitization approach, the CRs complement messages transmitted during community dialogue sessions with CFs promoting SRHR, FP rights, and the duty of citizens to raise public awareness around SRHR and the benefits of FP services.

Since Q2 FY4, the Social Communication Institute (ICS) required that affiliated community radios should not establish direct partnerships with third parties without a MoU signed at the central level. In Q3 FY4, two follow-up meetings were held with ICS to align details on the content of the contract between ICS and N'weti and MoUs have been signed in Q4 FY4. Eight out of the 17 CRs are completed through this MoU (CR Mossuril, CRT Namialo, CR Memba, CR Namapa, CRT Ribaue, CR Marromeu, CR Cheringoma, and CR Buzi). As illustrated in Table 19, 118 (30 in Nampula and 88 in Sofala) radio programs were broadcasted in Q4 FY4. This last quarter a special focus was given to the follow up of the CSC action plans of Cazuzo, Carapira, Netia, and Namaponda HFs. The radio programs included talks about the CSC process and the community dialogue synchronized MBs. Furthermore, while in Q3, the CRs conducted 43 interviews involving 21 CLL leaders, six mothers, two APEs, and eight male champions, in Q4, 126 interviews were conducted (31 CLs, 14 HPs, ten APEs, 58 FP users, and 13 TBAs). These interviews also encourage reticent leaders to take the lead and support activities for the benefit of their communities, motivating CFs and increasing awareness about community dialogues and CSC interventions. All the radio programs had, during FY4, the active participation of Field Supervisors and the SDSMAS appointed HP. IFPP district coordinators joined as frequently as possible. Four three-days trainings – two in Nampula and two in Sofala – involving a total of 46 participants – 22 in Nampula and 24 in Sofala were carried out reaching 16 different CRs (eight in Sofala and eight in Nampula). The training focused on reportage and interviewing techniques as well as information on the benefits of contraception methods, as illustrated in Table 16.

Table 19: Radio sessions by station

Province & district		Radio name	Broadcasting													
			Q3 FY1	Q4 FY1	Q1 FY2	Q2 FY2	Q3 FY2	Q4 FY2	Q1 FY3	Q2 FY3	Q3 FY3	Q4 FY3	Q1 FY4	Q2 FY4	Q3 FY4	Q4 FY4
Nampula	Mossuril	CR Mossuril	4	9	4	MOU in process to be extended	5	20	6	10	10	0	0			
	Monapo	CR Monapo	22	26	22		11	10	4	15	17	0	10	18	11	24
	Meconta	CRT Namialo	22	14	0		6	0	22	14	14	4	0	MoU in process		MoU signed
	Memba	CR Memba	12	16	0		0	0	10	22	0	0	0			
	Erati	CR Namapa	10	16	0		0	26	8	32	5	0	8			
	Ribaue	CRT Ribaue	22	13	0		0	11	11	9	14	0	1			
	Angoche	CR Parapato	18	16	2		0	12	4	2	26	0	6	6	8	
	Nampula	Radio Haq	12	15	0		0	0	0	12	6	0	0	12	14	6
Sub-total			122	125	28	0	22	79	65	116	92	4	25	36	33	30
Sofala	Nhamatanda	CR Acordos de Paz	0	16	11	4	10	21	14	4	6	4	0	14	5	10
	Gorongoza	CR Gorongoza	4	14	18	12	20	14	16	16		0	12	27	10	22
	Maringue	CR Maringue													2	2
	Caia	CR Caia	8	8	9	4	12	17	16	15	10	2	2	22	24	20
	Marromeu	CR Marromeu	8	18	8	4	10	18	16	14	10	3	0	MoU		MoU signe
	Cheringoma	CR Cheringoma									6	Only trained this Q4FY3	10		2	
	Dondo	CR Dondo											0	11	15	4
	Chibabava	CR Chibabava											0			
	Buzi	CR Buzi											0	31	36	30
Sub-total			20	56	46	24	52	70	62	49	32	9	24	105	94	88
Total			142	181	74	24	74	149	127	165	124	13	49	141	127	118
			323		321				429				435			

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

IFPP, through PSI, designed, in close collaboration with OES, an operational study "*Increasing the Utilization of Family Planning Services in Mozambique through an SMS Intervention*", focusing specifically on the beneficiaries of IPC agents. The study is still ongoing, but its implementation was

suspended during COVID-19 Q3 and Q4 FY4, and consequently results will be delayed. After initial pilot testing in December and January 2019, the full roll-out of the enrollment protocols went into effect on January 30, 2020. OES affiliate, Jessica Leight, visited Mozambique in February to participate in the study launch and presented the protocol to Pathfinder and USAID. Randomization is ongoing. As of April 1, 2020, a total of 2,589 FP beneficiaries were enrolled and received a voucher from an IFPP promoter – they were registered by cell phone and were provided with informed consent. Approximately 50% of these beneficiaries are then assigned to receive a series of follow-up text messages over the next month, encouraging them to visit the clinic and redeem the voucher. Preliminary reports suggest that approximately 80% of messages can be confirmed as delivered to these registered phone numbers. Overall, enrollment to date is about half of the originally proposed sample size and reflects a much higher enrollment rate than first anticipated. However, new enrollment was paused on April 1, 2020 in response to the COVID-19 global pandemic and has yet to resume.

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

Strategies established for next quarter (Q1 FY5) to continuously increase the demand generation for FP services at community level include:

- Implement the signed MoU with ICS in order to resume activities with ICS affiliated CRs;
- Continue to increase the use of CRs taking the opportunities related to champion's identification such as TBAs, APEs, CLs, CLL members, and satisfied users, interviewing them, and reporting part of community events such as CLL, CMC meetings, MBs, community dialogues as well as amplify awareness about and reportages of the provincial contraception campaign in Nampula province scheduled from 2 - 6 of November and aiming to reach over 3,000 spots.
- Strengthen IFPP's partnerships with community leaders to facilitate the implementation of demand creation activities at the time of COVID-19 in rural and urban settings;
- Implement intense mobilization activities in preparation and during the planned contraception campaign of November;
- Continue to carry out small men's and small women's groups with either men or women unfavorable to FP;
- As it is more difficult to gather with small groups of men or women unfavorable to FP during COVID-19, IFPP will complement the small group activity by expanding the use of the couple sessions model to tackle the families who remain unfavorable to FP;
- Continue to carry out community dialogue groups, in compliance with MISAU guideline to implement community activities during COVID-19;
- Test and implement at low scale a specific teenager community dialogue cycle in rural areas of Sofala province.
- Resume the enrollment of additional users to complete the WRA required for the OES study.

IR 3: Strengthened FP/RH health systems

To contribute to sustainable and institutionalized FP system strengthening activities, during FY4, the IFPP-HSS team continued to provide TA and competency-based, on-the-job trainings to Nampula and Sofala's DPS and SDSMAS staff, depots managers, and HF technicians and SRH-FP/MCH nurses on topics such as planning, management, HRH, commodity logistics, and data use for decision making. With the outbreak of COVID-19, IFPP and DPS/SDSMAS teams were challenged to explore and improve the use of alternative TA mechanisms previously under-utilized such as conference calls, video conferences, WhatsApp, and TeamViewer.

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 MSC tool and budget for evidence-based FP strategies in the annual provincial plans (PES) and district plans (PESOD). The PES/PESOD yearly cycle includes monitoring and understanding the next cycle by May-July.

While in Q3FY4, among other tasks, IFPP has worked with both DPS's and 36 SDSMAS (23 in Nampula and 13 in Sofala) to integrate COVID-19 prevention activities into their quarterly operational plans. During Q4 IFPP continuously improved SDSMAS and DPS managers' knowledge and ability to manage and assess the implementation of 2020 PES/PESOD activities as guided by their quarterly and annual operational plans. Along with this, IFPP also worked with the DPS and SDSMAS in both provinces to review and finalize the 2021 PES/PESOD by further ensuring the integration and budgeting of the following key FP activities: Supervision visits; On-the-job trainings and mentorship; Mobile Brigades; Monthly Task Force meetings to monitor and ensure that appropriate range and quantity of contraceptive methods is available at HF/SDPs, DDM and DPM; MSC, DPs and data quality assessments; and Provincial and district quarterly and annual review and planning meetings. In Nampula this was effective through an IFPP co-funded Provincial Planning Meeting held in Ribaue with the participation of 61 SPS, DPS and SDSMAS directors and financial managers, including eight IFPP, Alcançar, IPAS and ICAP participants. To comply with COVID-19 prevention guidelines the meeting was split into two district planning sessions of 30/31 participants each.

Overall in Q4, two DPS and all 36 SDSMAS have their core managers receiving competence-based TA through MSC and DPs assessments, supervision, and technical meetings.

All 19 MSC assessments planned for this Q4 were carried out (14 in Nampula and five in Sofala), with 100% of them achieving satisfactory scores of 80% ("Total MSC-score" column). This rewards the efforts made by the district managers with IFPP support to address the gaps and improve

Table 20a: Trends of MSC detailed scoring per areas and districts, being semesterly assessed in Q2 & Q4.

MSC detailed Scoring trends per standard and district after 6 months																		
Province	District	FY4Q2								FY4Q4								
		Round	Total MSC - Scores	Planning	Logistics	HRH	Monitoring	Evaluation	FP/MCH	Round	Total MSC - Scores	Planning	Logistics	HRH	Monitoring	Evaluation	FP/MCH
Nampula	Mogincual	R2	89%	95%	88%	90%	70%	80%	94%	R3	92%	95%	94%	90%	95%	80%	91%
	Liupo	R2	90%	100%	96%	100%	75%	50%	94%	R3	90%	100%	88%	85%	90%	90%	89%
	Nampula D.	R6	95%	90%	96%	97%	77%	100%	100%	R7	96%	100%	92%	100%	77%	100%	100%
	Meconta	R5	85%	90%	72%	80%	100%	90%	89%	R6	86%	95%	86%	88%	100%	90%	77%%
	Muecate	R2	85%	90%	94%	100%	65%	80%	80%	R3	98%	100%	100%	95%	97%	90%	100%
	Mogovolas	R4	88%	80%	66%	100%	98%	100%	97%	R5	84%	95%	94%	90%	90%	70%	74%
	Moma	R6	84%	95%	94%	87%	60%	70%	83%	R7	99%	95%	100%	100%	100%	90%	100%
	Monapo	R6	87%	90%	64%	82%	95%	90%	100%	R7	91%	90%	100%	87%	95%	90%	86%
	Nacala Porto	R6	91%	100%	94%	75%	100%	80%	91%	R7	97%	100%	100%	85%	100%	80%	100%
	Nacala Velha	R4	88%	100%	90%	67%	70%	70%	100%	R5	91%	90%	92%	100%	70%	70%	100%
	Murrupula	R4	74%	90%	70%	92%	45%	60%	80%	R5	81%	100%	96%	70%	70%	80%	66%
	Mecuburi	R6	86%	90%	78%	90%	90%	70%	91%	R7	84%	100%	94%	NA	87%	90%	91%
	Ribaue	R6	87%	100%	78%	90%	90%	90%	86%	R7	95%	100%	96%	100%	90%	90%	94%
	Lalaua	R3	80%	90%	64%	82%	80%	70%	91%	R4	92%	90%	90%	87%	100%	70%	100%
Sofala	Nhamatanda	R6	79%	80%	82%	83%	100%	90%	67%	R7	87%	100%	76%	80%	100%	90%	89%
	Chibabava	R6	70%	85%	80%	80%	88%	70%	51%	R7	93%	100%	98%	85%	100%	90%	89%
	Machanga	R4	60%	100%	89%	85%	68%	90%	17%	R5	89%	100%	88%	85%	87%	90%	89%
	Marromeu	R3	78%	92%	72%	70%	90%	100%	70%	R4	91%	100%	88%	85%	100%	90%	88%
	Chemba	R2	96%	90%	90%	100%	94%	100%	100%	R3	93%	100%	98%	85%	100%	90%	89%

NA= Not assessed due to absence of the district HR manager

Table 20b: Trends of MSC detailed scoring per areas and districts, being semesterly assessed in Q1 & Q3

MSC detailed Scoring trendes per standard and district after 6 months																	
Province	District	FY4Q1								FY4Q3							
		Round	Total MSC - Scores	Planning	Logistics	HRH	Monitoring	Evaluation	FP/MCH	Round	Total MSC - Scores	Planning	Logistics	HRH	Monitoring	Evaluation	FP/MCH
Nampula	Angoche	R6	75%	85%	74%	100%	90%	80%	60%	R7	94%	100%	96%	90%	100%	90%	91%
	Erati	R6	98%	100%	100%	85%	100%	90%	100%	R7	97%	100%	94%	100%	100%	100%	94%
	Memba	R4	98%	100%	100%	85%	100%	90%	100%	R5	98%	100%	100%	88%	100%	90%	100%
	Nacaroa	R2	90%	100%	74%	85%	90%	90%	100%	R3	91%	85%	90%	100%	90%	90%	91%
	Lardes	R2	93%	100%	86%	85%	44%	46%	100%	R3	91%	95%	86%	100%	95%	80%	91%
	Mossuril	R4	80%	90%	86%	75%	40%	35%	77%	R5	93%	75%	100%	97%	90%	70%	100%
	Ilha Moç.	R3	82%	92%	86%	65%	46%	45%	77%	R4	90%	100%	96%	100%	75%	90%	84%
	Rapale	R2	98%	100%	100%	95%	45%	45%	100%	R3	97%	100%	96%	100%	90%	90%	100%
	Malema	R4	89%	100%	100%	95%	45%	45%	100%	R5	99%	100%	100%	100%	100%	90%	100%
Sofala	Beira	R6	79%	90%	68%	90%	100%	70%	76%	R7	89%	100%	90%	83%	100%	100%	81%
	Dondo	R6	90%	100%	100%	80%	90%	90%	81%	R7	88%	100%	88%	80%	90%	89%	89%
	Buzi	R4	83%	100%	100%	100%	45%	45%	81%	R5	90%	92%	88%	85%	98%	90%	89%
	Caia	R5	75%	92%	78%	40%	86%	90%	71%	R6	88%	85%	90%	80%	94%	90%	89%
	Gorongosa	R4	63%	50%	68%	50%	60%	50%	71%	R5	82%	82%	90%	80%	80%	90%	74%
	Cheringoma	R2	74%	90%	76%	85%	59%	50%	76%	R3	83%	60%	78%	85%	100%	90%	77%
	Muanza	R2	82%	100%	78%	60%	86%	90%	83%	R3	86%	80%	86%	80%	85%	90%	89%
	Maringue	R2	75%	92%	78%	40%	86%	90%	71%	R3	86%	85%	86%	93%	85%	80%	86%

performance in the MSC areas scoring below 80% in the previous round (FY4Q2), namely "Logistics" in eight districts, "Monitoring" in eight districts, "Evaluation" in seven districts, "FP/MCH" program in four districts and "HRH" in three districts, as shown in Table 20.a. Table 20.a groups the districts assessed semesterly in Q2 and Q4, while table 20.b groups the districts assessed in Q1 and Q3. These tables detail the MSC Scoring per area (Planning, Logistic, HRH, and others) and compare results achieved in the first and second semesters of FY4, highlighting the progress achieved throughout FY4 (areas in darker green). In FY5Q1 and Q2, IFPP support will focus on addressing persistent gaps in specific areas of 11 SDSMAS (eight in Nampula and three in Sofala), namely Monitoring and Evaluation in seven districts; FP program in five districts; Logistics in two districts; planning in two districts; and HRH in one district, as displayed in the above tables. Most of the gaps are related to a lack of written evidence on operational research conducted to address health-related problems through identification and implementation of corrective actions (evaluation), poor FP data quality based on RDQA results (monitoring), missing minutes regarding the task-force monthly meetings or the District Profile's meetings, and missing recommendation matrices or list of participants.

Throughout the FY4, all 36 districts (23 in Nampula and 13 in Sofala) targeted in the LOP have received at least one quarterly competence-based TA and supervision visit and on-the-job-training, with an increased compliance with the management SOPs. As illustrated in Table 21, in the last semester of FY4, all 36 districts reached 80% in MSC scoring.

Table 21: MSC trends by district

? 60%	MSC District Scores Over Time
>60% ? 70%	
>70% < 80%	(Target: achieve satisfactory scores ?80%)
?80% ? 90%	
>90% ?100%	

	DISTRICT	FY1 (Oct. 16 - Sept. 17)			FY2 (Oct. 17 - Sept. 18)				FY3 (Oct 18 - Sept 19)				FY4 (Oct 19 - Sept 20)			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NAMPULA PROVINCE	Angoche	40%		92%		94%		85%			78%		75%		94%	
	Mogincual										59%			89%		92%
	Liupo										60%			90%		90%
	Nampula D.	39%		83%		90%			90%		90%			95%		96%
	Erati	37%		75%		84%		84%			84%		98%		97%	
	Memba				55%		79%			84%			98%		98%	
	Meconta	68%		70%			84%				75%			85%		86%
	Nacaroa								65%				90%		91%	
	Muecate								47%					85%		98%
	Mogovolas					57%		56%			66%			88%		84%
	Moma		42%	85%		85%			88%		96%			84%		99%
	Lardes									25%			93%		91%	
	Monapo	50%		92%		91%			97%		96%			87%		91%
	Mossuril					53%		86%		74%			80%		93%	
	Ilha Moç.								36%		86%		82%		90%	
	N.Porto	41%		66%		90%			98%		93%			91%		97%
	N.Velha				56%		88%			84%				88%		91%
	Murrupula					49%		83%			72%			74%		81%
	Rapale									60%			98%		97%	
	Mecuburi		41%	81%		88%		86%			66%			86%		84%
	Ribaue	41%		92%			96%		100%			98%		87%		95%
	Malema				38%		84%				85%		89%		99%	
	Lalaua								41%		86%			80%		92%
SOFALA PROVINCE	Beira	63%		86%		89%		90%		92%			79%		89%	
	Dondo	60%		71%		82%		87%		84%			90%		88%	
	Nhamatanda		65%		83%		82%	85%		83%				79%		87%
	Buzi				74%		82%				82%		83%		90%	
	Chibabava	60%		73%		79%		82%		82%				70%		93%
	Machanga					67%		85%			82%			60%		89%
	Caia	54%		66%			83%				83%		75%		88%	
	Marromeu						70%				62%			78%		91%
	Chemba											37%		96%		93%
	Gorongosa		66%					82%			83%		63%		82%	
	Cheringoma								59%				74%		80%	
	Maringue									62%			75%		86%	
	Muanza								53%				82%		86%	

To contribute to the journey to sustainability, IFFP facilitated a 3-day MSC workshop in Maputo to ensure that 18

MISAU senior managers and technicians from the Directorates of Planning and Cooperation, National Public Health, Human Resource, Quality Assurance and Management, National Training, CMAM and Alcançar have appropriate knowledge and skills to interpret and use the MSC tool. Tips were given on how to adapt the FP-MSC tool by incorporating existing MISAU priority standards for additional programs such as MCH, nutrition, Malaria, TB and Immunization. MISAU has decided to apply the tool nationwide to improve SDSMAS management quality standards. Key training topics included MSC tool content, structure, operation and implementation approach; live tool-use through application of the tool at Marracuene SDSMAS level; and review/update of the MSC areas based on the current MoH legislation and guidelines (group work). As part of the next steps, participants agreed on the following: present the updated/adapted MSC tool to PIMA technical working group; develop ToR to implement MSC at national scale, after piloting in Niassa, Nampula, Tete, Sofala, Inhambane and Maputo; and integrate MSC assessments into the national integrated planning cycle.

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

The CommCare App, SIMAM, and SIGLUS tools were used as sources of information to report HF's stock-outs of the five main methods of contraception (IUD, implant, progesterone-only oral contraceptives, combined oral contraceptives and DMPA-IM/SC). As illustrated in Table 22, considerable progress is highlighted through quarterly commodity stock-out assessments carried out in FY4: the percentage of stock-outs (after data cleaning – based on the paper stock cards) decreased from 4.4% (Q1) to 0% (Q4). Similarly, the percentage of stock-outs (before data cleaning – based on electronic stock cards) decreased from 41% to 14%, highlighting the progress made by the SIGLUS users in daily operating of their tablets. These improvements are the result of persistent and focused coordination, supervision, monitoring, on-the-job-trainings and competence-based TA provided to health technicians and managers working at HF, SDSMAS/DDM and DPS/DPM levels, as detailed below.:

Table 22: FP commodity stock-out assessment at HF level per quarter during FY4

Source	# HFs assessed per quarter during FY4				% of HFs with stock out BEFORE data cleaning				% of HFs with stock out AFTER data cleaning			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
NAMPULA												
SIMAM	NA	NA	12	11	NA	NA	0%	0%	NA	NA	0.0%	0.0%
CommCare	35	41	25	28	23%	15%	8%	7%	5.7%	4.9%	0.0%	0.0%
SIGLUS	132	142	114	116	49%	38%	14%	16%	4.5%	2.1%	0.9%	0.0%
Sub-total 1	**167**	**183**	**151**	**155**	**44%**	**33%**	**12%**	**13%**	**4.8%**	**2.7%**	**0.7%**	**0.0%**
SOFALA												
SIMAM	NA	NA	8	7	NA	NA	0%	0%	NA	NA	0.0%	0.0%
CommCare	7	22	21	23	0%	9%	29%	13%	4.2%	9.1%	0.0%	0.0%
SIGLUS	96	99	94	75	39%	46%	20%	17%	3.9%	2.0%	0.0%	0.0%
Sub-total 2	**103**	**121**	**123**	**105**	**36%**	**40%**	**20%**	**15%**	**4.4%**	**3.3%**	**0.0%**	**0.0%**
Total	**270**	**304**	**274**	**260**	**41%**	**36%**	**16%**	**14%**	**4.4%**	**3.0%**	**0.4%**	**0%**

- Regular and systematic analysis of FP commodity distribution and stock controls data with DDMs and DPMs staff to ensure appropriate quantification and follow up of commodity orders, as well as their timely allocation by CMAM to DPM, DPM to DDM and DDM to HF. Additionally, to increase the availability of FP commodities for the September contraception week, a provincial contraceptive emergency order was issued to CMAM to balance the shortage of DMPA-IM and Implanon in Sofala.
- Co-facilitation of 57 MCH commodity Taskforce meetings was carried out in both provinces (28 in Sofala and 29 in Nampula). All the districts in Sofala and most in Nampula held at least one monthly Task Force meeting, except Memba, Meconta, Muecate and Ilha de Mocambique in Nampula, which didn't organize any. The meetings were dedicated to:
    - Reviewing and ensuring that contraceptive quantification and orders are aligned with consumption data. Particular attention was given to the needs related to the September national week of contraception.
    - Checking discrepancies between HF commodities distributed through DDMs and data reported through the HMIS for each HF (contraceptives existing at HF depot versus offered to clients meaning registered in FP logbooks versus reported monthly into DHIS2-HMIS data base). For in-depth analysis of the current situation, a monthly analytical form was introduced, and results will be shared next quarter (see details in 3.1.1 indicator).

Photo 22: Technical Assistance to operate SIGLUS and verify discrepancies between e-stock card and paper stock cards CS Namialo, Meconta HDL1

Photo 23: Supplying and redistributing FP methods between HFs to avoid shortages – Meconta district

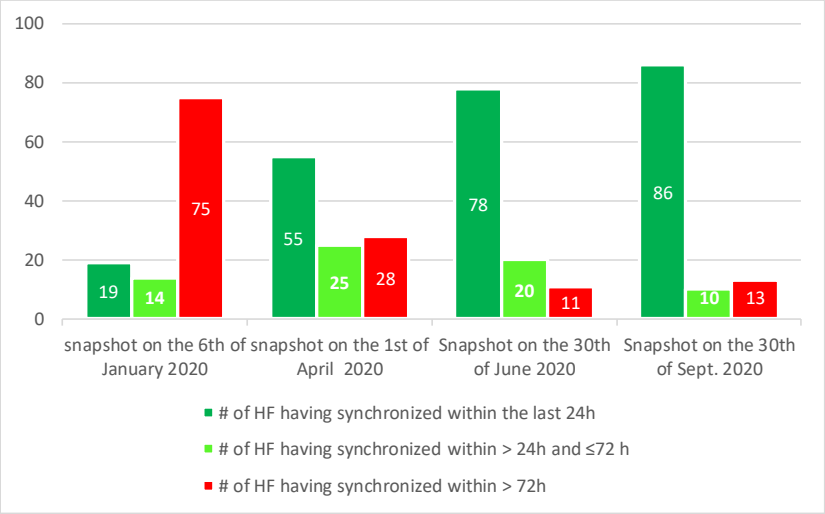
    - Assessing TaskForce performance regarding its coordination and communication role between the different levels HF-DDM-DPM-CMAM. The Task-Force's linkages and interactions between the different levels remain too rigid and insufficiently pro-active (the level of collaboration between the levels need to be strongly enhanced), limiting their capacity to efficiently address shortages and potential stock-outs in a timely manner. The logistic chain is still re-active rather than pro-active mode. But all the actors know that stock-outs are badly connoted, so the logistic chain is complaisant with frequent picks of severe

shortages resulting in less pro-active HPs attitudes to offer FP commodities to potential beneficiaries. This paradigm must change and therefore more attention must be given to the minimum level of stocks which should be proactively used by the logistic chain managers and strongly backed-up by the politics (provincial governments, Health ministry, DPS, SPS, CMAM). Without this change of attitude, the FP offering will continue to be cut off and the country's demographic dividend will lay behind as well as country development!

