

# MOZAMBIQUE COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Mozambique's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones.

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## UPDATE QUESTIONNAIRE

### COMMITMENT OVERVIEW

Mozambique commits to: 1) increase the use of modern contraceptive methods for adolescents (15-19 years old) from 14.1% to 19.3% in 2020; 2) provide FP services (information and contraceptives) in all secondary schools by 2020; and ensure that 30% of all health public facilities use electronic stock management information system including contraceptives by 2020.

1. **COMMITMENT:** Increase the use of modern contraceptive methods for adolescents (15-19 years old) from 14.1% (2015) to 19.3% in 2020.
  - 1.1. Approval of the School Health and Adolescent Strategy and development of the action plan.
  - 1.2. Scale up FP services (information and contraceptives) at community level targeting out of school girls.
  - 1.3. Support FP outreach activities at schools (regular mobile brigades).
  - 1.4. Assure quality of services by supporting providers in service and pre-service training.
  - 1.5. Adolescents SRH/FP demand creation activities.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

- 1.1. The consultant for the development of the School Health and Adolescent Strategy's Action Plan, M&E Framework and Costing was hired in March 2018 for a period of 45 days. On May 8, 2018, the consultant gave a presentation of the draft Action Plan to selected stakeholders among MoH and national and international partners. The consultant's work is to be completed by the end of June 2018. The approval of the strategy is pending completion of the Action Plan.

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- 1.2. The community-based family planning services through CHWs are still ongoing as planned. During this period, a total of 750 new CHWs were trained. The number of CHWs providing FP services at community level in Mozambique grew from 3380 to 4584, representing up to a 20% increase in 2018.
  - 1.3. The school-based FP intervention has also registered progress. It has contributed to 214.451 new users of FP in 2017, which represents 8% of the total new FP users in Mozambique, which is considered notable progress taking into account the nature of our population pyramid which has over 66% of people from 10-24 years. This is a positive increase from 2016 (national contribution of 6% of new FP users).
  - 1.4. During this period, a total of 495 health providers were trained in FP provision with a focus on long-acting reversible methods countrywide, including permanent methods such as Bilateral Tubal Ligation through mini laparotomy with local anesthesia, in Maputo City, Maputo Province and Nampula. As the training curricula for maternal and child health (MCH) nurses is being revised, the national FP technical working group, included under the revision, updated information regarding FP such as Implanon NXT, Sayana Press, WHO medical eligibility criteria for contraceptives use, Postpartum FP, and much more information related to the topic.
  - 1.5. Multiple and coordinated activities were conducted to increase the demand of FP/SRH services among adolescents, such as FP, SRH rights and choice awareness campaigns using home-based visits model, community and school fairs and services provision, digital health platforms which include Alo vida, Rapariga Biz, mCenas, and many others through media channels (TV, radio, outdoor messaging, newspaper, etc..).
2. **COMMITMENT:** Provide family planning services (information and contraceptives) in all secondary schools by 2020.
- 2.1. Approval of the School Health and Adolescent Strategy and development of the action plan.
  - 2.2. Support FP outreach activities at schools (regular mobiles brigades).
  - 2.3. Adolescents SRH/FP demand creation activities.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

- 2.1 Update provided in point 1.1 above
- 2.2 Update provided in point 1.3 above
- 2.3 Update provided in point 1.5 above

3. **COMMITMENT:** Ensure that 30% of all facilities in the country use the electronic stock management system for managing commodities including contraceptives by 2020.
- 3.1. Finalization of the pilot phase of the electronic stock management system (129 health facilities)
  - 3.2. Expansion of the electronic stock management system from 100 health facilities to 450 by 2020.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

3.1. The system was piloted in 30 HF in 2016. At the end of 2017, as a result of the activities conducted in this area, a total of 157 health facilities were implementing the e-LMIS, which exceeds the initial target of 129 facilities. In 2018, the e-LMIS started in the additional 297 health facilities (information provided up to May).

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*Please respond to all parts of the following 3 questions:*

**1. *How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?***

There was a National Meeting on Advocacy for FP in Mozambique, in 2017. The meeting was led by the First Lady. Adolescents were a key group participating in this meeting.

In April 2017, the RMNCH Investment Case (IC) for Mozambique was approved. The process leading to the IC included consultation meetings with key groups, in particular children and adolescents and young people (10- 24 years) and the private sector. The results of these meetings fed into the resulting IC. The IC has become a key instrument in harnessing health interventions and funding towards reducing maternal and neonatal mortality in the country.

The *Programa Geração Biz* (PGB) is based on a platform for mobilizing action around adolescent SRHR and FP. This PBG has a multi-sectoral approach including the Health, Education and Youth and Sports Ministries, with the last one (Youth and Sports) working directly with adolescents' groups and representatives.

**a. *What challenges have you faced in working with these groups? (please give examples)***

All health implementing partners need to be better prepared to respond to the demand for FP and SRH services and needs resulting from the awareness campaigns in places where they are very active. This is needed to prevent long waiting time, as adolescents may give up if waiting is required.

Inadequate or insufficient coordination between youth associations, partly due to the fact that their core members are from a young age group – therefore, they are often not professionals and have not been in their posts for a long time.

The integration of GBV in SRH/FP still is a challenge- SRH/FP need to include broader gender issues that ultimately affect the bargaining power of the women in a relationship, such as for example to stop GBV.

***How has this engagement supported reaching your FP2020 commitment?***

One of the new commitments is to increase the contraceptive prevalence rate (CPR) in adolescents. Working with youth and other civil society organizations, to further and better support demand and promotion of FP services, and in particular advocacy strategies to expand services.

**b. *Please share successes and/or lessons learned from these engagements.***

From convening the consultation with adolescents and young people (age 10 to 24), we disaggregated participants by their age groups. This facilitated the openness of participants, and getting inputs from representatives of all age groups. Thus, the lesson is to, as much as possible, breakdown adolescent

groups into smaller groups according to age, in order to ensure the voices of the youngest ones are also incorporated.

**2. *How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?***

In the road towards UHC, FP services are key to achieving the desired goals. Mozambique is employing several mechanisms for the provision of FP. In addition to providing FP services through health facilities, it also has implemented a program for provision of FP to the communities through the Community Health Workers (CHW). This mechanism is best suited to reach the most rural and distant populations. Another mechanism is the provision of FP at schools, which started in 2016. Finally, mobile brigades have been traditionally used in Mozambique for the provision of maternal and child health. FP services have been added to the mobile brigades.

In the preparation and estimations of human resource needs for sexual, maternal, newborn, and adolescent health workforce, with a view to universal health access, we include the needs for human resources in order to provide FP services.

**3. *Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?***

YES

**a. *If so, what insights were gained?***

Mozambique is on track to achieve the targets set. However, the country needs to increase efforts in order to ensure that in 2020 we will reach the ultimate goals. Some new assumptions have been raised and additional effort is needed. Further data analysis needs to be conducted in order to identify successful interventions that were introduced in the last three years and replicate them to. Additionally, in the recent National Health Coordination Council Meeting, held from 23 to 25<sup>th</sup> May, in which the Provincial Directors of Health attended, specific recommendations were given to each province to intensify FP achievements, as a result of the country's 2018 data consensus meeting.

**b. *Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.***

Yes. Although the Government contribution is below what was stipulated in the commitment, there has been a positive attitude to comply with at least 5 percent of the contraceptives total cost yearly even under the national financial crisis.

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