

Country Worksheet: Prioritized Action Planning 2019-2020 Mozambique



Introduction

The purpose of this worksheet is to support each country to: 1) identify gaps and challenges to achieving FP2020 commitments and Costed Implementation Plans (CIPs) priorities; 2) prioritize actions and interventions for the next 18 months using a solution-focused approach; and 3) strengthen coordination and stakeholder engagement within the country.

This worksheet should be developed through consultation and engagement with multiple stakeholders in-country and will provide critical input that will inform discussions at the Anglophone Africa Regional Focal Point Workshop in May. Each country focal point team is requested to fill out this worksheet and submit it to the Secretariat by **April 19, 2019** to: Krista Newhouse, Anglophone Africa Manager at: Knewhouse@familyplanning2020.org.

This worksheet is structured as follows:

Country Profile: FP2020 Focal Point Team & In-Country Coordination

Exercise 1: Identification of Challenges & Priority of Actions

Exercise 2: Country Priority Actions 2019-2020

Exercise 3: Interest in Learning from Other Countries on the Implementation of Best Practices

Suggested references

- Country FP2020 commitment
- 2018 commitment self-report questionnaire
- Costed Implementation Plan (CIP) (if applicable)
- Previous country action plan 2017-2018
- High Impact Practices (HIPs) analysis sheet
- High Impact Practices (HIPs) briefs (<https://www.fphighimpactpractices.org/briefs/>)
- Data sets
 - Core indicators (mCPR, unmet need, method mix, FP expenditure, etc.)
 - Latest survey data (for example: data from DHS, PMA2020, etc.; disaggregated by age, wealth quintile, marital status, ethnicity, urban/rural, etc.) - if available at the national level
 - Track20's in-depth analysis:
 - Exploring opportunities for mCPR growth in Mozambique
 - Postpartum family planning brief
 - Youth contraceptive use brief

Mozambique Profile: FP2020 Focal Point Team & In-Country Coordination

List of Focal Points	Government	Ministry of Health
	Civil Society	Pathfinder International
	Youth	AMODEFA- IPPF affiliated
	Donor	UNFPA
		USAID
<p style="text-align: center;">FP Stakeholders (institutional and/or individual)</p> <p><u>Note:</u> Please list key FP stakeholders e.g.:</p> <ul style="list-style-type: none"> - Government agencies with FP in their mandate - Civil society organizations (national and international) working on FP in country - Multi-lateral and donor agencies working in FP - Youth organizations - etc. 	<p>FP technical working Group (FPTWG- UNFPA, USAID, Pathfinder international, AMODEFA, ICRHMoz, PSI, DKT, PSM), Adolescent health and school health Technical group, Key Donors (DFID, Netherlands, Canada, Norway, Sweden)</p>	

CURRENT MEETINGS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
MEETINGS	Convening/ Coordinating body	Members	Frequency (monthly, quarterly, Semi-annually, etc.)	Notes on efficacy (How efficient & effective are these?)
Multi-stakeholder coordination - FPTWG	FPTWG – established and operational, led by MoH	MoH, UNFPA, USAID, Pathfinder International, DKT, PSI, ICRH, PSM, AMODEFA, WHO.	Monthly	More than acceptable (7.5/10)
e.g. FP2020 focal points meeting	FPTWG - established and operational, led by MOH	MoH, UNFPA Pathfinder Amodefa USAID	quarterly	More than acceptable (8/10)
SEA TWG	SEA TWG (SEA - Adolescent health and school health), established and operational, led by MoH and MoE	MoH, UNFPA, UNICEF, Pathfinder International, PSI, ICRH, AMODEFA,	Monthly	More than acceptable (7.5/10)
Reproductive Health Commodities Security task force	Reproductive Health Commodities Security task force	MoH, UNFPA, USAID, Pathfinder International, DKT, PSI, ICRH, PSM, AMODEFA, WHO.	Quarterly	acceptable (7/10)

Please list additional opportunities to improve coordination:

- The existing multisectorial platform (including ministries of Health, Education, Finances and Youth and Disports), created in order to maintain FP as a main program to achieve the demographic dividend.
- The multisectorial coordination platform of “Programa Geração BIZ” (Youth program implemented by ministries of Health, Education, and Youth and Disports) at central, Provincial and district level.
- GFF- Investment Case coordination meetings.

