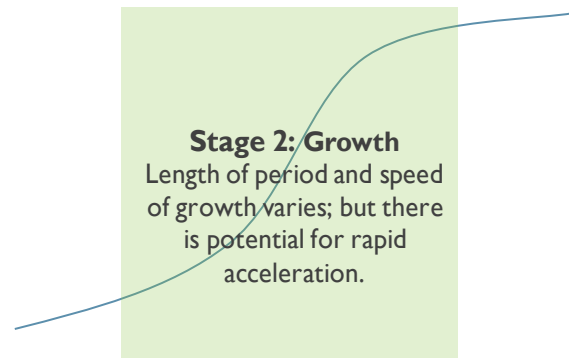
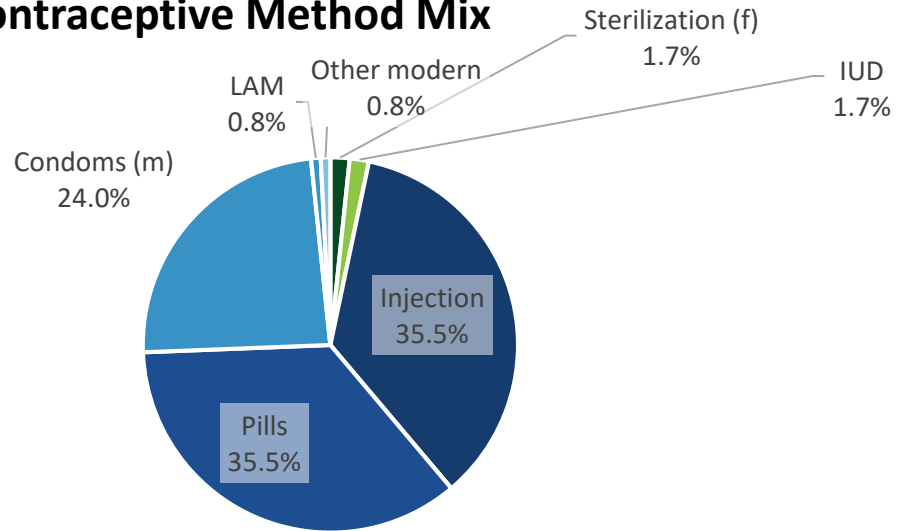


# Mozambique Actions for Acceleration



## Modern Contraceptive Method Mix



mCPR (AW vs. MW) (year)	30.6% vs. 28.6%
FP2020 mCPR/CPR goal	50% AW
Unmet need (MW)	27.5%
Demand satisfied (MW)	51%
*Track 20	

<b>FP2020 Commitment</b>	
Commitment objective	<p><b>2017:</b> Increase the use of modern contraceptive methods for all adolescents (15-19 years old) from 14.1% (IMASIDA 2015) to 19.3% in 2020; and for unmarried sexually active adolescents from 26.7% (DHS2011) to 50% in 2020.</p> <p><b>2012:</b> Mozambique will strive to cover 5 percent (2012), 10 percent (2015) and 15 percent (2020) of contraceptives needs. Mozambique's target is to increase access to long-acting and permanent methods (LAPMs) from 1 percent to 5 percent of women by 2015 and to increase the contraceptive prevalence rate (CPR) from 12 percent in 2008(MICS) to 26 percent in 2015 and 34 percent in 2020.</p>
Policy commitment	<p><b>2012:</b> The Government of Mozambique will revitalize the National Partnership to Promote Maternal Health to implement and monitor multi-sector interventions for Millennium Development Goals (MDGs) 4 and 5. They will continue to provide cost-free integrated sexual and reproductive health services (SRH) and commodities in all health facilities, and ensure that existing laws pertaining to SRH are known and implemented at all levels. Mozambique will also work to strengthen existing coordination mechanisms between partners, private sector, and government to accelerate the implementation of the national Family Planning and Contraceptives strategy.</p>
Financial commitment	<p><b>2012:</b> Mozambique will use the budget line for family planning in the Ministry of Health budget to procure contraceptive supplies, and will cover 5 percent (2012), 10 percent (2015), and 15 percent (2020) of contraceptive needs in the federal budget. The Government plans to secure additional funding needed to implement the national Family Planning and Contraceptives Strategy by 2015 through partnerships with the private sector and donors to cover the current funding gap of \$15 million.</p>