- IFPP technical staff participated in the national FP/MCH Task Force meeting hosted by MoH and UNFPA in Beira involving 15 DPS FP/MCH focal points, DPM managers and partners from eight Provinces (Niassa, Nampula, Sofala, Manica, Inhambane, Gaza, Maputo province and City). This aimed to a) promote the establishment of FP/RH district Task Force to improve the availability of contraceptives stock through monthly monitoring and evaluation; b) promote coordination and data sharing on FP/RH commodities with DPM and CMAM; c) ensure correct functioning of the logistic chain; d) identify and address FP/RH challenges regarding SIGLUS maintenance; and e) update and promote standardization of FP/RH requisitions/orders. Participants conducted contraceptive forecasting and quantification (DDM→ DPM → CMAM) using 2020 second quarter data, practiced filling out requisition forms and conducted an audit visit of DPM and two health facilities in Dondo and Nhamatanda. This partly resulted in the involved provincial teams drafting their FP commodities emergency orders to cope with the national September Contraception week.
- Conducted on-the-job-trainings and TA visits to support DDMs and HFs depots technicians to correctly manage the FP commodities, issue external and internal contraceptive orders and update paper-based and electronic stock-cards to prevent imminent shortages and stock-outs.
- Supported the redistribution of contraceptives stocks between HFs to minimize shortages as part of routine contraceptives stocks monitoring through SIGLUS portal as a patchwork system. This involved 45 HF, including 18 HF in seven districts of Nampula Province (Moma, Erati, Angoche, Nacala Velha , Meconta and Nacaroa) and 27 HF in six districts of Sofala (Beira, Dondo, Nhamatanda, Gorongosa, Caia e Buzi).
- Provided data plan for SIGLUS data synchronization to HF in 21 districts using SIGLUS (13 in Nampula and eight in Sofala).
- DPS and Movitel/Vodacom communication services agreements were submitted to Serviços Provinciais de Saúde (Nampula) and DPS (Sofala) and are awaiting signatures.
- Trained three Sofala DDM managers to act as first-line Help Desk (HDL1) and 12 HF Pharmacists (newly posted) to operate SIGLUS in Dondo, Caia and Gorongosa.
- IFPP supported PSM and DPS to extend SIGLUS to three additional districts (Larde, Liupo and Mogincual) and 16 additional HFs by setting up and configurating SIGLUS App in 16 tablets and ensuring logistics (transport and fuel), totaling 16 SDSMAS and 158 HF using SIGLUS in Nampula province. IFPP will ensure the inclusion of these districts in IFPP capacity building and supervision visits plans for HDL1, and direct provision of data plan through DPS and Movitel/Vodacom communication services agreement.

- Figure 15 illustrates the trends, for Sofala, of the number of HF reporting data timeliness in SIGLUS, fruit of remote and physical TA competence-based visits on SIGLUS to 239 (97 in Sofala and 142 in Nampula) HF pharmacists using specific supervision checklist. The visits were jointly conducted by DDM-HDL1 and IFPP, whenever possible working with each HF pharmacist reporting false stock-outs through SIGLUS throughout FY4 to detect and correct errors in SIGLUS operation, add contraceptives in the electronic commodity essential list, update electronic stock cards and support data synchronization as defined by CMAM (before completing 72 hours) and at least twice a week. The number of HF having synchronized within 72 hours has increased from 31% in Q1 to 88% in Q4.

Figure 15: Trends of the number of HF reporting data timeliness in SIGLUS before and after help desk intervention in Sofala province during FY4



The main reasons for false stock-outs in Q3 and Q4FY4 are illustrated in Table 23.

Table 23: Identified reasons of false stockout in FY4Q3/Q4

Reasons for false stock-out	Nampula		Sofala	
	Q3FY4	Q4FY4	Q3FY4	Q4FY4
e-stock card not updated	12/15	14/18	3/19	10/13
Delayed synchronization	3/15	NA	1/19	3/13
Staff appointed without previous handover	NA	NA	6/19	NA
Already trained staff resistant to change	NA	3/18	6/19	NA
Additional non functional tablets during the quarter	NA	1/18	3/19	NA

It is important to highlight that a proportion of HFs in the district in which SIGLUS was previously operationalized are confronted withneeding to invest regularly in the purchase of new tablets due to serious hardware or software damages. IFPP has supported the replacement of these tablets this quarter.

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

To strengthen governance and civil society engagement around FP and contribute to stronger systems, IFPP is carrying out a community score card (CSC) activity - a participatory, community-based tool for assessing the quality of health services. The community facilitators (IR2.1) and field supervisors facilitate the process of community assessment of FP/RH services, provider assessment on the same criteria, and support dialogues between community members and providers to agree on priorities for action and plan for improvement. The aggregated

Table 24: Illustration of the CSC's stage achieved at end FY4 by HF

Province	Nampula																	Sofala											
District	Mogovolas		Monapo		Memba	Angoche	Malema	Bibaue	Murrupula	Moma	Mogincual	Muecate	Meconta	Mossuril	Erati	Nac. Velha	Mecuburi	Chibabava	Caia		Buzi	Chemba	Nhamatanda		Machanga	Gorongosa	Cheringoma	Maringue	Marromeu
Health Facility	Iuluti	Calipo	Netia	Carapira	Chipene	Namaponda	Malema	Iapala	Cazuzu	Micane	Quixaxe	Muecate	Namialo	Mossuril	Namirroa	Nac. Velha	Mecuburi	Chibabava	Murraça	Sena	Bandua	Catulene	Tica	Siluvo	Machanga	Cudzo	Chite	Senga-Senga	Chupanga
Repeating HF	X		X		X	X											X	X	X			X							
1st time Implementing HF		X		X			X	X	X	X	X	X	X	X	X	X				X	X		X	X	X	X	X	X	X
Community mobilization																													
Eight community groups scoring services																													
HF's Providers scoring services offered																													
Data aggregation of the different community groups																													
Interface Meeting (HP with representatives of community groups)																													
Drafting of priorities identified during interface meeting																													
Inclusion of CPC's priorities in the HF's annual plan																													
Public meeting to share the outcomes of the CPC Process																													
Completed at end Q1 FY4																													
Completed at end Q2 FY4																													
Completed at end Q3 FY4																													
Completed at end Q4 FY4																													

Quotes from some participants

"*With the CSC, I perceived the constraints that communities met at the HF and how we can improve our service to better respond to the beneficiary's needs; we can think that we are right and the population say that we are wrong, through the CSC we can identify the mistakes we have made.*" MCH nurses from the CS of Siluvu-Nhamatanda-Sofala

"*This process sensitizes the communities to local initiatives that will support the HF in solving some of their difficulties. It allows the sharing of responsibilities between the community and the Health Unit.*" Reporter at Monapo-Nampula Community Radio

"*The community needs to be encouraged to be able to expose its concerns, since there is still a fear of reprisals.*" Member of the CBO Kunene de Barragem - Nacala-a-velha-Nampula.

results from facilities are discussed with SDSMAS and DPS during one of the PHD quarterly review meetings and is used to inform district and provincial advocacy plans which are led by partner CSOs, with support from N'weti. They also inform IFPP capacity building and systems strengthening efforts at SDSMAS and DPS. While CSC process implementation was a sensitive subject when carried out for the first time in FY2 due to limited openness from local leaderships at the administrative post, district and province, during FY4, the process was easier to perform as MISAU also committed itself to carry out CSC through the Global Financing Facility funding mechanism. As summarized in Table 24, this FY4, 29 HFs have initiated the CSC, of which eight are HF repeating the exercise and 21 implementing the CSC for the first time. At the end Q4FY4, all 29 HFs have completed the public meeting to share the outcomes of the CPC process totaling at end of FY4 100% of HFs having completed the CSC process and reaching 117% of the yearly target. The CSC this year involved 3,104 participants consisting of 1,583 women and 1,520 men. As a result of this activity, CMC were re-functionalized, and the punctuality of HP improved.

Additionally, crucial to sustaining the HF-community relationship, at the end FY4, 106 HF co-management committees (49 in Sofala and 57 in Nampula) had carried out at least one CMC in Q3FY4 and were supported to analyze and discuss HFs and communities' issues; in Q4FY4, 211 HFs were supported to carry out their co-management committees (100 in Sofala and 111 in Nampula). Ssome of the HF held more than one meeting per quarter.

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.

Table 25: Comparative between trained HP and registered in SIFO at end Q4FY4

Nampula	FY1	FY2	FY3	Q1FY4	Q2FY4	Q3FY4	Q4FY4	TOTAL
Health Providers trained	1424	508	471	30	82	108	194	**2817**
Health Providers registered in SIFO	1327	429	477	69	67	50	169	**2588**
Health Providers still to be registered in SIFO	97	79	-6	-39	15	58	25	229
Sofala	**FY1**	**FY2**	**FY3**	**Q1FY4**	**Q2FY4**	**Q3FY4**	**Q4FY4**	**TOTAL**
Health Providers trained	891	524	133	72	15	136	106	**1877**
Health Providers registered in SIFO	584	430	521	85	15	114	73	**1822**
Health Providers still to be registered in SIFO	307	94	-388	-13	0	22	33	**55**

During the Q4FY4, IFPP trained 300 new health providers in integrated FP modules(194 in Nampula and 106 in Sofala). Of these, 67% (200/300 - 149 HP in Nampula and 51 HP in Sofala) were already successfully registered in SIFo. Additionally, 42 of the 80 non-registered in SIFo in Q3FY4 (20 in Nampula and 22 in Sofala) were also successfully registered this quarter. Remaining HP trained in IFPP FP 8-day training during Q4 (45 in Nampula and 55 in Sofala) will be registered in the next quarter. In the previous quarter, delays happened related to SIFo's maintenance outage that lasted two months, from April to May 2020. While Sofala registered the 22 missing at the end of Q3, Nampula only registered 20 out of the 58, highlighting additional delays for

Nampula provincial training nucleus responsible. Next quarters, more cautious support should be given to Nampula. Table 25 illustrates the progress achieved along the years for IFPP FP 8-day training participants registration in SiFO. In Nampula, the in-service training centers have gradually diminished the gap but still have a gap of 229 HP not yet registered, while Sofala, during the FY3, absorbed the registration deficit that had occurred during FY1 and FY2, but has 33 HP still to be registered. The SIFO indicator focuses on the IFPP FP 8-day training, meanwhile support is given to the district training nucleus for registration of all types of trainings carried out at district level, which is consistent with the progress seen in compliance with HR SOPs. Indeed, in Q4FY4, 471 additional trainees (220 in Nampula and 251 in Sofala) out of 708 participants to the HSS training modules (HR management, logistics-SIGLUS, SIS-M&A, and Infection Prevention and Control) were also registered in SIFo.

Table 26: number of Training of Trainers (ToT) and Replica carried out in FY4 and numbers of participants

Training Modules	ToT				Replica			
	Nampula		Sofala		Nampula		Sofala	
	# ToT	# of Trainers	# ToT	# of Trainers	# Replicas	# of Trainees	# Replicas	# of Trainees
Human Resources	4	46	4	32	23	242	14	195
Infection Prevention and Control	4	46	4	33	21	282	9	**111**
SIS & M&A	4	46	3	26	The replica activities will be done thru supervision visits integrating the 4 modules			
Logistics and SIGLUS	4	46	3	26				
Total	**16**	**184**	**14**	**117**	**44**	**524**	**23**	**306**

FY3 project learnings demonstrate that weak management skills at the facility level limit aspects of access and quality FP service delivery. As such, in FY4, IFPP has prioritized a five-module-based management training for HF heads to be carried out by SDSMAS directors and district medical chiefs. The five-module-based management training focuses on human resource management, IPC management, HMIS, commodity management and logistics, and community involvement management. Table 26 summarizes IFPP efforts carried out during FY4 by type of module; in total, for both provinces, IFPP implemented eight ToT for SDSMAS directors and HR district officers trained as district trainers to cascade replica for HF directors. Through these replica 437 HF directors were trained on HR management and ethics. The HR management curriculum is based on MoH HR management SOP and aims to strengthen the knowledge and skills of the HF heads to properly manage their workforce and ultimately to improve FP/MCH services performance. HF supervision visits based on HR specific checklists assessing changes in HF directors' HR management practices were also developed. In addition, a Training Module on Infection Prevention and Control (IPC) for HF

directors emphasizing the IPC management elements, strategies and approaches (including IPC basic standards and MISAU guideline on COVID-19 prevention) was drafted and cascaded, targeting the same group of HF' directors. This module was jointly developed with MISAU-DNAM and later revised with DPS of Nampula and Sofala. Eight (8) competency-based TOT on HF IPC management were conducted in Q3 and Q4 and 30 replicas at district level took place reaching 393 HF directors and IPC focal points.

As so many discrepancies in FP data collection were identified in FY3, IFPP, jointly with MoH and DPS, developed two additional training modules – one on FP HMIS (SIS-MA) and the other on FP commodity management and logistics, including SIGLUS – and conducted 14 TOTs (seven on SIS-M&A and seven on Logistics and SIGLUS).

Both modules (SIS-MA and Logistic/SIGLUS) were conducted to implement data quality improvement initiatives designed with both provinces to systematically analyze and lessen data discrepancy between contraceptives supplied, recorded in stock cards, offered to clients and reported in FP log books and in the DHIS2-HMIS data base. The aim of this initiative is to ensure less data discrepancy but above all zero stock-outs and fewer shortage events at HF level, as well as ultimately increasing the uptake of contraceptives methods. A total of 144 managers (MCD and NED for HMIS, and MCD and DDMs for Logistics/SIGLUS), 52 in Sofala and 92 in Nampula) received competence-based trainings to drive this process with HF directors, using appropriate assessment tool and QI plans. The replica of the SISMA and the Logistic/SIGLUS TOTs will be carried out by the district trainers in the next two quarters through on-the-job training supervision visits. As illustrated in Table 27, IFPP has contributed to establishing a team of 288 TOT managers (184 in Nampula and 104 in Sofala) capable of sustaining SDSMAS internal health system capacity building trainings, mentorship and competence-

Table 27: Human resources for internal HSS capacity building in Nampula and Sofala - IFPP-FY4

HSS area	Type of managers - TOT	Nr. of trainers available per HSS area	
		Nampula	Sofala
Human Resources	SDSMAS Director	23	13
	District Human Resource Responsible	23	13
Infection Prevention and Control	District Chief Doctor (MCD)	23	13
	District Nursing Responsible	23	13
SIS & M&A	District Chief Doctor (MCD)	23	13
	District HMIS Responsible (NED)	23	13
Logistics and SIGLUS	District Chief Doctor (MCD)	23	13
	District Depot Manager (DDM)	23	13
Total		184	104

Photo 24: SDSMAS and district chief doctors trained as district trainers

based TA visits in HRH, IPC, SISMA and FP logistics/SIGLUS and ensuring that HF are quality-managed by 407 HF directors.

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

A district profile tool composed of ten selected strategic FP program indicators was designed in FY1, tested and refined in FY2 and progressively introduced in all 36 districts in FY2 and FY3. The level of SDSMAS staff's ability to feed the district profile is variable from one district to another, but overall all districts have started to interpret the dashboard and use the data to define their next steps and quarterly activities, thus strengthening the SDSMAS to acquire strategic information and use it for evidenced-based decision making to improve FP program performance.

Photo 25: DP's discussion in Mogincual

In Q4, all 36 SDSMAS have developed FP district profiles (DPs) 23 in Nampula and 13 in Sofala. Out of these, 32 (88.9%) SDSMAS – 19 (82.6%) in Nampula and 13 (100%) in Sofala – held data review meetings guided by their DP and recommendations were used to update QI action plans. This represents an achievement of 88.9% against the LOP target.

Four districts in Nampula (Meconta, Memba, Muecate and Nacala porto) did not discuss their DP results due to overlapping of schedules of the MCD and no task delegation.

Through these meetings, districts and health facility managers, including local partners, have jointly identified and addressed bottlenecks to improve FP key performance indicators regarding the availability of contraceptives stocks, trained HP, performance of the MB and IFP SDPs, data quality on contraceptive and FP clinical activities.

In FY5, IFPP will provide an intense TA and OJT for SDSMAS and HF managers to improve data quality on contraceptive management and logistics

Upcoming Plans for IR 3: Strengthened FP/RH health systems

Under the COVID-19 circumstances, in FY5Q1, IFPP will continue to ensure staff compliance with level 31 prevention measures and promote their uptake by DPS, SDSMAS, and HF staff, while delivering the following planned activities:

- Provide TA to MoH-DPC to finalize the adaptation of the MSC tool and conduct baselines in six provinces including Sofala and Nampula.

[1] 1) Gathering < 10 people with social distancing 1.5m; 2) Severe restriction in commercial sector; 3) Rotation of staff in workplace; 4) Prohibited all public events (sport events, cult ..)

- Conduct on-the-job-trainings and TA/supervision visits targeted to SDSMAS still scoring below 80% in some MSC areas.
- Conduct 17 MSC assessments (nine in Nampula and eight in Sofala).
- Ensure no contraceptives stock-outs at HF/SDP by weekly and monthly monitoring of contraceptive stock levels at HF, DDM and DPM; TA to DPS/SDSMAS to ensure compliance with Task Force schedule and TORs; TA and supervision visits to improve HF and DDM adherence with logistics SOPs, including SIGLUS; and support the DPSs of Nampula and Sofala to sign and operate Movitel and Vodacom Communication Services Agreements for HF using SIGLUS.
- Conduct integrated supervision visits focusing on the HFs identified with major disfunctions through the regular application of the HR, IPC and logistic and HMIS checklists.
- Finalize one ToT module for SDSMAS directors to conduct on-the-job-trainings of HF directors aiming at strengthening their abilities for FP/contraception community involvement in Nampula and Sofala.
- Provide TA to ensure that 36 DPs are developed and analyzed, and results are used to reframe strategies to improve FP managerial and clinical performance.

Monitoring, evaluation and implementation research

During Q4 FY4 and previous quarters, the M&E team continued implementing activities to strengthen the quality of project data. The support focused on data quality activities, supervision and technical support to HFs to analyze and present monthly statistics, support the M&E component, draft an operational study to reduce data discrepancy between FP methods delivered through the HF's warehouses and HMIS reported data. Table 28 illustrates the efforts carried out by the M&E team – each M&E officer covers an average of three districts. A total of 640 RDQAs were carried out in FY4 (194 in Q4, 225 in Q3, 140 in Q2, and 57 in Q1) against 396 in FY3 and 138 in FY2.

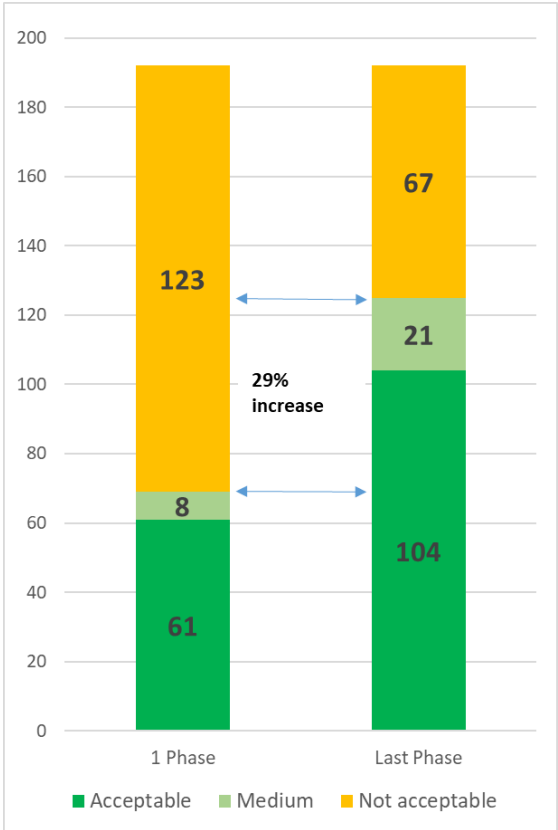
Table 28: Main M&E activities implemented in Q4FY4

		Total FY2	Total FY3	Q1 FY4	Q2 FY4	Q3 FY4	Q4 FY4	Total FY4
Nampula	Supervision visits	86	57	61	52	128	157	**398**
	RDQAs	55	229	56	63	115	77	**311**
	Support to the monthly summary HF data aggregation and discussion	33	31	36	27	77	135	**275**
	Support monthly discussion of Data at district	7	4	6	8	5	15	**34**
Sofala	Supervision	52	76	57	102	110	172	**441**
	RDQAs	83	167	57	77	78	117	**329**
	Support to the monthly summary HF data aggregation	12	71	35	74	47	73	**229**
	Support monthly discussion of Data at district	1	2	3	1	6	2	**12**

Data quality activities

IFPP is not prioritizing health posts for RDQA but focuses efforts on health centers (HC) and hospitals, therefore 216 HFs out of 238 in Nampula and 165 out of 169 HFs in Sofala represent our target. In Nampula, at end of Q4 FY4, out of the 216 targeted HFs, 208 (96%) received at least one RDQA visit and 192 (89%) received at least two RDQA visits, while 143 (66%) received at least three RDQA visits and 72 HFs (33%) received at least four visits. Figure 16 is comparing, at end Q4 FY4, RDQA results between the first RDQA performed and the last one within the cohort of HFs having already carried out at least two RDQAs (192

Figure 16: Comparison of data quality improvement among HFs with at least two RDQAs carried out (1st assessment vs last assessment) at end Q4FY4 – Nampula



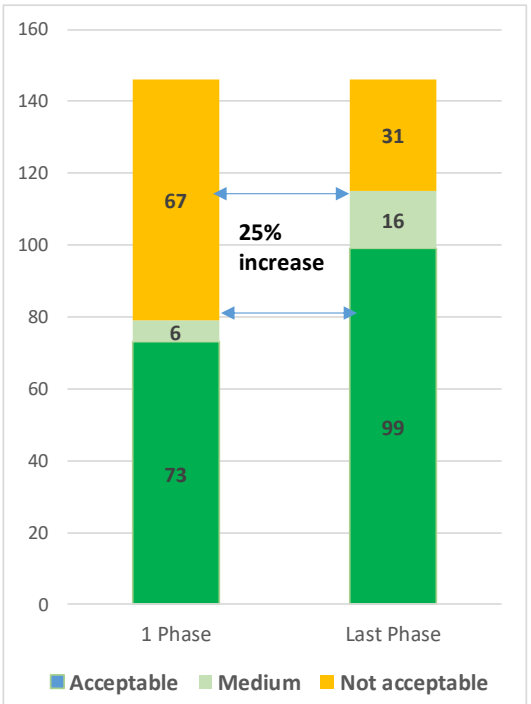
HFs); 104 HFs out of these 192 HFs scored with an acceptable RDQA result and 21 with a medium result. Furthermore, within this sub-group of 104 HFs, at end of Q4FY4, 26 consecutively scored with an acceptable RDQA results against only five at the end of Q1FY4, highlighting that awareness of HF teams is increasing about the importance to report qualitative data. These HFs with two consecutive RDQAs will be assessed every six months instead of quarterly in the next quarters. As illustrated in Table 29, in Nampula, 4% of the 216 HFs have received no RDQA visit, 7% only one RDQA visit, 23% two RDQA visits, 33% three RDQA visits, 25% four RDQA visits, 6% five RDQA visits, and 1.9% six and seven RDQA visits, at end Q4 FY4.

Table 29: # of HFs and RDQA rounds completed at end Q4FY4

Province	# of HF targeted	# of HFs having received only							
		NO RDQA	1 RDQA	2 RDQA	3 RDQA	4 RDQA	5 RDQA	6 RDQA	7 RDQA
Nampula	216	8	15	50	71	54	14	3	1
	100%	4%	7%	23%	33%	25%	6%	1.4%	0.5%
Sofala	165	6	13	18	30	40	36	16	6
	100%	4%	8%	11%	18%	24%	22%	10%	4%

In Sofala province, at end of Q4 FY4, out of the 165 targeted HFs, 159 (96%) received at least one RDQA visit and 146 (88%) received at least two RDQA visits while 128 (77%) received at least three RDQA visits and 98HFs (59%) received at least four visits. Figure 17 is comparing, at end Q4 FY4, RDQA results between the first RDQA performed and the last one within the cohort of HFs having already carried out at least two RDQAs (146 HFs); 99 HFs out of these 146 HFs scored with and acceptable RDQA result and 16 with a medium result resulting in a 25% increase when comparing with the first phase RDQA. Furthermore, within this sub-group of 99 HFs, at end of Q4 FY4, 51 consecutively scored with an acceptable RDQA results against only five at the end of Q1 FY4, highlighting the progresses achieved.

Figure 17: Comparison of data quality improvement among HFs with at least two RDQAs carried out (1st assessment vs last assessment) at end Q4FY4 - Sofala



The main problems faced during the RDQAs continue to be related to not using the daily tally sheet, the poor registration of the mobile brigade data or loss of MB registration logbooks, the incorrect aggregation of the FP integration monthly summary form and, some HF not aggregating APEs and MB data into the HF FP integration monthly summary form. Acceptable data quality, following MISAU scale, is ≤ 10% for data

discrepancy between data observed in primary logbook and data inserted in the HMIS data base, medium data quality is between ten and 20% and non-acceptable data quality is over 20% of discrepancy. In case that data logbooks aren't available at HF's level, RDQA for this HF is considered as "not acceptable". Furthermore, as this problem is not solely the problem of Nampula and Sofala provinces, but exist also in several other provinces, the central SRH/FP TWG is committed to propose revision of the data logbooks to the MISAU, as data quality is hampering evidence-based decision for the National FP program.

Support to the community component

The M&E team in both provinces continued to supported the community component along this FY4 to ensure reliability of records and data reporting, better filing of the community referral forms, improve involvement of and coordination with APEs settled in the areas benefiting of community dialogues, focusing on APEs and TBAs participation to the community dialogue as well as increasing the number of community referrals among APEs. Technical support visits during FY4 were conducted for community supervisors and CFs to accompany the community activities and included the correct filling of the forms.

Photos 26: APEs during the monthly US visit in Nacaroa district Nampula

Photos 27: M&E officer sharing RDQA results in CS de Matibane

Supervision and technical support

During Q3 and Q4 FY4, 36 districts (23 in Nampula and 13 in Sofala) received supervision and technical assistance visits including RDQA and HFs' monthly data review meetings, against 29 districts in Q2 FY4. Verifying the registering of the FP commodities' stock-cards and the correct use and regular updating of the SIGLUS platform are additional tasks introduced since Q1 FY4 to diminish the falsely reported stock-outs. Also, during these supervision visits, support is given in data analysis and updating of graphics and verification of the FP and environment compliance files. During the FY4 a total of 398 supervision visits and technical support were held in Nampula and 441 in Sofala, against 57 in Nampula and 76 in Sofala in FY3.