EXERCISE 1: IDENTIFICATION OF CHALLENGES & PRIORITIZING ACTIONS

Mozambique FP2020 Commitments

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.

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.

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.

Summary of Mozambique's (add only if they do not have CIP)

List your country's CIP priorities here (from existing documentation)

Priorities:

1. Develop a costing plan for the current family planning and contraception Strategy
2. Dissemination and use of FP2020 and the HMIS (Health data, including the analysis of data per and within provinces.
3. Strengthen the coordination with the CHW program to ensure that the formative supervision and monitoring of the CHWs takes place across the country, particularly in the HF catchment area by the HF focal point.
4. Improve availability of a broad range of contraceptives (Pills, Injectable, Condoms: Male and female, IUD, Implant) work towards goal of 60% facilities with no stock outs (23% in 2014)
5. Strengthen implementation of the approaches to increase access of FP services for Youth *in and out* of Schools.
6. Strengthen the implementation of the GFF IC.

Step 1. From the above commitment(s) and/or CIP priorities which one is your country having the greatest difficulty in making progress?

The table below can be extended if you need to cite more than three. Please reference your 2018 commitment progress self-report, if needed (see attached).

1. Assure quality of services by supporting providers in service and pre-service training.
2. INSERT Commitment or CIP priority y
3. INSERT Commitment or CIP priority z

Step 2. What type of progress toward each commitment/CIP priority (listed in Step 1) has been made?

*Suggested references: **Current work on 2019 commitment progress self-report; 2018 commitment progress self-report** (attached); and any **available data in country** (e.g. FP2020 Progress Report 2017-2018, DHS report, materials of the recent data consensus meeting, etc.).*

1. Progress on commitment : <ul style="list-style-type: none">• Training on comprehensive family planning service provision for Health Providers;• Training on insertion and removal of implants to health care providers. Includes scale-up the use of Implanon NXT.• Monitoring and on job training visits of integrated SRH services at health facility with focus on Family planning.• Revision of the Pre service curriculum training for Maternal Child Nurse, (which includes development of FP competencies).
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2. Progress on commitment/CIP priority y

3. Progress on commitment/CIP priority z

Step 3. Detailed analysis of the selected priorities

Please populate the table on following page, from left to right: first with the **identified priorities**, then with the **challenges**, **root causes** and **actions** per priority.

Please consider the following:

3.1 What are the key **challenges or obstacles** that arise when trying to accelerate progress in these priority areas? (second column on table below)

3.2 What are the **root causes** of those challenges or obstacles? *Where is the greatest opportunity to influence the system, overcome resistance to change and accelerate changes?* (third column on table below)

Guidance for Step 3.2

Asking 5 'why' questions is a technique used to explore the cause-and-effect relationships underlying challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:

Community based health workers (CBWs) are not yet in place at the district level (the challenge)

- a. CBWs have not received a basic training yet (1st why)*
- b. District health offices have not yet received the updated training manual from the central level (2nd why)*
- c. Budget cuts for the training department at the Ministry of Health delayed training manual development at the central level (3rd why)*
- d. The Health Minister decided to allocate more budget to nutrition programs, because this is not a priority for expenditure this year (4th why)*
- e. Nutrition advocates at the national level were more successful in their advocacy efforts OR the Health Minister was more compelled by the data presented by nutrition advocates. (5th why)*

After going through each of the why questions, the last one is usually the root cause.

3.3 What **actions** are required to tackle the **root causes** for the identified challenges?

Based on your assumptions about what will work and what will not, think about all possible actions/interventions. (fourth column of the table below)

- 3.4** In the last column, let's explore the links between the actions in the table and the following three themes of the workshop: engagement with adolescent & youth; engagement with faith leaders & faith community; and financing for family planning. To what extent are they related to the themes? Please map them to **the three themes**. (fifth column of the table below)

Step 1: Priority	Step 3.1: Challenge(s)	Step 3.2: Root Cause(s)	Step 3.3: Actions	Workshop themes
Example of thinking process from Step 1 through Step 3.3:				<p><i>This workshop's focused themes are</i></p> <p>THEME A: Adolescent & youth engagement</p> <p>THEME B: Faith leaders/community engagement</p> <p>THEME C: Financing for family planning</p> <p><i>Per each theme, please list below any relevant specific subtopics that you would like to see covered or discussed throughout the workshop.</i></p>
<p><i>e.g. Deployment of community-based health workers capable of providing FP information and methods</i></p>	<p><i>e.g. Community-based health workers (CBWs) are not yet in place at the district level</i></p>	<p><i>e.g. Health Minister decided to allocate extra budget to nutrition programs as she/he was more compelled after hearing from other program's (e.g. nutrition) advocates</i></p>	<p><i>e.g. 1.1 Develop a policy brief with a data visual highlighting the urgent need of CBWs to increase the access to FP services and information</i></p> <p><i>1.2 Develop a multi-step deployment strategy to introduce to trained CBWs to cover all districts</i></p>	
<p>1. Develop a costing plan for the current family planning and contraception Strategy</p>	<p>Challenge 1.1 The current exercise on CIP development will focus on National needs, and does not include a detailed breakdown per provinces.</p> <p>Challenge 1.2 The CIP will not include Financial Gap analysis.</p>	<p>Root Cause: Challenge 1: Limited time to have detailed information on cost of PF activities per province.</p> <p>Root Cause. Challenge 2: The Government and Key Donors only have confirmation of funds on annually base.</p>	<p>Action 1.1 Develop the costed implementation plan for the family planning and contraception strategy 2018 -2020 based on CIP costing tool in two phases:</p> <p>Action 1.2 Conduct a workshop to disseminate the CIP (Phase I - National costed plan with no provincial breakdown), for stakeholders including the key FP partners.</p> <p>Action.1.2 Conduct a workshop to disseminate the CIP (Phase II - National costed plan with provincial breakdown), for stakeholders including the key FP partners.</p>	<p>THEME C: Financing for family planning:</p> <ul style="list-style-type: none"> Analyses on CIP/Financial Gap/ resource Mobilization and advocacy

2. Dissemination and use of FP2020 and the HMIS data, including analyzing provincial differences	Challenge 2.1. The current projection analysis doesn't discriminate the key indicators as a CPR by age group.	Root Cause: Challenge 1. The current Health information Management system doesn't have data related to CYP per age group.	Action 2.1 Revise and standardize the SRH-FP logbooks to have contraceptive uptake data per sex and age group.	THEME A: Adolescent & youth engagement <ul style="list-style-type: none"> Monitoring & Evaluation the program's Progress.
3. Strengthen the coordination with the CHW program to ensure that the formative supervision and monitoring of the CHWs takes place across the country, particularly in the HF catchment area by the HF focal point.	Challenge 3.1. Strengthen supply chain management and data generation system.	Root Cause. Challenge 3.1. Weak coordination among the three focal points with whom the CHW need to liaise at Health facility level (CHW programmer management, FP Commodities Management and Maternal and Child Nurse).	Action 3.1 Monitoring and on job training visits of Community-based integrated SRH services with focus on Family planning through CHW	THEME B: Faith leaders/community engagement Monitoring & Evaluation the program's Progress.
4. Improve availability of a broad range of contraceptives (Pills, Injectable, Condoms: Male and female, IUD, Implant) work towards goal of 60% facilities	Challenge 4.1. Strengthen supply chain management at District and Health Facility.	Root Cause. Challenge 4.1. Lack on Visibility of Supply Chain at Health Facility. Difficult on geographic access and limitation of transport.	Action 4.1 Commodity Security: Expansion of the electronic stock management information system from 850 health facilities to 950.	THEME C: Financing for family planning

with no stock outs (23% in 2014)				
5. Strengthen the implementation of the GFF IC.	Challenge 5.1. Leadership by the Government	Root Cause. Challenge 5.1. Lack of Human Resource to monitor and coordinate the implementation.	Action 5.1 Establish a technical unit to support and ensure coordinated interventions of monitoring, evaluation and decision making for better implementations of the two DLI related to FP.	<i>THEME C: Financing for family planning</i>