<p>Programmatic commitment</p>	<p><b>2017:</b>  Provide SRH services (information and contraceptives) in all secondary schools by 2020 to all adolescents; and strengthen referral arrangements between school based health facilities and nearby public/ private health facilities for SRH services by</p> <ul style="list-style-type: none"> <li>o Approving the School Health and Adolescent Strategy and development of the action plan by July 2017</li> <li>o Taking Family Planning/contraceptive services (information and contraceptives) to scale at community level targeting out of school girls</li> <li>o Supporting FP outreach activities at schools (regular mobiles brigades)</li> <li>o Assuring quality of services provided by supporting providers in service and pre-service training</li> <li>o Implementing adolescents SRH/FP demand creation activities</li> <li>o Using age- and sex disaggregated data by standardizing the logbooks throughout the SRH programs/ initiatives and service provision, and for measuring the impact of the interventions.</li> </ul> <p>Ensure that 30% of all health public facilities use electronic stock management information system including contraceptives by 2020 by:</p> <ul style="list-style-type: none"> <li>o Ensuring real time monitoring of stocks at health facility level and timely action to reduce stock-outs of contraceptives from 60%<sup>1</sup> to 40%</li> <li>o Expanding the electronic stock management system in 129 health facilities to 450 by 2020</li> </ul> <p><b>2012:</b>  Mozambique will revitalize family planning information, services, and outreach for youth, build public-private partnerships to improve the distribution of contraceptive commodities, and increase the number of health facilities offering at least three contraceptive methods from one-third<sup>2</sup> to 50 percent by 2015. Efforts will be put forth to train at least 500 health providers to provide post-partum and post-abortion counseling on family planning and contraception by 2015. Additionally, the Government of Mozambique will stimulate an increase in demand of family planning services, by expanding the provision of information and family planning services in rural and peri-urban communities. It will do this by promoting community based distribution of contraceptives and the participation and involvement of communities, health agents, traditional midwives, non-governmental organizations, and mobile clinics. Mozambique will intensify community involvement at local levels through engaging religious leaders and community leaders in educating and advocating for various methods of family planning.</p>
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<sup>1</sup> Sixth survey on the availability of modern contraceptives and essential life-saving maternal/reproductive health medicines in health facilities of mozambique-2015)

<sup>2</sup> 2011 survey on the availability of modern contraceptives and essential life-saving maternal/reproductive health medicines in health facilities of Mozambique

### **CIP/RH Strategy Priorities**

1. Family planning and contraception strategy 2011-2015 (2020)
2. The RMNCAH& N investment case

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### **Mozambique's Priorities**

*Priorities: please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like. If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.*

1. Develop a costing plan for the current family planning and contraception Strategy
2. Dissemination and use of FP2020 and the HMIS data, including analyzing provincial differences
3. Ensure coordination with the CHW program to ensure that the formative supervision and monitoring of the CHWs takes place across the country
4. Improve availability of a broad range of contraceptives, work towards goal of 60% facilities with no stock outs (23% in 2014)
5. Initiate implementation of the School Health, Adolescent and Youth Strategy – 2017/ 2022.
6. Generic substitution for contraceptives in the public health system in order to increase access
7. Initiate the implementation of the GFF IC.

### Focal Point, Secretariat, and Partners Actions

**Priority #1:** Develop a costed implementation plan for the current Family Planning and Contraception Strategy

Focal Point Actions	Who	Timeline
1.1 Hire a consultant to develop the costed implementation plan for the family planning and contraception strategy 2018 -2020 based on CIP costing tool.	MoH/UNFPA/	Q2/May 2018
1.2. Conduct a workshop to disseminate the CIP to stakeholders, including the key FP partners.	MoH/UNFPA/USAID/PI	Q4 2018

Secretariat Actions	Who	Timeline
1.1. Support the development of the country's CIP	Secretariat /Track20	Q2 2018

**Priority #2:** Dissemination and use of FP2020 and the HMIS data, including analyzing provincial differences

Focal Point Actions	Who	Timeline
2.1. <b>Data use/monitoring:</b> Play leading role in 2017 Track20 Consensus meeting	MoH/UNFPA/USAID/PI	Q2/May 2018
2.2. <b>Data use/monitoring:</b> Ensure that in the FP Working Group meetings, data monitoring and use is an agenda item	MoH/UNFPA/USAID/PI	Quarterly
2.3. <b>Data use/monitoring and Advocacy:</b> Hold three high-level meetings to update the MOH leadership and key partners on FP progress (including data and programming)	MoH/UNFPA/USAID/PI	Q4 2017, Q2 2018, Q4 2018

Secretariat Actions	Who	Timeline
2.1. <b>DATA USE/MONITORING:</b> Review and inform the package of information on national/regional-level FP progress for use in high-level MOH meetings	Secretariat/ Track20	Q2 2018
2.2. <b>DATA USE/MONITORING:</b> Support focal point/country involvement in Track20 Consensus workshop, and liaise between Track20 Secretariat and	Track20	Q2 2018

focal points, including training of three M&E focal points (one from MoH, UNFPA and CSO)		
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**Priority #3:** Ensure coordination with the CHW program to ensure that the formative supervision and monitoring of the CHWs takes place across the country

<b>Focal Point Actions</b>	Who	Timeline
3.1. <b>Service Delivery:</b> 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/PI	Quarterly

<b>Secretariat Actions</b>	Who	Timeline
3.1. Share resources and lessons learned on community-based organization involvement in FP programming, and connect focal points to technical experts as needed.	Secretariat	Continuum

**Priority #4:** Improve availability of a broad range of contraceptives, work towards goal of 60% facilities with no stock outs (23% in 2014)

<b>Focal Point Actions</b>	Who	Timeline
4.1. <b>Commodity Security:</b> Disseminate RH Commodity Security 2017 report and monthly meetings of the FP and quarterly RHCS task force working groups	MoH/UNFPA/USAID/PI	Q1 2018
4.2. <b>Commodity Security:</b> Expansion of the electronic stock management information system from 129 health facilities to 200.	MoH/UNFPA/USAID/PI	December 2018

<b>Secretariat Actions</b>	Who	Timeline
4.1. <b>Mobilize resources:</b> In conjunction with in-country donors and partners, identify funding sources for the required quantity of FP commodities.	Secretariat	Q2 2018

**Priority #5:** Initiate the Implementation of the School Health, Adolescent and Youth Strategy – 2017 to 2022)

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
5.1. Get the School Health and Adolescent's Strategy approved.	MoH	Q2 2018
5.2. Develop the Operational Plan and the Monitoring Framework of the National Strategy for School Health and Adolescents and Young People, including communication component with strong involvement of CSOs.	MoH/UNFPA/USAID/ PI	Q2 2018
5.3. <b>Service Delivery:</b> Roll-out of School Based Family planning, according to the national adolescent strategy	MoH/UNFPA/USAID/ PI	Roll out – from 2017
5.4 Revise and standardize the SRH-FP logbooks to have contraceptive uptake data per sex and age group	MoH/UNFPA/USAID/PI	Q2 2018

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
5.1. Provide feedback during the School-Based Family Planning Intervention review.	Secretariat	Q2 2019
5.2 Share resources and lessons learned on adolescent SHR programming to inform Adolescent/Youth SHR Strategy, and connect focal points to technical experts as needed	Secretariat	Continuum

**Priority #6:** Generic substitution for contraceptives in the public health system in order to increase access.

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
6.1. Finalize and disseminate the report on the generic contraception assessment	MoH/UNFPA/USAID/ PI	Q2 2018
6.2 Develop an advocacy and BCC plan for promoting use of generic contraceptives in public health system.	MoH/UNFPA/USAID/ PI	Q3 2018

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
6.1. Connect focal points to technical experts as needed. For example put focal points in touch with the JHU HC3 project for TA on the BCC for this effort.	Secretariat	Q3 2018
6.2 Support the developing advocacy and BCC plan for promoting use of generic contraceptives in public health system.	Secretariat	Q3 2018

**Priority #7:** Initiate the implementation of the GFF IC.

Focal Point Actions	Who	Timeline
7.1. Disseminate de GFF IC to the potential implementers (Provincial Directorates of Health, Provincial Directorates of Education & Human Development, Implementing Partners, CSOs, Community stake holders), making sure that FP interventions are prioritized.	MoH/UNFPA/USAID/ PI	Continuum
7.2. Ensure coordinated interventions of monitoring, evaluation and decision making for better implementations of the two DLI related to FP	MoH/UNFPA/USAID/ PI	Continuum

#### Looking Ahead:

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.*

There are municipality elections expected for 2018.

#### Funding Opportunities

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

The country has done the forecasting exercise for commodities from 2018 to 2020. The table below shows the gaps per year:

	Available amount for Condoms & contraceptives	Needed amount for Condoms & contraceptives	Gap
<b>2018</b>	\$ 12,542,934.00	\$ 12,542,934.00	\$ -
<b>2019</b>	\$ 13,090,980.66	\$ 18,415,621.13	\$ 5,324,640.47
<b>2020</b>	\$ 9,768,857.01	\$ 22,025,424.53	\$ 12,256,567.52
<b>Total (2018-2020)</b>	\$ 35,402,771.67	\$ 52,983,979.66	\$ 17,581,207.99