

# FP2020 Commitment 2020 Update Questionnaire MOZAMBIQUE



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31<sup>st</sup> for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 [webpage](#) to ensure in-country and global stakeholders can follow Mozambique's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) and Onyinye Edeh [odedeh@familyplanning2020.org](mailto:odedeh@familyplanning2020.org).

Should you have any questions or concerns, please contact Onyinye Edeh. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

## **FP2020 Commitment 2020 Update Questionnaire MOZAMBIQUE**



The questionnaire includes 1) Mozambique's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

### **SECTION I: COMMITMENT UPDATE QUESTIONS**

#### **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

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

- 1.1. The School Health and Adolescent Strategy's Action Plan was approved and disseminated.
- 1.2. The community-based family planning services through community health workers (CHWs) are still ongoing as planned. During this period, a total of 1300 new CHWs were trained. The number of CHWs providing FP services at community level in Mozambique grew from 4584 to 5685, representing up to a X % increase in 2019.
- 1.3. During this period, a total of 1.930 health providers were trained in FP provision with a focus on long-acting reversible methods countrywide, including permanent methods. A total of 485 health providers were trained on a specific package to provide SRH/ FP services for adolescents and youth.
- 1.4. Multiple and coordinated activities were conducted to increase the demand of FP/SRH services among adolescents, such as FP, SRH choices and rights awareness campaigns using home-based visits, community and school fairs and service provision, digital health platforms which include Alo Vida, Rapariga Biz programme, mCenas, and many others through media channels (TV, radio, outdoor messaging, newspaper, etc..).
- 1.5. A total of 7 new referral youth-friendly services (YFS) were established in Zambézia and Nampula provinces. Through the YFS it was possible to reach a total of 425, 652 girls.

**Check Points:**

***Anticipated Impact:***

Around 315,654 adolescent girls have used modern contraceptives in 2020

***Proposed Actions:***

1. Approval of the School Health and Adolescent Strategy and development of the action plan
2. Scale up FP services (information and contraceptives) at community level targeting out-of-school girls
3. Support FP outreach activities at schools (regular mobiles brigades)
4. Assure quality of services provided by supporting providers in-service and pre-service training
5. Adolescents SRH/FP demand creation activities

b) Please mark an X below on progress toward elements of the commitment:

Achieved ( ) In-Progress ( ) Off-Track ( )

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

- Insufficient data to assess the use of modern contraceptive methods for adolescents. This indicator is only reported on population based surveys such as the DHS that is planned to take place in 2021.

2. **COMMITMENT:** Provide family planning services (information and contraceptives) in all secondary schools by 2020

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

2.1 The school-based FP intervention has also registered progress in the second semester of 2019, a total of 214,820 girls benefited from FP services. 391 out of 526 secondary schools provided SRH/FP services through mobile brigades.  
2.2 Established 43 new health school corners.  
2.3 Trained a total of 410 new school-based activists

**Check Points:**

***Anticipated Impact:***

Around 63,131 (20% of commitment 1) adolescent girls using modern contraceptives in 2020

***Proposed Actions:***

- 1) Approval of the School Health and Adolescent Strategy and development of the action plan
- 2) Support FP outreach activities at schools (regular mobiles brigades)
- 3) Adolescents SRH/FP demand creation activities

b) Please mark an X below on progress toward elements of the commitment:

Achieved ( ) In-Progress ( X ) Off-Track ( )

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Integrated data system that allows to collect all the information related with this activity.

**3. COMMITMENT:** Ensure that 30% of all facilities in the country use the electronic stock management system for managing commodities including contraceptives by 2020

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Up to June 2020 the e-LMIS electronic stock management system was installed in 1051 health facilities (above the 2020 target of 129 facilities).