Support to district monthly meetings and elaboration of HF monthly statistics

During Q4 FY4, 17 SDSMAS monthly data discussions meetings (15 in Nampula and two in Sofala) were prepared together with the respective NEDs against five in Nampula and six in Sofala in Q3 FY4. During the FY4, 34 SDSMAS monthly data discussions meetings were supported in Nampula and 12

in Sofala, against four (Nampula) and two (Sofala) in FY3. Also, in Q4FY4, 208 HF (135 in Nampula and 73 in Sofala) were supported for the elaboration of their monthly statistics against 124 (775 in Nampula and 47 in Sofala) in Q3FY4; comparing the FY3 and FY4, Nampula increase from 31 HF supported for the elaboration of their monthly statistic (FY3) to 275 (FY4) while Sofala increase from 71 (FY3) to 229 (FY4), a consequent increase in support.

Support to the introduction of the Integration registration form into SISMA

During the month of October 2019, MISAU launched into SISMA the introduction of an additional data summary form aggregating separately FP data coming from the outpatient consultations while before these data was aggregated in the SRHR consultation form. With the introduction of this additional form, data was also separated in SISMA, increasing the SDSMAS and HFs' ownership of the FP integration into other services. The M&E teams during Q4 FY4 continued to support the districts to comply with this new directive.

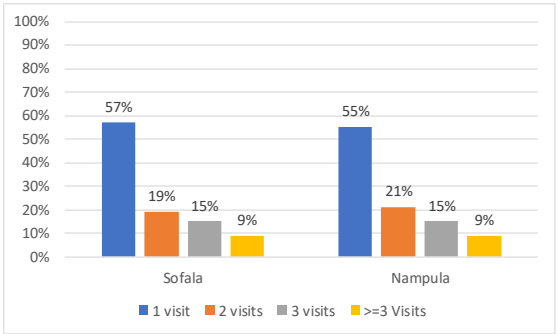
Piloting the FP Integration into others services protocol and the FP Clinical Mentorship protocol

During Q2 FY4, two ISL protocols were developed. The first protocol is related to FP integration into other services by training non-MCH nurses and the second protocol is related to the FP clinical mentorship activities that are being implemented by IFPP. The tools of both quantitative and qualitative data collection were piloted in the district of Angoche in Namitória HF. The main aim of the FP Integration ISL is to identify the variables that influence the successes and barriers related to the FP offering at outpatient service level out of the SRH/FP consultation. The second protocol is related to the FP clinical mentorship ISL and aim to document the successes, constraints, and lessons learned from the HP mentoring program to improve the implementation of this strategy. The FP integration ISL was implemented during Q4 FY4 in the districts of Angoche, Mecuburi, and Nampula City and the mentorship ISL was implemented in Angoche and Nacaroa districts. Results will be discussed in the next quarterly report.

Client perspectives on service quality provided by IPC agents (Computer Assisted Telephone Interview – May 2020) during Q3FY4

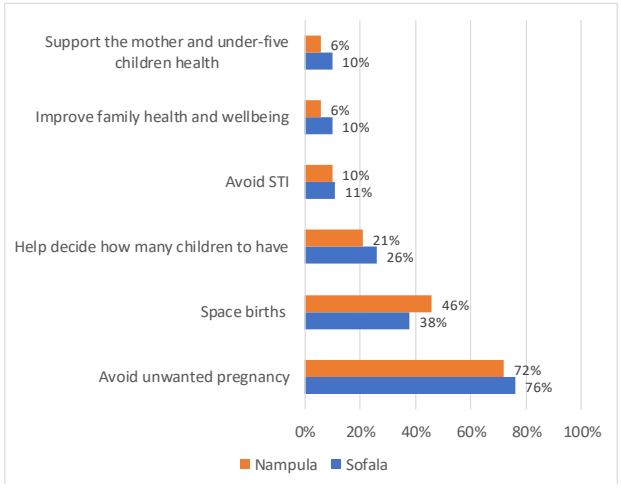
House to house visits is a strategy of the IPC agents to reach WRA to promote the use of FP and data are recorded through the CwS. During this session the women is asked if she accepts to receive a phone call to evaluate the service provided by the IPC agents in Sofala and Nampula province. The objective of this study through CATI interview was to assess the level of satisfaction of the beneficiaries and the impact of the messages conveyed by the IPC

Figure 18: Visits by IPC (n=762)



agents in the urban areas of the provinces of Sofala and Nampula. A sample of 762 (figure 18) women (382 in Nampula and 380 in Sofala) 18 to 49 years of age were selected to participate in this quality service evaluation which took place between the 22nd and the 29th of May 2020. Out of the 762 women participating in this survey, 56% had received one IPC agent's visit and 44% at least two visits with no difference between Nampula and Sofala. 47% (356) remember having received a referral to the HF (51% in Nampula and 42% in Sofala) and of these 356, 45% went to the HF (50 % in Nampula and 39% in Sofala).

Figure 19: Knowledge & Importance of FP (n=356)



Out of these 356 (figure 19), when asked if they believe that FP is important, 98% responded that yes, it is important and, when asked why it is important, 74% mention to avoid unwanted pregnancy, 42% to space births and 23% to help decide how many children to have, 11% to avoid STI, 8% to improve family health and wellbeing and 8% to support the mother and under-five children health. Furthermore, 72% of these 356 women are still using a FP method at the time of the call (76% Nampula and 66% Sofala; 65% 18-24 years old and 76% 25 -49 years old); out of the 28% currently not using a FP method, when asked why, 42% answered they are not interested to use FP (46% in Nampula and 39% in Sofala; 54% 18-24 years old and 31% 25 -49 years old), 11% were currently pregnant, 11% are trying to be pregnant, 9% have difficulties to become pregnant, 8% complain about contraceptive method's side-effects, 3% mention that partner doesn't accept and 16% other reasons.

Out of these 356 women, when asked to evaluate the performance of the IPC agent, overall, the women were satisfied with the way the IPC agent did the session (99%) and felt comfortable in talking with the IPC agent (99%). Out of the 149 women who received a referral and went to the HF, when asked to evaluate the service provided at the HF, 40% stated that it was good 35% said that they liked it because it is discrete, 17% because it is close to home and 3% didn't like the service. Out of 161 women who received a referral and went to the HF, 46 went only once or twice, when asked why, 46% answer my next consultation is scheduled for later, 22% had no time, 17% claim not having been informed about the necessity to go back, 7% because the HF was closed, and 9% for other reasons.

Visit of Pathfinder MEL Director to Sofala

During the month of October, in Q1 FY4, Pathfinder International's MEL Director visited IFPP. In Dondo, all outpatient consultations offering FP were visited, register logbooks were checked, and conversations with providers to understand constraints and achievements were held. In Beira City

(Ponta Gea HF), the maternity sector, the SRH/FP consultation and the YFS were visited. A RDQA was carried out and data visualization was supported.

FP and Environmental Compliance

During Q4 FY4, out of 82 HFs assessed for FP compliance, 51 (62%) were compliant, while in Q3 FY4, out of 138 HFs assessed for FP compliance, 58 (42%) were fully compliant. For those who are not yet fully compliant, this is due to a few HPs who have not yet participated in the eight-day FP training including the compliance module. Out of 130 HFs assessed for environmental compliance this quarter, 45 continue to be fully compliant.

Pathfinder's pervious FP/Environmental Application made it difficult to add new staff as users and manage and share reports. Therefore, IFPP migrated to another system in Q4 FY4 – Kobotool Box. Although challenges remain, Pathfinder can more easily track FP and environmental compliance. The team will undertake more proactive management during Y5 as staff become confident in the new system.

Non-environmental compliant HFs are facing difficulties to segregate the different types of waste (biological waste such as placenta, infectious waste such as used needles and syringes, and common waste) and to decontaminate the medical equipment such as temporarily immersing used medical equipment (e.g. speculums, forceps, trawlers) in basins with chlorine solution. There is also a lack of appropriate incinerators and fencing surrounding the sanitation area. Other common problems at the HF level are related to poor incineration of the garbage at sanitary landfill, poor conservation of the medical and surgical tools, and incorrect use of hypochlorite. Buckets and basins are scarce and not identified, garbage is not deposited in plastics, HPs don't properly use gloves and don't do prior hand cleaning, absence of cleaning plan posted at HF's services, shortage of cleaning personnel at HF level.

During Q3 FY4, the IFPP Biosafety Project Officer has trained the staff of 30 HFs with MISAU staff to implement the correct waste management and biosafety standards. Some of the HFs received more than one visit during the

Table 23: HFs receiving IFPP Biosafety Project Officer Technical Assistance in Q3FY4

Districts	HFs supported
Nampula City	Namiconha, Namicopo, 1o de Maio, Anexo ao Hospital Psiquiátrico and 25 de Setembro
Mecubúri	Namina and Mecubúri
Eráti	Intuto, Mirrote, Samora Machel, Alua and Namapa Rural Hospital
Memba	Namahaca, Chipene, Simuco, Mazua, Nivale and Memba Sede
Rapale	Namaíta
Muecate	Muecate, Namina Rio and Napala
Ribaue	Iapala Monapo, Namiconha and Rural Hospital
Meconta	Nacavala
Malema	Mutuali and Nioce
Mogincual	Namige and Quixaxe

quarter strengthening like this the follow up of the recommendations. Table 23 lists the district and HFs.

Additionally, IFPP did a refreshment on correct hand washing, how to use the masks correctly for SDSMAS directorates during the Human Resource management training. After the technical assistance, IFPP recommended to acquire Biosafety materials (vests) and distribute to the HF staff, and trained HF staff in biosafety procedures.

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	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.A. # new users of modern contraceptive methods	595,202	278,144	1,018,869	752,299	89,422	548%	126,646	133,047	119,169	**111,135**
	Since April 2016, the MISAU "FP new user" indicator defined new users as "first time users in life." For the FY4, IFPP proposed the target of 89,422 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. Before April 2016, the concept of new user was "first time for the current year" and obviously, this indicator "first time user in life" doesn't seems appropriate in Mozambican context. The revision of the registration books was planned to start during the FY4Q2 and hopefully piloted during the FY4, but because of the COVID-19 the revision was postponed									
# of women initiating a contraceptive method	3,669,755	544,230	1,159,123	932,254	620,477	111%	181,212	175,932	166,391	**164,271**
	The IFPP suggested, at end of FY2, 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. FY2 is probably overreported due to implementation of the MCH National health week and the SRH and CECAP "caravan" organized during July-August 2018. During the FY3, a total of 932,254 initiators were reported against 698,036 planned, an annual percentage achieved of 134%, meanwhile the FP post-IDAI emergency campaign contribute to most probably overreporting, explaining why we are still above 120% of IFPP yearly target. At end Q4FY4, IFPP reached 111% of the FY4 annual target, reaching 687,806 against 620,477 planned									
1.B. # continuers users of modern contraceptive methods	548,324	399,381	639,144	642,638	667,145	81%	121,346	142,918	133,280	**145,116**
	Following MISAU definition, a "continuer" user is a woman who used a FP method already in her life and should be registered only once per year in the FP logbook and for LARC only once in her life. The FY2 results were influenced by the National Health Week (NHW) and the CECAP caravan. IFPP surpassed the annual target by 14%. The total for FY3 is 642,638 continuers users reported against 565,067 planned, an annual percentage achieved of 114%. At end FY4 Q4, IFPP reached **81% of the annual target** but there **is a lot of discrepancies between the number of users using a refill (160,391) and the number of continuers registered (145,116) which should be similar. Meanwhile, IFPP has reached 118% of the LOP target (542,660/458,324)**.									
1.C. Couple Years of Protection	4,366,065	591,722	1,233,514	1,042,710	1,316,310	71%	238,887	223,930	211,337	**262,578**
	Data disaggregated by method are presented in the PMP in annex. The FY2 annual target was 615,391 CYP. At the end of FY2 the project had reached 200% of the annual target. This achievement was influenced by the NHW and the 2017 contraception week that occurred during Q1 as well as the SRH and CECAP "caravan" organized during the July-Sept 2018. The FY3 annual target proposed, based on FY2 achievement, was 1,282,855. At the end of FY3, 1,042,710 CYP were									

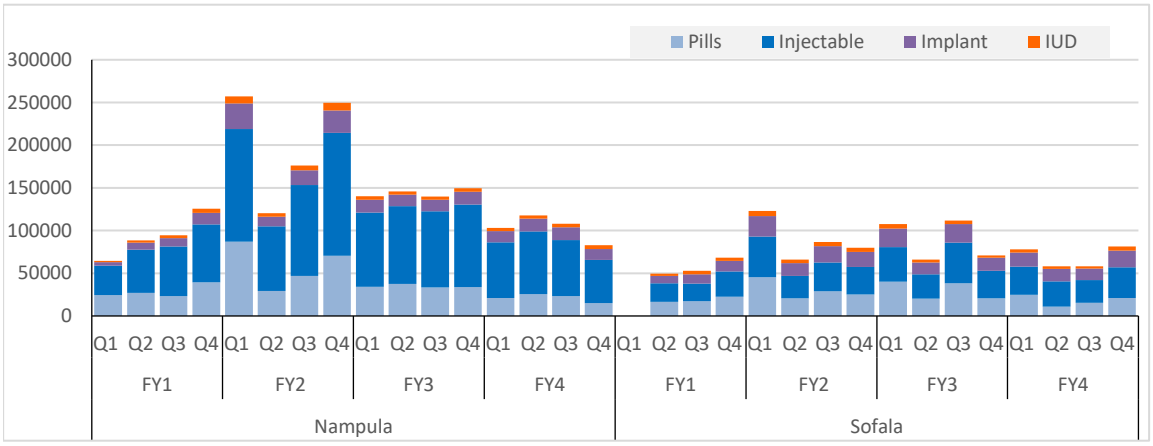
	reported thru the HMIS corresponding to eighty one percent of the annual FY3 target. Meanwhile, the comparison between the number of commodities supplied through DPM and the FP services registered through HMIS, shows significant discrepancies, specifically for IUD and Implants which, in turn, over-estimated the FY2 CYP achieved. The magnitude of the discrepancy in FY3 has already diminished when comparing with FY2, explaining the 81% of achievement and illustrating the efforts carried out to improve data quality. At end Q4FY4, a total of 936,732 CYP are reported through HMIS corresponding to 71% of the Y4 project target which was set based on highly overreported results of Y2. Technical support to reliably register data continued to be intensified in Y4 and Y4 CYP data is below the one reported in Y3 which was still overreported. IFPP requested to decrease the LOP target from 5,344,145 to 4,366,065, and at the end of FY4 IFPP reached **87% of the LOP target**.									
1.C. 1. Couple Years of Protection annualized	3,273,564	280,074	651,401	813,071	906,769	103%	237,534	209,177	226,838	**256,220**
	This indicator was proposed to be included in order to better measure IFPP efforts and better account for LAPM impact throughout the years by not accounting all the LARC CYP in the year of insertion. Following districts will have additional focus and support in Nampula: Erati, Lalaua, Rapale and Ribaúe as these are the only ones plateauing (MB, contraception week to be held in 1st week of November will be the boosters); in FY4, IFPP reached 929,769 and cumulatively 2,674,316 since the beginning of the intervention.									
Indicator	**LOP Target**	**Achieved FY1**	**Achieved FY2**	**Achieved FY3**	**FY4 Annual Target**	**Annual % Achieved**	**Q1**	**Q2**	Q3	**Q4**
1.D. # women receiving contraceptive services in HIV services	43,512	3,136	10,000	11,033	20,516	70%	2,479	2,873	4,212	**4,762**
	During FY1, 3,136 WRA received contraceptive services in HIV services, 10,000 in FY2, 11,033 in FY3 and 14,326 in FY4 illustrating an increase trend over the years; at the end of FY4, IFPP is on track as **88% (38,495/43,512) of the LOP target** is achieved; note that the FY4 proposed target was too ambitious. Also, note that the recent introduction of ART follow up consultations passing from quarterly to bi-annually will lower the number of STAM WLHIV users who will received their FP method at HIV services; there is also an increasing proportion of LARC users within the WLHIV subgroup who rarely need re-supply.									
Indicator	**LOP Target**	**Achieved FY1**	**Achieved FY2**	**Achieved FY3**	**FY4 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	71,373	77,957	102,582	84%	20,437	20,073	20,948	**25,123**
	During Q4FY4, 6,837 PPIUDs were inserted and 18,286 women accepted another modern contraceptive method, totaling 25,123, totaling 86,581 for FY4 and representing 84% of IFPP FY4 annual target. Compared to the number of institutional deliveries registered in Q4FY4, 30% of the women who gave birth at an HF have accepted one of the eligible post-partum FP methods - an increase from 26% in Q3FY4 to 31% in Q4FY4 in Nampula, and from 24% (Q3) to 28% in Q4FY4 in Sofala. **At the end of FY4, IFPP is on track to achieve the LOP target (330,059) as 272.338 or 83% post-partum clients accepted already a modern contraceptive method prior to or at discharge.**									
1.F. # users receiving modern contraceptive methods from APEs at community level	751,661	47,072	125,941	215,241	87,832	300%	55,135	62,219	64,654	**81,314**
	The total reported for FY3 was 215,241 WRA served by APEs against 84,454 planned, an annual percentage achieved of 255%. Meanwhile this number integrated the FP post-IDAI emergency campaign data allocated to APEs which are overreported as the pick of WRA served in May drop down in the following months (see detailed explanation in APE chapter). During Q4FY4, 81,314 women were reported as served through the APE's network and the total of WRA served for FY4 is of 263,322 (300% of the IFPP annual target). Cumulatively, at end FY4, IFPP totalizes 651,576 users receiving a FP method from APEs, **corresponding at 87% (651,576/751,661) of the LOP target,** being on track to reach the LOP target. The number of APEs trained and active has considerably increased and are actively supported as they represent an opportunity to reach the furthers.									

Comments:
Cyclone Idai affected the data being reported during Q2FY3 in Sofala and this information was updated during Q3FY3.

In general, indicators show a sustained moderated expansion of IFPP for the number of postpartum clients accepting a contraceptive prior to or at discharge and for the number of users receiving contraceptive from APEs at community level; meanwhile for the number of WRA initiating a method and for the CYP, IFPP has a trend of slight increase (CYP both provinces; FP initiators in Sofala) or a diminution in Nampula (FP initiators – but in in Q4FY4, data were voluntary sub-reported as other outpatients initiators of a FP method were not reported once possible duplication should be audited next quarter) while quality of data reported is being progressively improved since FY3; indeed, in beginning of FY3, IFPP noticed that important discrepancies were existing between LARC contraceptives supplied through the CMAM and reported through HMIS which was highlighted at the national MCH meeting; consequently, IFPP increased its M&E team to support the NHS to progressively correct inconsistencies. Note that in Q1FY2 and Q4FY2, data were strongly influenced by the MCH NHW and the contraception week conducting to overreports; even if It was expected that some of the new SAM users and continuers reached during these two events will have difficulty refilling their methods in future quarters, it was not expected that the drop will be so wide. Meanwhile, it is important to highlight that LARC methods supplied thru CMAM are progressively and consistently increasing since Y1, showing that more WRA are being inserted with a LARC.

Figure 20 shows the trend in women initiating a contraceptive method. Q1FY2 received a huge pull with the NHW that was also repeated during Q4FY2 with the CECAP "caravan" organized during the June-July 2018 – but returned the following quarter to their original levels, highlighting indeed that there was data overreporting. During Q1 and Q2 FY3 the NHW was canceled and the data represents only routine HMIS data, but during Q3 an emergency health week was held in Sofala representing 54% of Sofala results which seems to be unlikely. A first verification with the HP in charge of data aggregation confirm us that the FP data produced at the HF level during the emergency week were reported two times as the instruction received from the DPS was to report the emergency data in the daily summary of the emergency health week and the same data were also aggregated in the HF monthly summary instead of being not aggregated. Analyzing the method mix within the group of initiators – without including the maternity data, for Nampula, during Q4FY4, we have 5,5% for interval IUD, 15,3% for implant (a total of 20,8% of LARC), injectable are responsible for 61% and pills with 18% For Sofala, interval IUD is responsible for 6%, implant 24% (a total of 30% of LARC), injectable represents 44% and pills 26%. **When comparing the method mix for LARC from Y3 to Y4, Nampula increased from 12% (FY3) to 17% (FY4) and 24% (FY3) to 28% (FY4) in Sofala.**

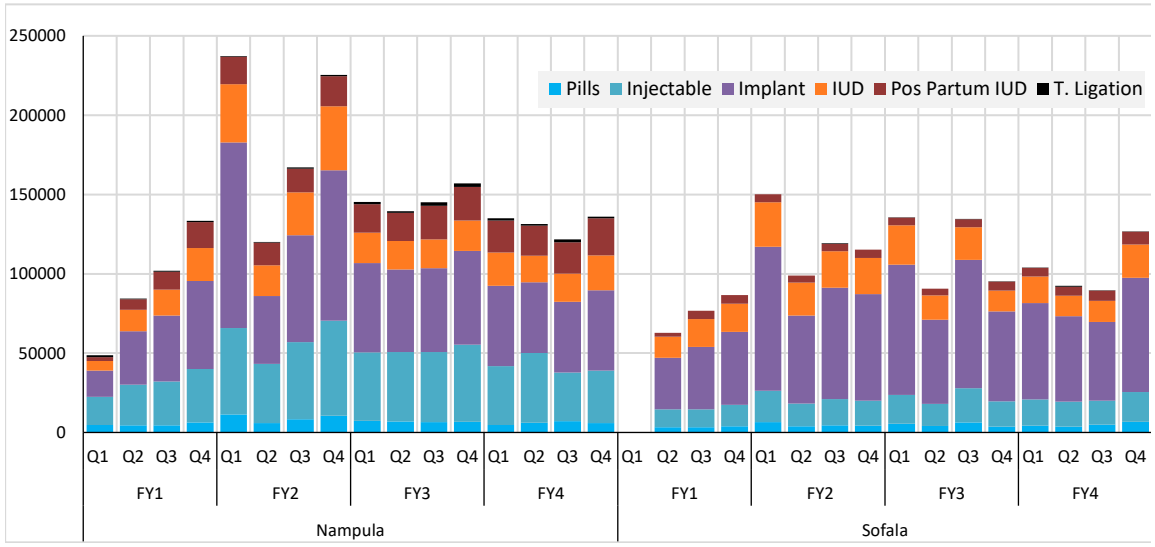
Figure 20. Trends in women initiating a contraceptive method by type of method in Nampula and Sofala provinces - October 2016 to September 2020 (w/o PPFP at Maternity and minilap)



CYP data (Figure 21): first, data for Q1FY1 are not comparable to the other quarters, as IFPP reported data from only 17 districts in Nampula compared to the 23 in the following quarters. From Q2FY1, data reported on a quarterly base are comparable. Data from Q1FY2 and Q4FY2 were influenced by implementation of the MCH NHW and the SRH and CECAP "caravan" organized during the 2018 Russia football world championship and most probably overreported.

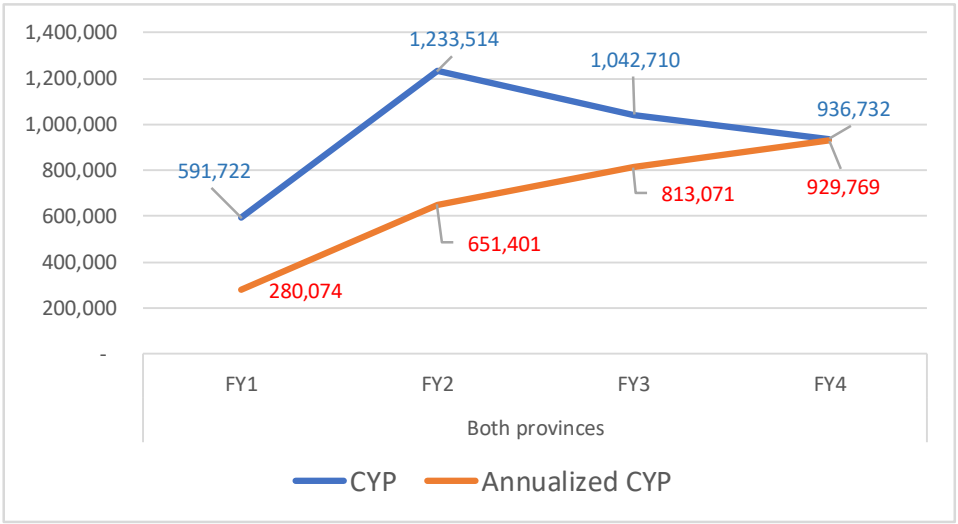
During Q2FY4 the CYP in Nampula decreased by 2.7% compared to Q1Y4, with LARC being 61% of the CYP. In Sofala, the CYP decreased 10.9%, mainly due to the rainy season. Q3FY4 was affected by COVID-19 and when comparing Q2FY4 with Q3FY4 the CYP in Nampula decreased 7.4% mainly due to a decreasing of short-term methods – highlighting the need of increasing community-based service delivery, community MBs, and diminution of shortage's picks at HF's level - and in Sofala 13.7% mainly due to a decrease of LARC methods. During Q4FY4 due to the IFPP effort in increasing the mobile brigades, support to post-partum FP, Nampula CYP increased in 11,7% when comparing with Q3FY4 with LARC being 71% and in Sofala the CYP increased in 36,9% when comparing with the Q3FY4 with LARCs being 80%.

Figure 21. Trends in CYP in Nampula and Sofala provinces - October 2016 to September 2020



During the FY5 annual workplan USAID – IFPP review meeting, held in Q4FY4, the stagnation of the CYP standard indicator was debated as there is a regular diminution of this indicator (blue line in Figure 22) along the years but there was also a clear overreport of LARC in FY2 through the MISAU HMIS reported data as the HMIS data were higher than commodities distribution data from SIMAM.

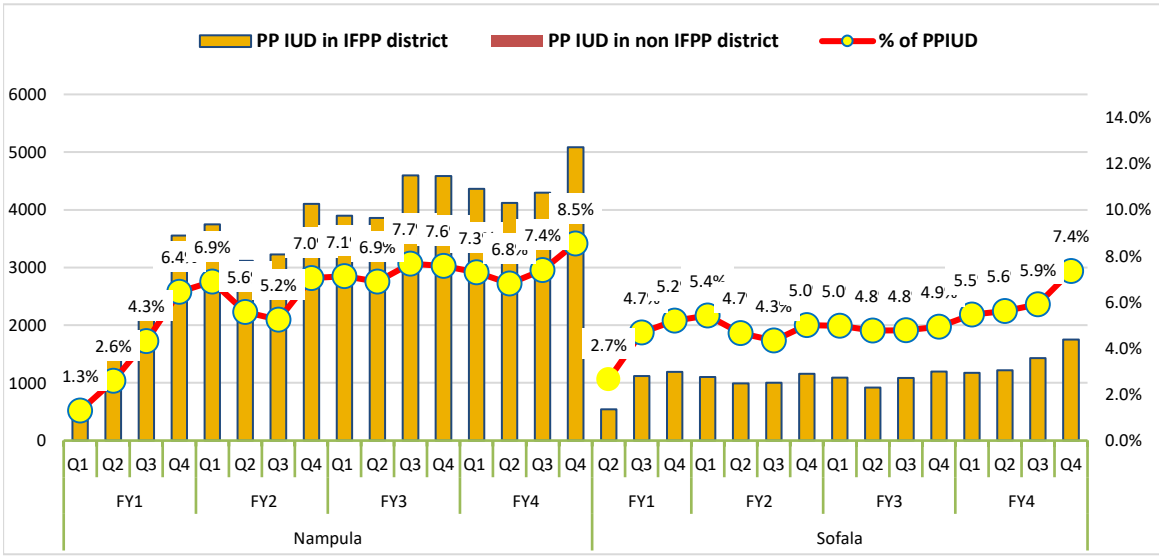
Figure 22 : standard and annualized CYP trends along the years for both provinces:



Further on, as the standard CYP is concentering the protective effect of the LARC all in the same year (for example the 3.8 years of couple protection will all be accounted for the only year of insertion), the number of couple protected is not distributed along the years. The "annualized" CYP (orange line in figure 22) takes into account the effectiveness period of each long-term method allocating its protective effect over the projected duration of contraceptive protection (i.e. the conversion factor) and therefore represents more reliably the number of couple being really protected in each year.

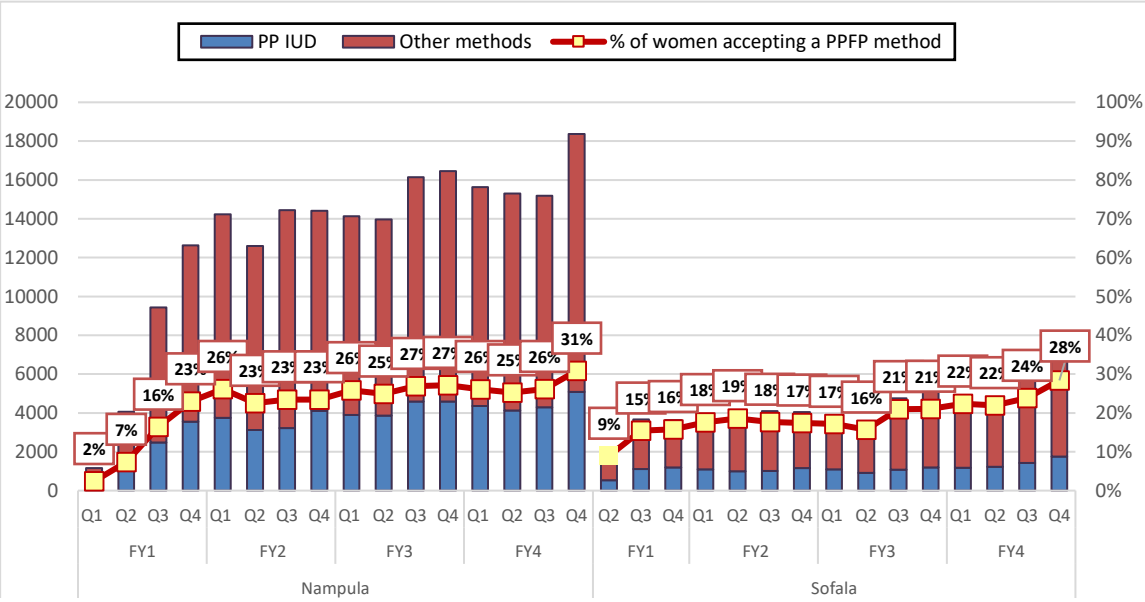
IFPP is increasing access to immediate post-partum FP methods (IUD, implants and progestin pills). The percentage of the women who give birth at HFs and adopt PPIUD (Figure 23) is stabilizing along the FY2 and FY3 while increasing again in Q4FY4 to 8,5% in Nampula province and 7,4% in Sofala province, resulting most probably from the intensive mentorship activities carried out in FY4 and particularly in Q4FY4 for PPIUD checklists.

Figure 23. PPIUD and institutional deliveries by province from October 2016 to September 2020



When analyzing post-partum women accepting a modern contraceptive method at the maternity level (Figure 24 - PPIUD and other PP methods as captured and reported under HMIS-SISMA), Nampula province reached 31% and Sofala province 28% during Q4FY4.

Figure 24. % of women accepting Post-partum FP method at Maternity by quarter and province from October 2016 to September 2020



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

1.1.1. # health providers trained on modern methods of contraception	3,749	2,309	1,032	604	180	413%	102	97	244	**300**
	IFPP implement an accelerated start-up training 3,341 HPs during the FY1 and FY2. During FY3, IFPP trained an additional 604 HPs and 743 HPs in FY4 responding to the needs identified on the field with recently posted HPs. At the end of FY4, a total of 4,694 HPs was trained **corresponding to 125% (4,694/3,749) of the IFPP LOP target**									
1.1.2. % of health providers who have completed the training on modern methods of contraceptive with positive score in the post test	80%	90%	93%	90%	80%	97%	96%	98%	98%	**96%**
	A total of 96% of the HPs trained during Q4FY4 have completed the training with positive score in the post-test and 97% (718/743) for the entire FY4 trainee's cohort, **surpassing LOP target.**									
1.1.3. % of supported service delivery sites providing family planning counseling and/or services	100%	68%	92%	98%	100%	98%	98%	98%	98%	**98%**
	At end of Q4FY4, 400 out of 407 HFs (**98% of LOP target**) had already at least one HP trained in FP through IFPP, 166 HFs in Sofala out of 169, and 234 HFs out of the 238 in Nampula. Due to civil unrest in Nhamatanda district, Sofala province, three HF were closed reducing the total number of HF from 172 to 169 in Sofala.									

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	Achieved FY2	Achieved FY3	FY4 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	723	543	706	85%	211	199	20	**169**
	During FY4, a total of 599 additional CHW were trained (85% of the FY4 target) totaling 3,628 on a LOP target of 3,735 reaching already at end of FY4, **97% of the LOP target**; the 599 CHW of FY4 are divided into 472 TBAs, 27 APEs, 55 IPC agents and 45 community facilitators.									
1.2.2. # mobile brigades conducted including contraceptive services	**10,873**	**1,639**	**3,383**	**3,303**	**3,160**	**91%**	**823**	**669**	**281**	**1,110**
	During Q4FY4, IFPP supported 1,110 MBs (561 in Nampula and 549 in Sofala) reaching at the end of Q4FY4, 91% of IFPP annual target. The MB activity was heavily affected during Q3 FY4 due to COVID 19 MISAU orientations. At end FY4, IFPP have carried out a total of 11,208 MBs reaching **103% of the LOP target.**									

Comments

IFPP has introduced in Q1FY4 a suite of synchronized mobile brigades to reduce barriers to access for vulnerable populations such as youth, and consistent access for those living far from health centers. Four types of MBs - continuation MBs, school-based MBs, targeted rural MBs, and community dialogue MBs were defined and planned to reach a priority population with limited access and amplify the impact of other related activities to accelerate progress towards government of Mozambique goals and FP2020 commitments. An important aspect of this synchronization is increased engagement of CLLs in planning and mobilization activities to increase accountability on both sides, both ensuring that the brigades are held regularly by the MISAU and that community awareness and attendance of brigades is high. Continuation MBs take place at strategic locations along population corridors where there is a large distance between HFs. The previous provision of injectables, implants and intrauterine devices (IUDs) is now restricted on school grounds so the school-based MBs offering an expanded method mix are now taking place in the surrounding area near secondary and technical schools, focusing mainly out-of-school adolescent but remaining accessible to in-school adolescent. The school-based brigades in urban context are mainly financed with cost-share funds managed by PSI. The MBs synchronized with the community dialogue intervention has also been carried out since Q1FY4 to strengthen connections between demand generation activities and easy access to FP services.

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
1.3.1. % confirmed referrals from communities to facilities for FP services	40%	57%	68%	64%	35%	75%	72%	74%	75%	**77%**
	With CwS platform, all IPC agent's referrals are now electronic and are accountable. For TBAs and CFs, the clients are receiving a paper slip from a triplicated referral copybook for CFs, and the TBAs MISAU reporting form for client referred by TBAs; these referrals are confirmed counting the referrals slips at HF level for CFs and thru the monthly HF-TBAs meetings for TBAs. During Q4FY4 out of 66,986 referrals made (paper and electronic), health providers based at HFs have confirmed 51,550 referrals corresponding to 77% of confirmation rate. Analyzing the FY4 data, a total of 142,153 referrals were confirmed by the HP of a total of 189,284 (75%) referrals made, **surpassing the 40% LOP benchmark**.									

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	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.1.1. # contacts conducted by trained TBAs/activists to women	1,147,520	174,531	322,583	532,843	295,680	290%	145,277	196,966	222,477	**292,279**
	During Q4FY4 292,279 contacts were conducted. The annual target of FY4 is 295,680 contacts, IFPP surpassed the annual target in 190% (856,999/295,680). **When analyzing having in account the LOP target, this was surpassed at the end of FY4 in 64% (1,886,956/1,147,520).**									

The number of women contacted in Nampula during Q4FY4 was about 167,753 (67,303 by CFs, 85,583 by IPC and 19,137 by TBAs) and, in Sofala, about 124,526 (49,958 by CF, 70,000 by IPC and 4,568 by TBAs).

During the total FY4 856,999 contacts to women were made (333,629 by CF, 462,454 by IPC agents and 65, 186 by TBAs), against 532,843 during FY3 (300,459 by CFs, 192,998 by IPC and 39,386 by TBAs) an increase of 61%.

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.2.1. # community dialogues conducted on FP (6 sessions completed)	13,056	0	3,226	3,887	5,110	103%	781	1,212	845	**2,433**
	During this Q4FY4 2,433 community dialogues were conducted, 1,278 in Nampula and 1,155 in Sofala, totaling 5,271 and reaching 103% (5,271/5,110) of the FY4 annual target. Q3 FY4 was influenced by the COVID-19 as government orientations prohibited the community dialogues groups during six weeks in Nampula and three in Sofala, but CHW teams doubled the community dialogue groups during the last									

2.2.2. # community radio sessions broadcasted on FP/HTSP	quarter. Comparing the FY3 and FY4 there was an increase of 35% in FY4 and, at end FY4, **IFPP is reaching already 95% of the LOP target (12,384 /13,056).**									
	1,475	323	321	429	384	113%	49	141	127	**118**
	During Q4 FY4, 118 radio sessions were broadcasted (30 in Nampula and 88 in Sofala), totaling for FY4, 435 radio sessions distributed in 124 radio sessions broadcasted in Nampula and 311 in Sofala. At end FY4, IFPP supported the broadcast of already 1,508, **reaching like this 102% of the LOP target (1,508/1,475).**									

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
2.3.1. # meetings held with SBCC project to plan/coordinate SBCC approaches	NA	2	1	1	0	0	0	0	0	**0**
	No meetings were planned for this quarter									
2.3.2. # capacity building sessions for community radios and community groups in SBCC for FP	10	2	2	2	2	200%	0	0	0	**4**
	Four building session were carried out this Q4FY4 quarter and, at end FY4, IFPP carried out the ten building sessions planned for the LOP**, reaching 100% of the LOP target**.									

IR 3: Strengthened FP/RH health systems

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.A. # DPS including FP interventions in annual PES and budget	2	2	2	2	100%	2	2	2	2	**2**
	In Nampula the planning process for PES/PESOD 2021 was carried out during Q1 and Q2 periods and co-funded the Provincial Planning Meeting held in Ribaue to jointly review and realign PES/PESOD with the district managers and local partners with the participation of 61 SPS, DPS and SDSMAS directors and financial managers, including eight IFPP, Alcançar, IPAS and ICAP. To comply with COVID-19 prevention guidelines the meeting was split in two district planning sessions of 30/31 participants each. IFPP has discussed and aligned with DPS and SDSMAS its FY5 SR-FP/MCH priority activities in planning, M&A, HR, Logistics and SR/FP-SMI program management. Both DPS (Sofala and Nampula) have included FP interventions in annual PES and budget, **IFPP like this is reaching 100% of LOP target** In Sofala, in Q3, IFPP co-facilitated with DPS-Department of planning and cooperation, several district planning meetings to disseminate government priorities for 2021, updated district managers on the revised Medium-Term Fiscal Framework (CFMP), assessed the necessary financial, human and health commodities resources, and agreed on SDSMAS targets for 2021.									

3.B. # SDSMAS/DPS achieving satisfactory scores in MSC assessment	36	7	21	19	25	144%	11	14	17	**19**
	As the 17 semesterly MSC assessments planned in Q3 and the 19 planned in Q4 were carried out with 100% of them achieving satisfactory score of 80% at least, throughout the FY4, all 36 districts, 23 in Nampula and 13 in Sofala targeted in the LOP have received quarterly competence-based TA and supervision visit and on-the-job-training resulting in an increased compliance with the management SOPs. Overall through the last FY4 district MSC scoring, the 36 districts receiving IFPP support reached 80% of satisfactory scoring and **IFPP reached already 100% of the LOP target.**									

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
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%	6%	3%	0%	0%	4%	3%	0,4%	**0%**
	To report this indicator, the CommCare App, SIMAM, and SIGLUS tools are used as sources of information to report stockouts of the main five methods of contraception (IUD, implant, progesterone-only oral contraceptives, combined oral contraceptives and DMPA-IM / SC). **IFPP like this already achieved the LOP target (5% or less of HF suffering stock-out)** In Nampula, a total of 155 HF were assessed which corresponds to 65.4% of the total HF (238 HF), distributed among those implementing SIGLUS (116 HF) in 13 districts, mentored through CommCare App (28 HF) in nine districts and SIMAM (11 HF) focusing on hospitals. Similarly, in Sofala 105 HF were assessed representing 63.3% of the total HF (169 HF), distributed among those implementing SIGLUS (75 HF) in eight districts, mentored through CommCare App (23 HF) in five districts, and SIMAM (7HF). The percentage of stock-out (after data cleaning – based on the paper stock cards) decreased from 4.4% (Q1) to 0% (Q4); similarly, the percentage of stock-out (before data cleaning – based on electronic stock cards) has decreased from 41% to 14% highlighting the progress made by the SIGLUS users in daily operating their tablets.									
3.D. % of supported SDPs with all eligible health providers trained in a range of modern contraceptive methods	80%	32%	45%	46%	90%	68%	47%	41%	53%	**70%**
	At the end Q4FY4, 70% of all HFs in both provinces (82% or 139 out of 169 HFs in Sofala, and 61% in Nampula or 146 out of 238 HFs in Nampula) had all eligible health providers trained in a range of modern contraceptive methods. Q2FY4 was a back-step due to the income of recently posted HP, IFPP in Q3 and Q4FY4 has increased the number of trainings in order to diminish the existing gap, but with some limitation due to the COVID-19 emergency state. **IFPP should strengthen its effort as the LOP benchmark is 100%**									

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.1.1. # DPS and SDSMAS staff receiving TA/capacity-building in FP	152	52	128	192	152	208%	147 (50 in Sofala + 97 in Nampula)	170 (81 new – 44 in Nampula and 37 in Sofala)	125 (26 new: 15 in Sofala and 11 in Nampula)	**196 (62 new: 28 in Sofala + 34 in Nampula)**

planning, budgeting and implementation	In Q4, IFPP provided TA and on-the-job capacity building trainings to 196 DPSs and SDSMAS health managers working in planning, financing and SIS-M&A, HRH/SIFo, Logistics/SIGLUS and FP-MCH Program to ensure their have appropriate and sustained skills to properly manage and assess the implementation of 2020 PES/PESOD activities as guided by their quarterly and annual operational plans, and correctly review FP/MCH performances, based on their MSC and DPs results. At the end Q4FY4, a total of 316 SDSMAS and DPS managers, 186 in Nampula and 130 in Sofala received knowledge and skills to ensure and sustain compliance with quality standards in planning, budgeting and implementation of PES and PESODs beyond IFPP support, against 152 planned for the LOP, **reaching 207% of the LOP target.**

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 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	36	36	100%	36	36	36	**36**
	This indicator has already been reached at 100% of the LOP target since Year Two of IFPP project implementation and the managers of provincial and district depots have mastered the use of route plans and logistic maps to manage FP commodities deliveries at HF. With the Village Reach Last Mile Supply Chain supporting the distribution of health commodities in Nampula and Sofala from DPM to HF, much of the IFPP's efforts in this quarter were directed to support 28 DDM managers (15 in Nampula and 13 in Sofala) in the use of logistic maps and updated distribution plans and routes to ensure monthly distribution of FP/health commodities, including the provision of transport with fuel. In September-month of contraception, IFPP also extensively supported DPMs to ensure timely distribution of contraceptives at the campaign's distribution points.									

Comments

Logistics maps serve as the primary reference material upon which each district develops its monthly distribution plan for commodities including 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 (such as 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.

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
	42	0	13	6	18	117%	0	8	12	1

3.3.1. # of HF that undergo CSC feedback processes through community discussions at least once per year	During Q1FY4 CSC process was initiated in 29 HFs of which 21 were first-time-involved HFs (13 in Nampula and eight in Sofala) and eight repetition HFs (four in Nampula and four in Sofala). During Q2FY4, eight HFs – all involved for the first time - completed the CSC process (three in Nampula and five in Sofala). In Q3FY4, an additional 20 HFs completed the CSC process of which 12 HFs (nine HFs in Nampula and three in Sofala) completed the process for the first time and eight HFs were HFs of repetition.In Q3FY4, IFPP is reporting 12 units; in Q4 one additional HF completed the CSC process for the first time, totaling at end Q4FY4 20 HFs completing the CSC process for the first time and achieving like this 117% (20\1/18) of the FY4 target. As 13 HFs in FY2 and six in FY3 completed the CSC process for the first time, at end of FY4, **IFPP already reached 95% (40/42) of the LOP target**

Comments

No comments for this quarter on this activity.

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 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	859	998	180	359%	159	82	164	**242**
	During the FY4, a total of 647 HPs trained in FP were registered in e-SIFo against 180 planned in FY4, like this IFPP achieved 359% of its FY4 target; at the end of FY4, since FY1, 4,415 HPs were registered in e-SIFo against a target of 3,533, **IFPP has already achieved 125% of the LOP target.**									

Comments

IFPP provided TA in the institutionalization of district in-service training nucleus, strengthening staff competencies in operating the MISAU's HRIS or e-SIFo platform. The project also developed and distributed clear SOPs for the reporting and registration of in-service trainings using e-SIFo forms in the respective platform.

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

Indicator	LOP Target	Achieved FY1	Achieved FY2	Achieved FY3	FY4 Annual Target	Annual % Achieved	Q1	Q2	Q3	Q4
3.5.1. # of districts that hold quarterly data review meetings using district profiles	36	16	16	23	36	89%	20	33	36	**32**
	During Q4FY4, 36 SDSMAS, drafted their FP district profiles (DPs), 23 in Nampula and 13 in Sofala but only 32 (88.9%) SDSMAS, - 19 (82.6%) in Nampula and 13 (100%) in Sofala – carried out the data review meetings and used DP results to update QI action plans. **This represents an achievement of 88.9% against the LOP target** of 36 DPs discussed and a decrease of 11.1% percentage points when compared to 36 (100%) achieved in FY4Q3.									

	Four districts in Nampula (Meconta, Memba, Muecate and Nacala porto) did not discuss their DP results due overlapping of schedules of the MCD and no task delegation. Through these meetings, districts and HF managers, including local partners have jointly identified and addressed bottlenecks to improve FP key performance indicators regarding the availability of contraceptives stocks, trained HP, performance of the MB and FP service integration in outpatient services , quality of their FP data.

Collaboration with other donor projects

During this fiscal year coordination meetings took place with government partners (MISAU, PHDs, and District Directorates of Health) and other partners such as FP2020, PSM, Alcançar, and UNFPA.

The main agenda items at the discussion with MISAU across three national technical working groups (adolescent and youth and FP and SRH commodities taskforces) include:

1) Review and finalize the FP/SRH messaging for HFs around COVID-19;
2) Preparation and roll-out of national MCH nurses cascade training package for continuum of care under COVID-19 scenario;
3) Review of FP commodities pipeline for calendar Q2 and needed adjustments based on consumption; and
4) FP2020 workshop with anglophone member countries;
5) Workshop for SRH commodities forecasting where IFPP transferred and coached PSM and MOH staff for its use;
6) GFF Investment case FP indicators review for DLI2 (disbursement linked indicator);
7) Review and updated the FP2020 commitments for Mozambique;
8) Review and roll-out of YFS tools.

At the provincial and district level, regular meetings were held to coordinate and plan activities each month such as trainings, mentorship visits, supervision visits, MBs, commodity redistribution, data review, and district profile meetings.

The meeting with Transform Nutrition was held in Nampula during quarterly planning meeting where further collaboration and integration of activities were streamlined, mostly focusing at community based, considering the fact they have received over 1M USD for FP activities.

Evaluation/Assessment Update

During Q3, IFPP had the DPS-supported operations research protocol titled "Use of modern methods of contraception by Women in Reproductive Age in nine districts of Nampula province (Nampula City, Angoche, Erati, Ribaué, Moma, Mecuburi, Nacala Porto, Monapo, and Meconta)" approved by the bioethics committee in Nampula.

IFPP and DPS team recruited and trained data enumerators in line with the training protocol, revised the data collection questionnaire, and installed the MagPi mobile android app in enumerator's

cellphones to deploy the updated questionnaires. Currently the team is finalizing logistical arrangements to proceed with field data collection visits.

In Sofala, the research protocol titled “Assessment of the knowledge, perceptions and influences of mothers, midwives and men on the use of family planning methods by women of childbearing age in Chibabava district”, was submitted on Q3FY3 and is still under DPS review and is awaiting submission to the national bioethics committee for approval.

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
○ **Endline Survey planned for first quarter of FY5**

Annexes

- Annex A - Success stories
- Annex B - PMP
- Annex II - Workplan
- Annex III - Financial information

Annex A - Success stories

How a visit from an IPC agent changed my views on FP

Name: Maria João Jequicene
Age: 28 years
Children: Four
Província: Sofala

Maria João Jequicene was born in Sofala Província and lives in the neighborhood of Ndunda. She is 28 years old and lives with her four children and husband. Maria says that she became a mother very early in her adolescence, and for this reason she was unable to continue her studies as she had to take care of the baby and her husband. She explains that since childhood she had heard that the contraceptive methods offered in hospitals could harm a woman's health, and therefore did not intend to use them. As she went on to have multiple pregnancies with less than two years between them, she was advised at the HF by the MCH nurse to use a FP method, but she preferred to refrain given her fears for damaging her health.

One day she received a visit from an IPC agent who was able to explain the benefits of FP for women's health. She learned that ideal birth spacing is three or more years to preserve her health, give her time to take care of her children, give her the chance to provide necessities (including food, clothing and education), and have more time to continue her studies. Once sensitized, she asked the IPC agent to come back the next day so she could discuss her FP option with her husband; sharing the knowledge she had recently gained. She and her husband agreed utilizing FP was the right choice for them, in part so that Maria could follow her desire to return to school. She has been receiving the “Depo” injectable shot for nine months already and is very happy with her decision.

Maria feels comfortable and safe with the method and is glad to be continuing with her studies. She has taken it upon herself to counsel other women to try FP, and some women have already decided to be an FP user thanks to her. She will continue sharing her FP user’s experience because correct information about FP benefits is something currently lacking at the community level.

Suleimane Edriça, Champion of Mpago

Suleimane Salimo Edriça is a teacher at madrasa and Imam at the central mosque in the locality of Mpago in the district of Moma He is 57 years old and has nine children. The childbirth complications and associated suffering of women in his community motivated him to join IFPP activities. Suleimane contributes to creating demand for FP use and adherence by raising awareness among the madrassa's students to participate in community dialogue groups, and among men to understand the importance of FP.

Photo: Suleimane Edriça (2020). Photo took by: Assane, Mpago, District of Moma,

What led me to get involved in this activity was because I felt sorry for my wife in her last two pregnancies were, she was very ill. Additionally, I lost a niece due to complications during childbirth and that motivated me to get involved in FP. In the community, I have witnessed women who are unable to do their activities because they are continually getting pregnant and have very young children who need the mother's care, and I want to help them. When I heard that community facilitators will come in my community to talk about FP, I sensitized my students to participate in the community dialogue's groups and to learn more about FP so theycan avoid becoming pregnant when they aren't ready. Men in the community think that it is a sin to use FP and that they have to have all the children in their belly. To sensitize them, I have been giving lectures using passages from the Koran that talk about FP including the disadvantages and disgrace that the lack of FP brings to our families and our community.

When the IFPP project finishes, I intend to continue with my work sensitizing madrasa's students and giving lectures in my mosque and other places where I am invited to talk. I firmly believe it is very good to do FP as it helps the family to organized and children to grow up healthy. Women have more time to rest and work on the fields as well as to carry out other activities at home. It also helps to reduce poverty, since the cost of living is very high.

That's how IFPP, through community dialogues, creates changes in the quality of life of families and increases adherence to family planning. By identifying male partners who can ensure that FP messaging is reaching everyone in the community.