EXERCISE 2: MOZAMBIQUE'S PRIORITIZED ACTIONS 2019-2020

*Actions prioritized from the Exercise 1 (Step 3)

Note: This template can be modified/adjusted based on country needs and preference.

Please use the following template to capture any activities that have emerged as a part of your preparatory consultations. This exercise will be used for discussion during the Anglophone Africa Regional Focal Point Workshop.

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 1: Develop a costing plan for the current family planning and contraception Strategy							
1.1 Develop the costed implementation plan for the family planning and contraception strategy 2018 -2020 based on CIP costing tool.	H+ and Think well (USAID Implementing partner)	X	X				
1.2 Conduct a workshop to disseminate the CIP (Phase I - National costed plan with no provincial breakdown), to stakeholders including the key FP partners.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point		X				
1.3 Conduct a workshop to disseminate the CIP (Phase II - National costed plan with provincial breakdown), to stakeholders including the key FP partners.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point				X		

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 2: Dissemination and use of FP2020 and the HMIS data, including analyzing provincial differences							
2.1 Data use/monitoring: Play leading role in 2020 Track20 Consensus meeting	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point				X		

2.3 Data use/monitoring: Ensure that in the FP Working Group meetings, data monitoring and use is an agenda item	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X	X	X	X	X	X
2.3 Hold two high-level meetings to update the MOH leadership and key partners on FP progress (including data and programming	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X			X		
Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 3: Strengthen the implementation and monitoring of the role of the HF responsible in the follow-up of the CHW working in the HF catchment area							
3.1 Service Delivery: Hold meetings with CHW program to monitor the implementation of the CHW formative supervision plan, enhance the rights-based approach, discuss opportunities and challenges to improve the approach.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X	X	X	X	X	X

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 4: Improve availability of a broad range of contraceptives (Pills, Injectable, Condoms: Male and female, IUD, Implant) work towards goal of 60% facilities with no stock outs (23% in 2014)							
2.1 Commodity Security: Disseminate RH Commodity Security 2018-2019 report and monthly meetings of the FP and quarterly RHCS task force working groups	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X					
2.3 Commodity Security: Expansion of the electronic stock management information system from 850 health facilities to 950.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point		X				

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 5: Strengthen implementation of the approaches to increase access of FP services for Youth <i>in and out of</i> Schools.							
3.1 Service Delivery: Scale up the School Based Family planning.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X	X	X	X	X	X
2.4 Revise and standardize the SRH-FP logbooks to have contraceptive uptake data per sex and age group.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point	X					

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 6: Strengthen the implementation of the GFF IC.							
2.1 Establish a technical unit to support and ensure coordinated interventions of monitoring, evaluation and decision making for better implementations of the two DLI related to FP.	MoH, UNFPA, USAID, Pathfinder International (CSO focal point), Youth Focal Point		X	X			

EXERCISE 3: INTEREST IN LEARNING FROM ANOTHER COUNTRY ON THE IMPLEMENTATION OF BEST PRACTICES

Please use the table below to list areas of follow up with countries and/or partners that you would like to connect with at the workshop and beyond.

What do you want to learn from [country/partner] that it has done successfully and has been a challenge for your country?	Country/partner that you want to connect with during and after the focal point workshop.	By which mode of communication do you prefer? (Webinar, skype call, email, etc.)
lessons learned on adolescent SHR programming to inform Adolescent/Youth SHR Strategy	Nigeria	Email
Total Market Approach for FP	Zambia	Email
lessons learned on DMPA_SC Self Injection (Advocacy, leadership, west management)	Uganda	Email