**Check Points:**

***Anticipated Impact:***

Stock outs of contraceptives reduced to 40%

***Proposed Actions:***

- 1) Finalization of the pilot phase of the electronic stock management system (129 health facilities)
- 2) Expansion of the electronic stock management from 100 health facilities to 450 by 2020

b) Please mark an X below on progress toward elements of the commitment:

Achieved ( X ) In-Progress ( ) Off-Track ( )

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

## SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

- 1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.**

**Challenges in Service provision and demand creation:**

1. Lack of prioritization of FP services.
2. Reducing the turnout in health facilities due to restrictions linked with the State of Emergency – Level III declared in March due to COVID-19 outbreak.
3. Initially the Community-based services provision were interrupted.
4. Delays on the shipment of contraceptive orders
5. Myths and prejudices

**Successes**

1. Promoted informed choice on LARC's and Integration of FP in other services
2. Approved the mobile brigades and door-to-door FP service provision during the State of Emergency –level III.

- 2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged**

**Adolescents and Youth**

**People with disabilities**

**Out-of-School Youth**

**Minority groups**

**Remote or displaced populations**

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.**

The representatives facilitate transparent bi-directional flow of information between focal points, youth and civil society organizations (CSOs) on issues that can impede progress on commitments, limited contraceptive choice, poor-quality service provision, and inadequate protection of women's rights. They also ensure that FP activities focus on country needs as perceived by CSOs and youth.

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)**

**c. Have any of these groups engaged or participated in completing this questionnaire?**

Yes, youth and civil society representatives have assisted in the completion of this questionnaire.

**3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?**

**a. Reduction in out of pocket costs for FP services**

- The family planning services are provided for free in all public health facilities.
- The government is open to adopting the Total Market approach for Family Planning.

**b. Expansion of FP services covered**

- The family planning services are provided at health facilities of all levels, from primary to quaternary level.
- The family planning services are provided at community level: in school and out-of-school through outreach activities and community health workers.
- The FP methods include: oral pills, injectables, Implants, IUD, male and female condoms, female and male sterilization.
- FP integration is institutionalized at national level with specific guidelines, data logbooks, and staff trained in all provinces since 2016.

**c. Extension of population covered**

- The demand satisfied by modern methods is 55,5% (source: IMASIDA 2015 - Immunization, Malaria and HIV/AIDS Indicator Survey).

**4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?**

- Preposition of FP commodities at provincial level to avoid stock out.
- Purchased and distributed personal protective equipment (PPE) for health providers in the frontlines.
- Produced IEC materials with key messages on FP and COVID-19
- Alignment of FP actions with partners;
- Communication established with provinces;
- Established virtual training and COVID-19 prevention and FP service provision during the pandemic.

The above measures did not deter the decrease of access or demand for FP services, however without them the scenario could have been worse.

**5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?**

There was a maximization of the offer of these services, since the number of deliveries per health unit did not reduce, we chose to further capitalize on this opportunity and offer LARCs.

**6. Has your country worked to improve quality of care and rights-based family planning into programs?**

Yes

**a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?**

YES. FP programs provide a broad range of free contraceptive methods in the public sector. The country's FP program has adopted WHO guidelines on contraception which assures comprehensive information and counseling on contraceptive methods.

**b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?**

Yes. The national survey "Facility Assessment for Reproductive Health Commodities and Services" includes a section on exit interviews to collect client perception of family planning service provision and is annually conducted. In addition, some sites with support from partners, also provide client exit interviews after the service, and data collected is shared among the national working group to improve the quality of services.

**c. After collecting client feedback, how is the data collected being used to improve quality of care?**

The results of the survey are disseminated among the decision makers.

**7. If applicable, has your country allocated GFF investment case resources to the family planning programs? If yes, which elements of the program have been financed? What were the challenges in prioritizing FP within GFF?**

YES. The FP program includes DLIs 2 and 3 to contribute to the increase of accessibility and quality of services. The disbursement is still in process, however, activities entered aim to contribute to achieving the FP 2020 goal.

**Please provide the following information for the government point of contact for this update**

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Date of Self-Report: