

**PSI-Programme
Social Marketing of Public Health
Commodities in Mozambique (2016 – 2021)**

Evaluation Report

Submitted to:
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GLOSSARY

AIS	AIDS Indicator Survey
CBOs	Community Based Organizations
CHP	Community Health Promoters
CYP	Couple Years of Protection
DHS	Demographic and Health Survey
DPS	<i>Direcção Provincial de Saúde</i> (Provincial Health Directorate)
EKN	Embassy of the Kingdom of Netherlands
FP	Family Planning
HIV	Human Immunodeficiency Virus
LARC	Long-Acting and Reversible Contraceptives
MSI	Marie Stopes International
MoH	Ministry of Health
NGO	Non-Governmental Organization
PSI	Population Services International
RMNCH	Reproductive, Maternal, Newborn and Child Health
SBCC	Social Behavior Change Communication
SDMAS	<i>Serviço Distrital Saúde Mulher e Acção Social</i> (District Services for Women and Social Action)
SIS-MA	<i>Sistema de Informação de Saúde para Monitoria e Avaliação</i> (Health Information System)
SMC	Social Marketing of Condoms
SRHR	Sexual and Reproductive Health and Rights
STM	Short Term Methods of Contraception
TEM+	Tem Mais Family Planning Clinics

1. Background

As part of the requirements of the contribution agreement between the Embassy of the Kingdom of Netherlands (EKN) in Mozambique and Population Services International (PSI), it was expected that an endline evaluation be carried out in 2021. EKN commissioned an independent evaluation of PSI's Program of **Social Marketing of Public Health Commodities in Mozambique** (2016-2021). The main focus of the evaluation is to assess results achieved and the lessons learned from the program implementation.

EKN started its financial support in December 2016. The end date of the contract was 31 December 2020, but was extended until December 2021. In view of the COVID-19 epidemic, PSI has recently requested a second budget neutral extension to the end of March 2022. The total financial commitment is USD 20.209.407. The collaboration between EKN and PSI Mozambique aims to contribute to two national goals: 1) to increase the contraceptive prevalence rate from 25% to 34%, and; 2) to increase the use of condoms during risky sex acts of males from 27% to 50%.

Social marketing strategies are employed to influence behaviour of all men and women in the sexually active and reproductive age of 15-49 years, especially of 3 million men engaging in risky sex and 1.2 million women who do not want to become pregnant but do not yet use any contraceptives. The Social Marketing concept uses a nationwide network of wholesalers and retailers that sell different types of condoms of the brand Jeito for different prices. Promotional campaigns influence behaviour. At the end of this activity in 2021 at least 81 million condoms will have been sold (about 67% of all condoms sold commercially in Mozambique) and 4 million freely distributed.

To improve the use of Sexual and Reproductive Health (SRH) counseling and services, including family planning and safe abortion services, PSI uses a network of 150 Community Health Promoters (CHP) who interact with the population in communities, including in and out-of-school adolescents. The population can be referred to the network of Tem Mais (TEM+) clinics for services: 23 of these are public facilities, six are mobile sites in the community, and four are alternates. These alternates (suplentes) are clinics whose personnel is meant to replace the other clinics' personnel during sick leave or in case of any need.

To ensure no one is left behind, a total market approach has been employed which includes targeted subsidies for those who cannot afford to pay for condoms and SRH services, meaning that SRH services are free in all TEM+ clinics. Behaviour change information and communication through media and by CHPs and health workers is expected to lead to increased informed demand from youth, men and women for SRH services, counseling, and commodities. An anticipated 1.1 million couples will be protected by modern contraceptives over the life of the project.

In 2014, PSI Mozambique launched a network of 35 private family planning clinics called TEM+ ("We Have More") to complement the public sector in underserved areas. The TEM+ model aimed to build a network of providers who offer quality family planning services. As part of the 2016 – 2020 EKN/PSI partnership, the program operated nine TEM+ public sites in Gaza, eight TEM+ public sites in Inhambane, four TEM+ public sites in Maputo, five TEM+ public sites in Sofala, and thirteen TEM+

public sites in Nampula, to demonstrate the impact of the family planning service delivery model developed in the previous phase.

PSI was committed to contribute to increase *access to Safe Abortion Services*. At the time of program design, unsafe abortions accounted for 11% of maternal deaths in Mozambique. In 2014, Mozambique passed a law decriminalizing abortion, making it possible for women to terminate a pregnancy under specific conditions. This law was intended to help curb maternal mortality. PSI was focused on supporting the realization of the abortion legislation to design activities to aid the national safe abortion services rollout

PSI was expected to work with MISAU to prioritize facilities to offer safe abortion services and subsequently implement a training program and provide equipment for the facilities. Illustrative activities includes: 1) provide technical and advocacy support to the MOH to finalize the clinical standards and guidelines for submission to and approval from the Minister of Health; 2) provide technical and advocacy support to the MOH to finalize the abortion regulations for submission to and approval from the Council of Ministers; 3) provide technical assistance to prioritize facilities/provinces and develop a rollout plan; 4) provide training on abortion, post-abortion care inclusive of post-abortion FP, the legal frame work, and values clarification/health care ethics; 5) provide continued supervision and support to sites trained to provide abortion services; 6) perform site assessments to confirm the eligibility for safe abortion services; 7) procure and supply equipment, commodities, and consumables required to equip facilities to provide safe abortion services; 8) work on a national social and behavior change campaign to increase public knowledge of legal indications for safe abortion.

Another important PSI programmatic component is related to *sharing information* and expanding dialogue and coordination among strategic partners leading to greater and more sustainable gains in FP access and uptake. With Dutch support, PSI/Mozambique intended to generate and disseminate critical information about the FP landscape in Mozambique through the SRH technical working group. This investment included disseminating findings from the TMA analysis, generating and sharing a map of all FP service delivery points, and expanding access to and use of Health Network Quality Improvement System (HNQIS) among strategic partners. PSI developed HNQIS as tool to offer high-quality services in a more cost-effective way. HNQIS supports supervisors to plan supervision visits (based on the quality and client volume of facilities), assess providers based on nationally approved quality standards, improve provider performance through offering tailored feedback based on the performance of the provider, and monitor individual and networks of facilities over time.

During the one year extension, EKN also contributed to the multimedia behaviour change campaign 'Aquele Papo' II ('The Talk') in Portuguese (building on the 2019 success of Aquele Papo I). This campaign is aimed to increase the informed demand for contraception among young people (aged 15-24).

EKN agreed with PSI on specific results framework, with focus on three main progress indicators at impact level: i) decrease in unintended pregnancies; ii) decrease in maternal deaths and iii) decrease in new HIV infections. Under the current tender, EKN is commissioning an independent evaluation of PSI's Social Marketing of Public

Health Commodities, SRHR program with focus on assessing results achieved so far and the lessons learned from implementation. Informed by the OECD DAC EvalNet evaluation criteria, the Netherlands Government would like to have an insight into the relevance, effectiveness, efficiency, impact, and sustainability of the programme. This document represents the CM Consultants evaluation report.

1.1. Objectives of the Evaluation

As per the Terms of Reference, clearly informed by the Contribution Analysis Framework, The Embassy aims to know **"To what extent did the PSI programme 'Social Marketing of Public Health Commodities' achieved (or is on track to achieve) its objectives and the expected outcomes?"**. There are 3 set of key objectives under evaluation:

- **Objective 1.** Sexual and Reproductive Health and Rights (SRHR): Reduction of the number of unplanned pregnancies among women 15-49, maternal deaths and new HIV infections. This objective is expected to contribute to the following Outcome: *improved women's uptake of a range of modern contraceptives; and contribute to a favorable environment for Implementation of Safe Abortion Legislation, regulations and support roll out of safe abortion.*
- **Objective 2.** Social Marketing of Condoms (SMC): Reduction of the number of new HIV infections, unplanned pregnancies and STIs occurring annually. The aimed Outcome is: *adoption of correct and consistent condom usage;*
- **Objective 3.** Generating demand for SRH-services among adolescents. For this objective the aimed Outcome is: *increased SRH knowledge among adolescent boys and girls. Under this programmatic component PSI is expected to invest in information sharing and expanding dialogue and coordination among strategic partners leading to greater and more sustainable gains in FP access and uptake.*

Each one of the underlined objectives and expected outcomes unfolds in the Logical Framework from the Social Marketing for Health Program objectives and outputs, described in the Program Documents and Results Framework.

As clearly stated in the Terms of Reference, this assignment is intended to evaluate the ongoing PSI's 'Social Marketing of Public Health Commodities', assessing the results and impact of the program, including analysis of the outcomes reported in the performance/results framework. In our understanding, the perspective of the evaluation as described in the ToRs is both retrospective (documented results) and forward looking (informing decisions on SRHR, offering specific recommendations and pointing to positive innovations). The overall scope of the evaluation is multi-dimensional in terms of the time period, thematic areas, types of intervention, funding streams, and provincial coverage. Table 1 below, captures key features of the scope and the different dimensions of the evaluation:

Table 1: Scope and dimensions of the evaluation

Evaluation	Coverage of the Evaluation
Time Period	2016 to September 2021 (with some consideration of broader historical context affected by COVID-19, no cost extension from December 2020 to December 2021, and request for extension to March 2022).
Program Areas	Social Marketing of Public Health Commodities and SRHR Program <ul style="list-style-type: none"> Sexual and Reproductive Health and Rights (SRHR): Reduction of the number of unplanned pregnancies among women 15-49, maternal deaths and new HIV infections; Social Marketing of Condoms (SMC): Reduction of the number of new HIV infections, unplanned pregnancies and STIs occurring annually. Generating demand for SRH-services among adolescents
Goals	To contribute to two national goals: <ul style="list-style-type: none"> To increase the contraceptive prevalence rate from 25% to 34% To increase condom use during risky sex acts of males from 27% to 50%
Interventions	Key interventions (not limited to) <ul style="list-style-type: none"> Nationwide network of wholesalers and retailers of different types of condoms Family Planning Clinics: TEM+ “We Have More” Multimedia behaviour change campaign ‘Aquele Papo’ II (‘The Talk’).
Result Framework	Progress indicators at impact level <ul style="list-style-type: none"> decrease in unintended pregnancies; decrease in maternal deaths decrease in new HIV infections: The expected results in 2021: <ul style="list-style-type: none"> At the end of 2020, there will be 362.209 less unintended pregnancies; At the end of 2021 this number will have increased with 116.334 Decrease in maternal deaths’ will probably be realized in 2020. At the end of 2021, an estimated 1.355 of maternal death have been averted. ‘Decrease in new HIV infections’ will be reached at the end of 2021; over 32.000 less HIV-infections. At the end of 2021, 81M Jeito condoms marketed and distributed. 100 health staff trained on performing safe abortions Over 95% of all 15-49citing condom use as HIV prevention strategy. 650,000 viewers on television (65,000 unique), 30,000 views on YouTube, 100,000 Facebook followers, and 50,000 adolescents attending Aquele Papo themed events with an estimated 20,000 accessing services and generating 19,300 adolescent CYPs. Aquele Papo brand to be Top of mind for adolescents when thinking about health questions
Location	Mozambique <ul style="list-style-type: none"> Multiple provinces, with site visit to Gaza and Nampula provinces

2. Evaluation Framework and Methodology

2.1. Evaluation Framework

For the PSI-Program evaluation the CM Consultants will adopt the OECD DAC Evaluation Framework, addressing the following characteristics of the five OECD DAC evaluation criteria: Relevance, Effectiveness, Efficiency, Impact and Sustainability. Cross-cutting issues, such as poverty, gender and environment and context will be taken into consideration. Program interventions rational (e.g. Logframe) will be

analysed. Additional criteria may also be added such as “Participation“ or “Responsibility“.

Table 2: The five OECD DAC Evaluation criteria

Criteria	Aspects to be addressed per Criteria
Relevance	Is the EKN supported PSI-Program intervention doing the right thing? How important is the relevance or significance of the intervention regarding local and national requirements and priorities on SRHR?
Effectiveness	Are the Expected objectives of the overall PSI-Program supported by the EKN being achieved? How key is the effectiveness or impact of the project compared to the objectives planned (Comparison: result – planning) using the Program Logframe?
Efficiency	Are the objectives being achieved economically by the development intervention? How significant is the level of efficiency or utilisation ratio of the resources used (Comparison: resources applied – results)?
Impact	Does the overall PSI-Program supported by the EKN contribute to reaching higher level national goals on SRHR (preferably, overall objective)? What is the impact or effect of the intervention in proportion to the overall situation of SRHR and the target groups or those effected?
Sustainability	If any, are these positive effects or impacts sustainable? How is the sustainability or permanence of the intervention and its effects assessed?

2.2. Evaluation Methodology

CM Consultants adopted a contribution analysis to assess whether the **PSI-program** made a noticeable contribution to an observed result and in what way. This methodology offers a step-by-step approach designed to guide evaluators to arrive at conclusions about the contribution the program has made (or is currently making) to particular outcomes. The essential value of a contribution analysis is that it offers an approach designed to reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred (or not) and the roles played by the intervention and other internal and external factors and contributors.

3. Relevance

Social Marketing of Public Health Commodities in Mozambique (2016-2021)

Tem + Component

The 4 components of Tem+ program approach represent an important innovation to improve FP uptake in Mozambique and the interventions implemented are relevant and in line with the MoH priorities and goals for SRHR and FP.

Tem+ program and interventions are a value-added approach in creating demand for FP services in urban and rural sites with limited outreach interventions aimed at improving access to FP services particularly among adolescents. The role played by health promoters, responsible for mobilizing communities and creating demand for FP was of paramount relevance. By adopting effective community level outreach approaches, which included mobile and fixed Tem+ sites, the program enabled hard to reach populations to access quality FP services.

During site visits for purposes of this evaluation, interviewees unanimously acknowledged the heavy workload historically associated with MCH nurses due to the varied range of services they have to provide and the high volume of patients. These unfavorable working conditions make it difficult for the MCH nurses to adequately respond to the demand for FP, and result in extra hour shifts for the nurses. There was consensus that nurses working at health facilities were overwhelmed with a multitude of tasks and as a consequence, the quality of FP services was compromised (due to insufficient time to effectively counsel patients on the range of FP methods, lack of equipment, loss of skills for example for LARCs, restricted confidentiality on site to name just a few.). MoH staff emphasized the importance of the Tem+ nurses, embedded in the public health facility team. The integrated approach adopted by the Tem+ program allows a nurse to dedicate her time to providing quality FP services, whilst relieving the pressure of other on-site MCH nurses who deliver a broader range of other MCH services.

The set of interventions implemented under the Tem+ PSI Program are considered relevant and aligned with MoH policies and Strategies (PESS 2014-2019 and FP 2020 priorities). By implementing the program, PSI contributed in the operationalization of MoH's priorities in FP provision and the goal of increasing access to quality FP in Mozambique. The Program also contributed to the MoHs Human Resources Strategy (PNDRHS 2016-2025), by contributing to a workload reduction among nurses and ensure availability of trained nurses and health promoters at program implementation sites.

The implementation of PSI's Program contributed to strengthening the coordination platforms at provincial level, where the different stakeholders (national and international organizations) working on FP had the opportunity to align plans, coverage and outreach interventions. Complementarity of FP service provision was commended by all interviewees, particularly with regards to joint training sessions and SBCC material distribution and collective efforts to introduce M&E tools and data, using data-driven performance management systems to increase programme efficiency and impact.

At central level, the role of the FP Technical Working Group (TWG) is considered an important technical dialogue space, where critical aspects of FP algorithms were discussed and agreed upon. The TWG was also referenced as an important platform to address and discuss geographic distribution of FP implementing stakeholders across the country, at province and district levels, with the intention of avoiding overlap and /or duplication of efforts, whilst working to improve reach in underserved sites. The division of areas of focus among the key stakeholders included selected organizations working in different thematic areas, such as AMODEFA, PSI and DKT working on direct service delivery, with other organizations working on health system strengthening and delivery of FP at MoH sites, such as AMODEFA, PSI, and Pathfinder through the IFPP project (Burke, 2019).

At community level, as previously identified during the midterm review by Eva (Burke, 2019), there are multiple NGOs and CBOs working with different implementing stakeholders in a very competitive manner, favoring occurrence of staff poaching and remuneration or incentives discrepancies, which contributes to high rotativity of trained cadre of community health workers (promoters).

The PSI Program was considered relevant in filling not only the quantity gap, related to shortage of nurses and heavy workload for the few nurses available at HFs, but also the quality gap , in terms of the ability of nurses to provide a wide range of contraceptive methods with adequate technical knowledge and confidence. According to the health providers interviewed at the provincial health directorate and at health facilities, the PSI Program is applauded for the training of nurses, not only those working at Tem+ clinics, but also nurses working in other HFs, thus contributing to skill development.

Safe abortion

PSI's *Safe Abortion* activities primarily encompassed active participation in the national technical working group, as well as the Sexual Reproductive Health Rights Network (REDE SRH). These groups were important in supporting the Ministry of Health to develop The Safe Abortion Plans and validate protocols, plan the national safe abortion rollout, and quantify national commodity and equipment needs. Interventions conducted on safe abortion include: (i) TOT of 92 health providers from Provincial Directorates of Health (PDH) of Gaza, Inhambane, Sofala & Niassa¹.; (ii) IEC Materials produced. Safe abortion activities accelerated during 2020, with PSI developing work plans and contracts with the Provincial Health Authorities (DPSs) in Gaza, Inhambane, and Sofala provinces. Technical support, mainly in the form of trainings, joint support and supervision, and values clarification was provided to the health managers and providers in the implementation provinces. In February 2020, PSI hired a Clinical Services Manager to serve as the main point of contact within the Safe Abortion Technical Working Group at MOH and to work in collaboration with the provincial health authorities and safe abortion focal points in Gaza, Inhambane, and Sofala provinces.

The following activities were implemented in those three provinces: trainings on Comprehensive and Quality Safe Abortion Care, targeting a total of 72 health providers. The trainings were co-facilitated by PSI and provincial health authorities

¹ PSI supported Niassa only for TOT because it had no partner from the TWG.

and safe abortion focal points, including the chief obstetrician/gynecologist of the local central/provincial hospital; 55 Sessions (17 in Gaza, 18 in Inhambane, and 20 in Sofala) on values clarification and dissemination of the Safe Abortion Law. These sessions were all led by provincial health authorities and safe abortion focal points; Supportive supervision visits (SSV) conducted at 36 supported health facilities; Purchase of materials for Quality and Comprehensive Safe Abortion Care for the health facilities, including surgical gloves, examination gloves, SA clinical norms books, gynecology emergency register books, and cabinets and folding screens for the gynecology emergency wards. Overall, the successful implementation of safe abortion activities has demonstrated that the health authorities at the provincial and district levels have the skills required to deliver quality and comprehensive safe abortion services, pending the need to scale up the services to peripheral health facilities.

Demand Creation

In August 2019, PSI launched “Aquele Papo”, a multimedia 360° social behavior change campaign aimed at generating demand for sexual and reproductive health (SRHR) and sparking dialogue among Mozambican youth aged 15-24 around topics that matter to them. Aquele Papo was a campaign written for and with adolescents. Adolescents were involved at every step from the initial insights gathering to editing the script and of course as the actors and primary audience. The idea of addressing the lack of a trusted source of information via a TV drama was a preference expressed by adolescents themselves. Beyond adolescent engagement, the inclusive nature of the campaign encouraged other partners, especially local partners, to use the campaign to amplify their own project activities. Following the successful debut of Aquele Papo in 2019, the PSI team developed a second season that built on the learnings and achievements from season one. *Edutainment* is an effective approach to engaging adolescents on health topics. Through this series PSI were able to spark conversations about relevant health topics using both online engagement and community outreach.

Aquele Papo rapidly gained adolescents’ trust. Social media outlets created a safe space for boys and girls to discuss, ask honest questions, and seek advice. Conversations spanned topics from love and relationships, to STIs and unwanted pregnancies. With the second season, PSI aimed to continue engaging adolescents in key health topics, driving informed demand to the health facilities, and continuing to spark dialogue among adolescents about the topics that matter to them. The PSI team used pop-up events as an opportunity to collect (and later analyze) inputs from adolescents. These analyses helped the team to identify the topics that mattered the most to adolescents and to craft season two storylines around them. These topics included: teenage pregnancy, HIV, sexual harassment, gender-based violence, and alcohol abuse among adolescents. Continuing the multichannel dissemination approach, the second season was broadcast on TV through MIRAMAR (the TV channel in Mozambique with the largest viewership), advertised on social media through the Facebook page, and delivered through community activities using interpersonal communication and health services.

Social marketing condom Jeito and Water Purifier Certeza

PSI played an important role in Advocate for Condoms for HIV prevention and family planning, especially social marketing and the private sector. JEITO maintains the

market leadership position, leading in sales volume and brand preference, with sales rebounding from the 2016 economic crisis. Notably, Jeito fortified a distribution partnership first with Tropigalia, later replaced by Cicoti, both leading fast-moving consumer goods distributors, enabling PSI to focus on high impact activities including demand creation and last mile distribution, while the distributors takes logistics, warehousing and distribution responsibilities. PSI's Jeito remained the most widely purchased and most popular condom in Mozambique. Condoms (Jeito) are reported to the National AIDS Council and the commodity security working group. Free distribution at TEM+ sites are included in the Monthly Family Planning report. The distribution of JEITO and Certeza (water treatment) is an important milestone where first Tropigalia and then replaced by Cicoti took on the logistics, warehousing, and sales credit management, while cost sharing, sales and marketing expenses.

Concerning information systems (HSS, data usage and HNQIS)

Since 2016, the Ministry of Health of Mozambique (MISAU) uses the District Health Information Software 2 (DHIS2) as the national Health Management Information System (HMIS) to collect, report and analyse data from 153 Districts. The PSI/Mozambique team worked with the MISAU team to identify gaps that would inform strategies to strengthen the use of data in DHIS2. Based on the needs identified together with the MoH, PSI facilitated a 2-day Data-to-Action (D2A) workshop with 26 MISAU focal leads from the Family Planning (FP) department and 11 provincial M&E focal points. The Data-to-Action (D2A) approach/framework strengthens the use of program data, Track progress and swiftly move data from field-to-fingertips by building actionable DHIS2 dashboards. The participants at the workshop were trained on how to apply PSI's D2A approach in the local DHIS2 instance (*painel de dados*, SISMA) and, to reinforce the learnings from the D2A workshop, PSI/Moz continued to offer the following support to MISAU for 18 months through weekly meetings with MISAU focal points to review DHIS2 dashboards, track targets and assess data quality on SISMA and drafting action plans, providing supportive supervision and on the job training at facility, district and provincial level. PSI also supported the hiring of an M&E Officer who sits at MoH to provide support in accessing the dashboards and interacting with all FP focal points.

The adoption of the D2A approach by the Mozambique MoH has influenced program performance to a great extent by enabling real-time decision making and funding in some of the well-established programs. The FP program team has gained the ability to use routine data in DHIS2 to report performance achievement towards national goals and take decisions on activities. The introduction to the use of D2A frameworks has been useful in identifying the data needed to improve program performance, enabling teams to set goals, and assisting in monitoring target indicators to achieve them. The use of D2A-based dashboards has also played a key role in awakening data use among FP managers. In all 11 provinces, contraceptives requisition to the warehouse is now informed by the last three months consumption reports from DHIS2 dashboards, as opposed to the manual process that was being used before. Furthermore, the dashboards developed and maintained after the D2A workshop have inspired the Health Information Department to adopt the D2A approach to inform the design and development of national dashboards in other health programs such as Malaria, Tuberculosis and Immunization among others.

In Gaza Province, the eight provincial staff trained and equipped by PSI in 2019 performed quality assessments using the Health Network Quality Information System (HNQIS) tablet-based system in health facilities in Chibuto and Manjacaze districts. This ensures that evaluators are using the nationally approved checklist, and that the results are automatically reported and visualized for the national and provincial supervisors to access. In 2020, further training was provided to Maputo municipality health authorities and *Associação das Parteyras de Moçambique* (APARMO), and a baseline evaluation was conducted in Maputo municipality. However, there is a need for the local authorities to attempt a switch from an “inspective” supervision approach to a more supportive/formative one. PSI is currently working on the transition from HNQIS to MISAU. It is expected that by June 2022 the transition plan will be completed, and a memorandum of understanding signed for the materialization of the plan.

4. Effectiveness - Program indicators multiannual analysis

Based on program documents and results framework, we conducted a multiannual program performance comparison, covering the result framework key outputs, as presented below per objectives. The multiannual analysis is conducted for the 4 year period from 2017 to 2020. The signed BEMO for PSI’s Social Marketing for Health Programme indicates the activity start date as 1 December 2016, thus programmatically the first report for PSI’s programme was for the year 2017.

Annual target achievement was calculated for each reported indicator as the achieved result divided by the target and it is represented as a percentage:

$$\frac{\text{Achieved result}}{\text{Target value}} \times 100$$

where:

- Target achievement of $\geq 100\%$ (greater than or equal) indicates that achieved results are equal to or higher than the target indicating that the target value has been achieved;
- Target achievement of $< 100\%$ (less than) indicates that the achieved result is less than the target meaning that the target has not been achieved.

Target achievement was calculated for indicators and all respective disaggregation units that had sufficient data for analysis (target and actual values). Therefore the total number of target achievement percentages is not equal to the total number of indicators but to the total number of indicator disaggregations reported annually by PSI with available data. The reason for the missing target achievement provided by PSI is provided in the target achievement table presented for each output further in the analysis.

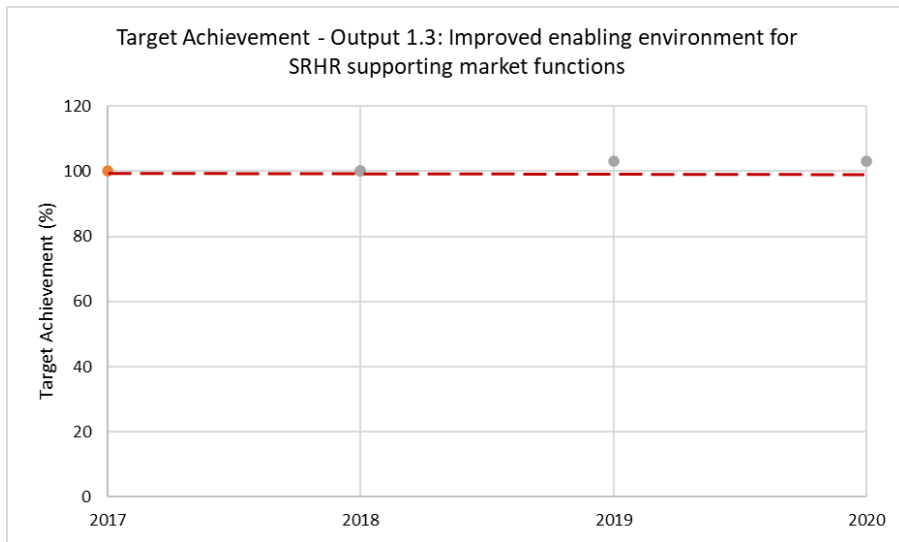
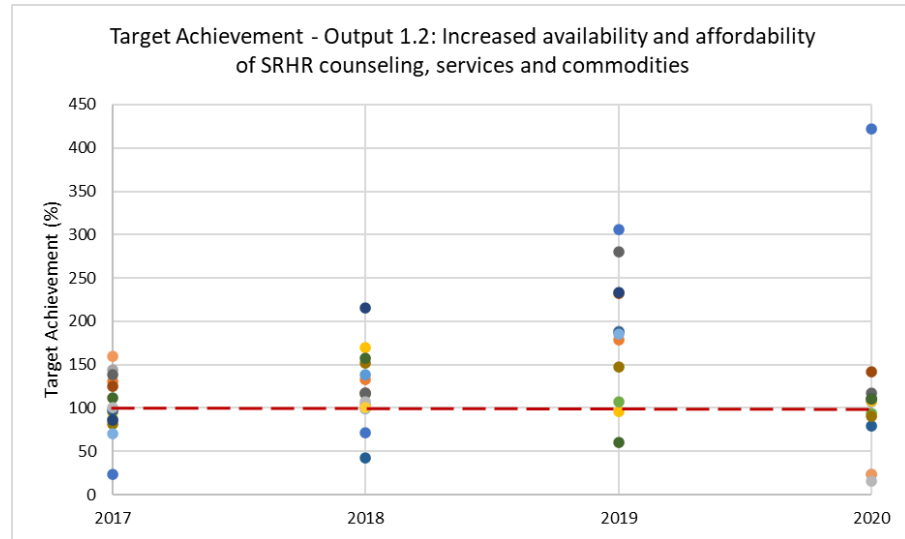
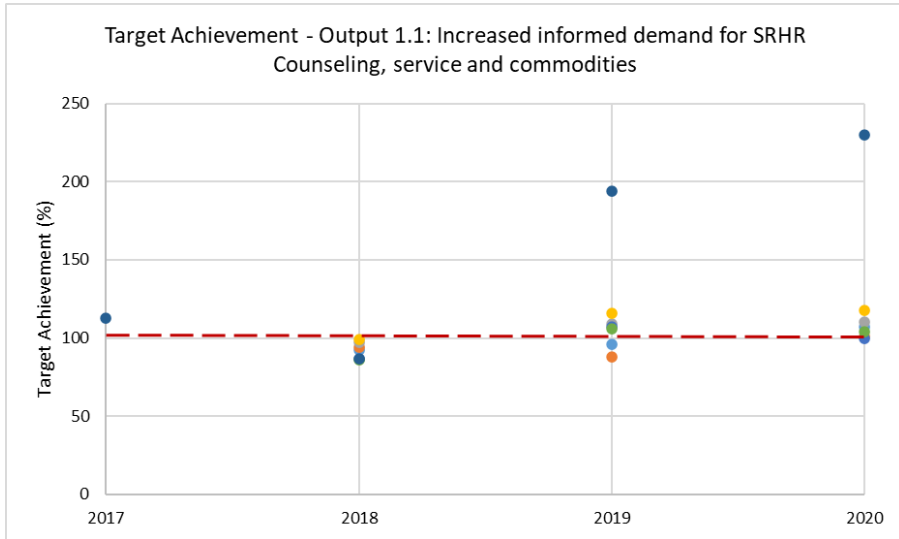
A summary target achievement analysis is presented in the initial part of the effectiveness section to provide a summary of overall program performance. To provide an indication of the overall spread of annual target achievement percentages across indicators and respective disaggregation units, Figures 1 and 2 show target achievement for each output across each reported year (2017 to 2020). The individual

target achievement percentages are shown as multicoloured dots on the graphs on the line for each year. Depending on the number of indicators and respective disaggregation over the years, some of the years have a lot of dots whilst other years have a few dots. A red dashed line is shown at 100% target achievement. Dots below the red dashed line are indicators (and respective disaggregations) with target achievement of less than 100% showing target underachievement; whilst dots above the red dashed line are indicators (and respective disaggregations) with target achievement of greater than or equal to 100% showing target achievement.

There are more dots visible above the 100% line for Output 1 indicators when compared to Output 2 indicators which shows a higher number of targets achieved for Output 1 indicators.

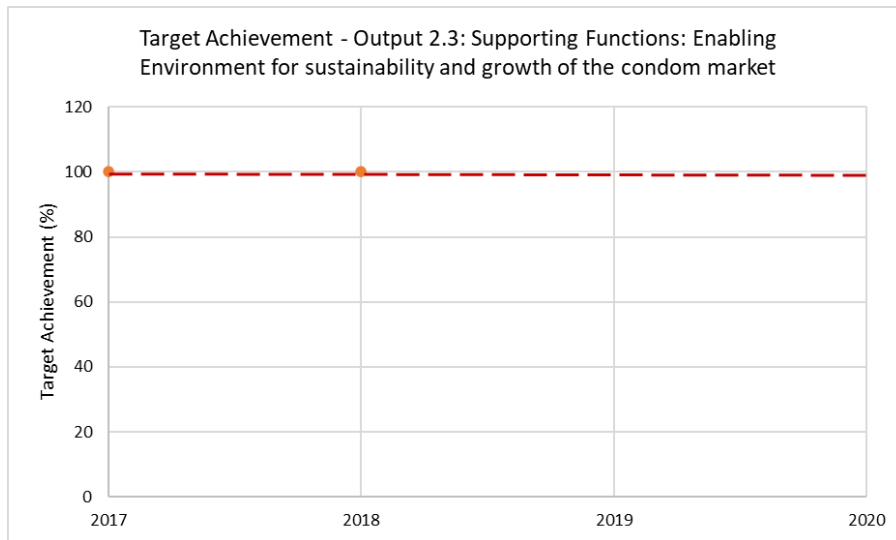
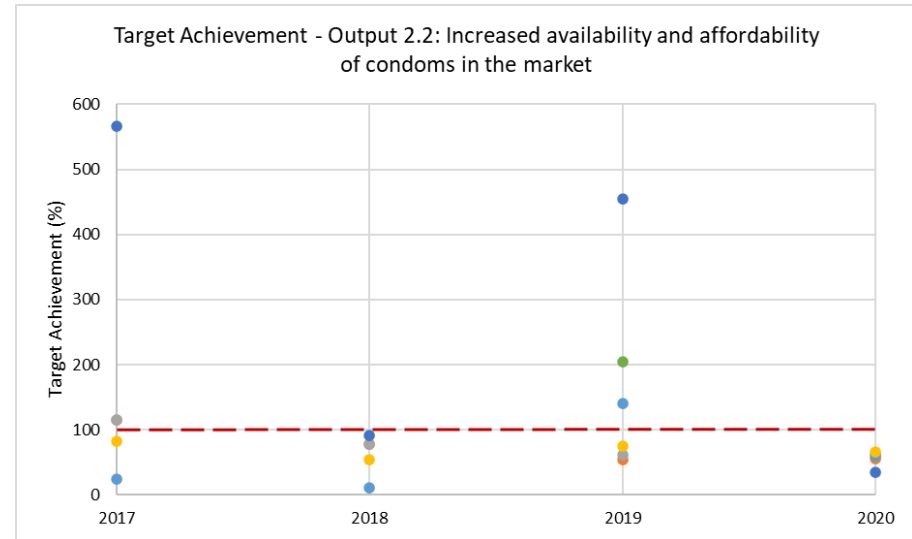
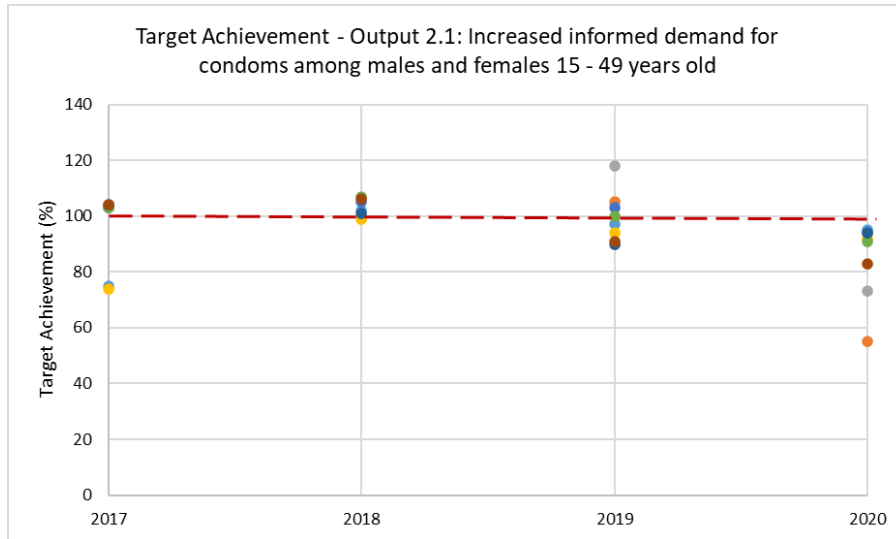
To complement the analysis of the spread of percent achievement for the indicators and respective disaggregations, Table 3 shows the number and percentage of indicators across ranges of percent target achievement from <50% to $\geq 200\%$. Noting that target achievement of less than 100% indicates that the target was not achieved, it is visible from Table 3 that only 46% of Output 2.1 indicators and respective disaggregations had their targets achieved (13 out of a total of 28) with target achievement of at least 100%. A significant percentage of indicators and their respective disaggregations were mostly achieved with target achievement of between 90 and 99%. For Output 1.2 and Output 2.2 – more indicators are spread among the lower target achievement categories. Eight (8) Output 1.2 and Output 2.2 indicators and respective disaggregations with the least target achievement across all years of less than 50% (<50%) are listed in Table 4 for each output.

Figure 1: Distribution of annual target achievement percentages (for indicators and respective disaggregation) by output for SRHR objective



The graphs are presented with varying y-axis to capture the range of percent target achievement for each output. All Output 1.1 indicators and their respective disaggregation show target underachievement (less than 100%) in 2018. Overall, 59% of Output 1.1 indicators and their respective disaggregation achieved targets across the four years compared to 66% for output 1.2 indicators and 100% for Output 1.3 with only 4 indicators.

Figure 2: Distribution of annual target achievement percentages (for indicators and respective disaggregation) by output for SMC objective



All Output 2.1 indicators and their respective disaggregation in 2020 and all Output 2.2 indicators and disaggregation in 2018 and 2020 have percent achievement of less than 100% (target not achieved). The Output 2.2 indicator *Number of other social marketing health products sold* has very high percent achievement of more than 400% in 2017 and 2019. Overall, 46% of Output 2.1 indicators and their respective disaggregation have target achievement of 100% and above compared to 29% of output 2.2 indicators and 100% of Output 2.3 with only 2 indicators.

Table 3: Distribution (in numbers) and percent distribution of indicators and respective disaggregations per category and output, across all years

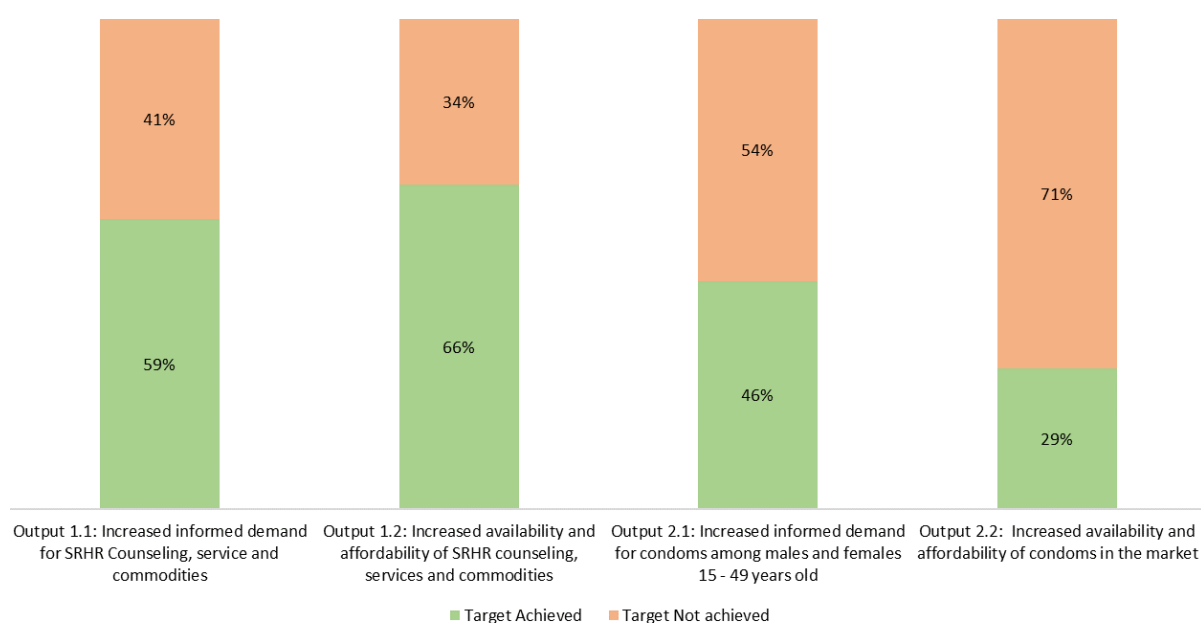
Number	<50%	50-59%	60-69%	70-79%	80-89%	90-99%	100-149%	150-199%	≥200%	Total
Output 1.1: Increased informed demand for SRHR Counseling, service and commodities	0	0	0	0	4	5	11	1	1	22
Output 1.2: Increased availability and affordability of SRHR counseling, services and commodities	5	0	1	3	3	7	23	8	6	56
Output 1.3: Improved enabling environment for SRHR supporting market functions	0	0	0	0	0	0	5	0	0	5
Output 2.1: Increased informed demand for condoms among males and females 15 - 49 years old	0	1	0	3	1	10	13	0	0	28
Output 2.2: Increased availability and affordability of condoms in the market	3	3	4	3	1	1	3	0	3	21
Output 2.3: Supporting Functions: Enabling Environment for sustainability and growth of the condom market	0	0	0	0	0	0	2	0	0	2
Percent	<50%	50-59%	60-69%	70-79%	80-89%	90-99%	100-149%	150-199%	≥200%	Total
Output 1.1: Increased informed demand for SRHR Counseling, service and commodities	0%	0%	0%	0%	18%	23%	50%	5%	5%	100%
Output 1.2: Increased availability and affordability of SRHR counseling, services and commodities	9%	0%	2%	5%	5%	13%	41%	14%	11%	100%
Output 1.3: Improved enabling environment for SRHR supporting market functions	0%	0%	0%	0%	0%	0%	100%	0%	0%	100%
Output 2.1: Increased informed demand for condoms among males and females 15 - 49 years old	0%	4%	0%	11%	4%	36%	46%	0%	0%	100%
Output 2.2: Increased availability and affordability of condoms in the market	14%	14%	19%	14%	5%	5%	14%	0%	14%	100%
Output 2.3: Supporting Functions: Enabling Environment for sustainability and growth of the condom market	0%	0%	0%	0%	0%	0%	100%	0%	0%	100%

Table 4: Indicators and respective disaggregation with the least target achievement of less than 50% across the years per output:

Output	Indicators	Unit	Target Achievement	Year
Output 1.2: Increased availability and affordability of SRHR counseling, services and commodities	Number of new users of modern methods of FP	15-49	23%	2017
		25-49	42%	2018
	Number of Providers trained on PAC	person	24%	2020
	Number of Providers trained on SA	Public	24%	2020
	Number of Facilities equipped for Safe Abortion Services	Public	16%	2020
Output 2.2: Increased availability and affordability of condoms in the market	Number of condoms distributed nationally	Free	25%	2017
		Free	11%	2018
	Number of other social marketing health products sold	Certeza Green (free)	35%	2020

A summary comparison of target achievement across all indicators and respective disaggregations for two SRHR outputs (1.1 and 1.2) and two SMC outputs (2.1 and 2.2)² shows higher percent achievement of targets for SRHR output indicators compared to SMC output indicators. SMC output 2.2 has the least percentage of indicators that achieved targets of 29%, whereas Output 1.2 has the highest percentage of indicators and respective disaggregations with targets achieved across the years of 66% (Figure 3).

Figure 3: Percent distribution of target achievement for indicators and respective disaggregation units across outputs



² Excluding outputs 1.3 and 2.3 with sparse indicators all achieved

Objective 1 - SRHR: Reduction of the # of unplanned pregnancies among women 15-49, maternal deaths and new HIV infections

Output 1.1: Increased demand for SRHR Counselling, service and commodities

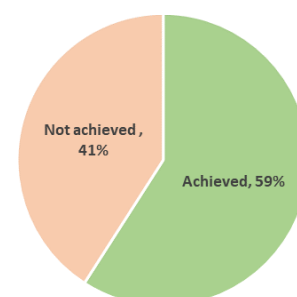
Table 5: Table of target achievement percentages for Output 1.1 indicators, 2017 to 2020

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Proportion of clients who can explain more than two FP contraceptive methods	15-24	<i>Baseline established in 2017 (1st call centre survey) – no target</i>	Not achieved 92%	Not achieved 96%	Achieved 107%
	25-49	<i>Baseline established in 2017 (1st call centre survey) – no target</i>	Not achieved 94%	Not achieved 88%	Achieved 101%
Proportion of clients who can explain the benefits of FP	15-24	<i>Baseline established in 2017 (1st call centre survey) – no target</i>	Not achieved 97%	Achieved 109%	Achieved 110%
	25-49	<i>Baseline established in 2017 (1st call centre survey) – no target</i>	Not achieved 99%	Achieved 116%	Achieved 118%
Proportion of clients who correctly explain FP method chosen	15-24	<i>Indicator not collected in the 2017 Baseline – no target nor actual available</i>	Not achieved 87%	Achieved 107%	Achieved 100%
	25-49	<i>Indicator not collected in the 2017 Baseline – no target nor actual available</i>	Not achieved 86%	Achieved 106%	Achieved 104%
Number of Activista providing information on SRHR services	person	Achieved 113%	Not achieved 87%	Achieved 194%	Achieved 230%

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 1.1 indicators and disaggregations, 2017 to 2020

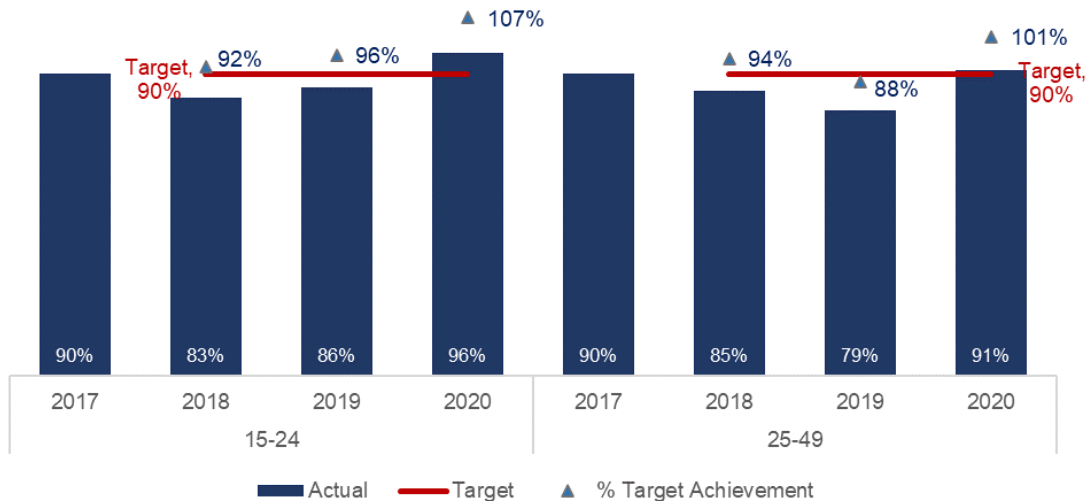
A summary analysis of annual target achievement across the four Output 1.1 indicators and respective disaggregation units that had sufficient data for analysis (target and actual value) – referred to as target achievement cells – shows that of the 22 target achievement cells analysed, 9 cells had a not achieved result (41%) with the target achieved in 13 of the cells (59%).



Indicator: Proportion of clients who can explain more than two FP contraceptive methods

The target for this indicator was only fully achieved in 2020 for both age groups, although the percent target achievement for 2018 and 2019 is above 90% except for the 25-49 age group in 2019, implying that indicator was mostly achieved in most years.

Figure 4: Target achievement – Output 1.1 indicator: Proportion of clients who can explain more than two FP contraceptive methods, by age group, 2017 to 2020

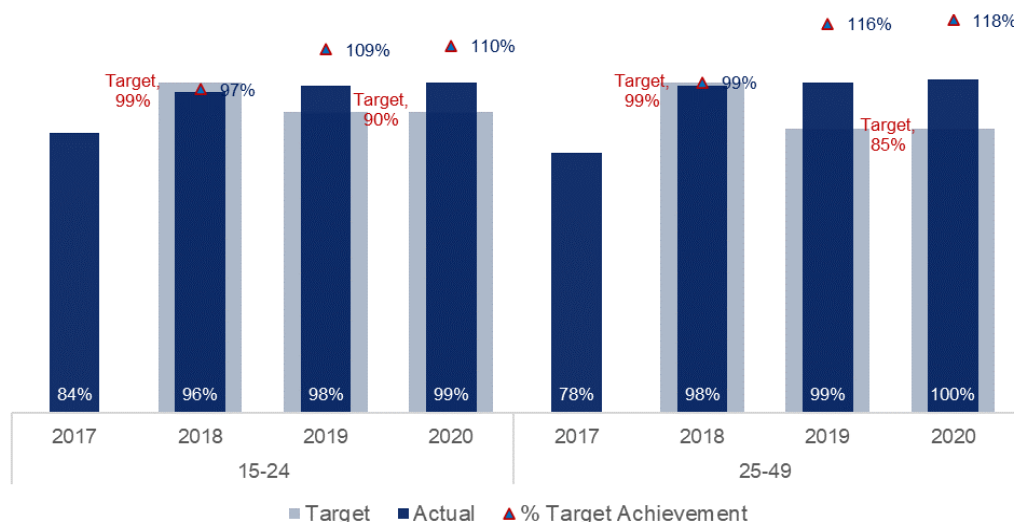


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Proportion of clients who can explain the benefits of FP

The indicator has varying targets over time and across age groups. According to PSI – project dynamics and changes in activities along the year and other factors that impact the defined targets, for example closing of clinics, increase in clinics, dictated target changes.

Figure 5: Target achievement – Output 1.1 indicator: Proportion of clients who can explain the benefits of FP, by age group, 2017 to 2020



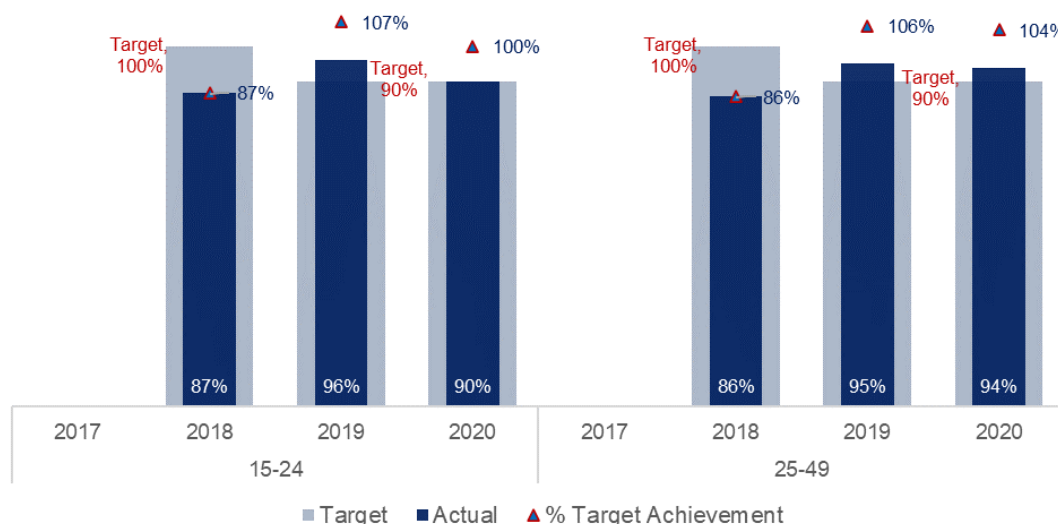
Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

The target for this indicator were achieved in 2019 and 2020, although the percent achievement in 2018 is almost 100%.

Indicator: Proportion of clients who correctly explain FP method chosen

The 2018 target was not met for this indicator for both age groups. The target for subsequent years was revised downwards from 100% to 90% and it was achieved in 2019 and 2020.

Figure 6: Target achievement – Output 1.1 indicator: Proportion of clients who correctly explain FP method chosen

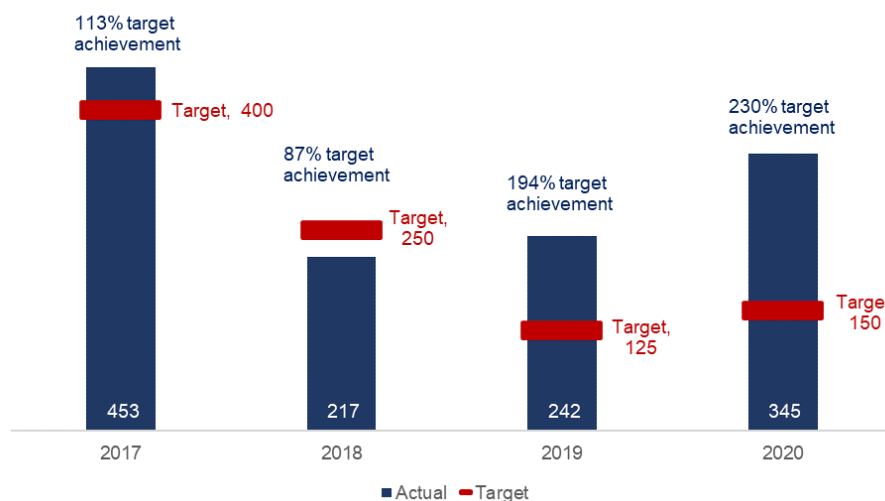


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of Activista providing information on SRHR services

Except for 2018 with 87% target achievement, targets for this indicator have been met across all years.

Figure 7: Target achievement – Output 1.1 indicator: Number of Activista providing information on SRHR services



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Output 1.2: Increased availability and affordability of SRHR counselling, services and commodities

Table 6: Table of target achievement percentages for Output 1.2 indicators, 2017 to 2020

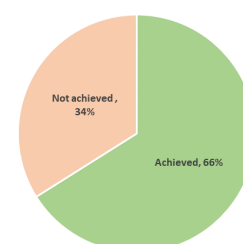
Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Couple-years of protection (CYPs) delivered	CYP	Achieved 131%	Achieved 133%	Achieved 179%	Achieved 110%
LARC CYPs delivered	CYP	Achieved 144%	Not achieved 99%	Achieved 189%	Achieved 107%
Number of FP users	15-24	Not achieved 95%	Achieved 170%	Not achieved 96%	Achieved 108%
	25-49		Not achieved 71%		
Number of new users of modern methods of FP	15-24	Not achieved 23%	Achieved 116%	Achieved 306%	Achieved 422%
	25-49		Not achieved 42%	Achieved 107%	Not achieved 94%
Number of FP Contraceptive Methods distributed nationally	OC - Free	Not achieved 87%	Achieved 117%	Achieved 188%	Not achieved 79%
	OC - Commercial	Not achieved 97%	Achieved 117%	<i>Private/Commercial approach ended at the end of 2018</i>	<i>Private/Commercial approach ended at the end of 2018</i>
	Inj - Free	Achieved 125%	Achieved 152%	Achieved 232%	Achieved 142%
	Inj - Commercial	Achieved 138%	Achieved 216%	<i>Private/Commercial approach ended at the end of 2018</i>	<i>Private/Commercial approach ended at the end of 2018</i>
	IMP - Free	Not achieved 82%	Achieved 157%	Achieved 280%	Achieved 117%
	Imp - Commercial	Not achieved 86%	Not achieved 99%	<i>Private/Commercial approach ended at the end of 2018</i>	<i>Private/Commercial approach ended at the end of 2018</i>
	IUD - Free	Achieved 112%	Achieved 104%	Achieved 147%	Not achieved 90%
	IUD - Commercial	<i>No targets or actuals because IUD is not offered in Private / Commercial approach</i>	<i>No targets or actuals because IUD is not offered in Private / Commercial approach</i>	<i>No targets or actuals because IUD is not offered in Private / Commercial approach</i>	<i>No targets or actuals because IUD is not offered in Private / Commercial approach</i>
	EC	<i>No target projections for Emergency Contraceptive</i>	<i>No target projections for Emergency Contraceptive</i>	<i>No target projections for Emergency Contraceptive</i>	<i>No target projections for Emergency Contraceptive</i>
Number of sites offering	Public	Not achieved 70%	Achieved 107%	Achieved 233%	Achieved 111%

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
FP counseling and services by Sector	Private	Achieved 160%	Achieved 100%	Not achieved 60%	<i>Private/Commercial approach ended</i>
Number of sites offering at least one LARC in addition to short-acting methods	site	Achieved 100%	<i>Not reported in 2018</i>	Achieved 185%	Achieved 111%
Number of sites offering PAC (and/or safe abortion*) counseling and services by Sector	site	<i>Not reported</i>	Achieved 138%	<i>Not reported</i>	<i>Not reported</i>
Number of Providers trained on PAC	person	<i>Target missing</i>	<i>Target missing</i>	<i>Actual missing</i>	Not achieved 24%
Number of Providers trained on SA	Public	<i>Not reported</i>	<i>Target missing</i>	<i>Actual missing</i>	Not achieved 24%
	Private	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>
Number of Facilities equipped for Safe Abortion Services	Public	<i>Not reported</i>	<i>Target missing</i>	<i>Actual missing</i>	Not achieved 16%
	Private	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>	<i>Not implemented in Private</i>

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 1.2 indicators and disaggregations, 2017 to 2020

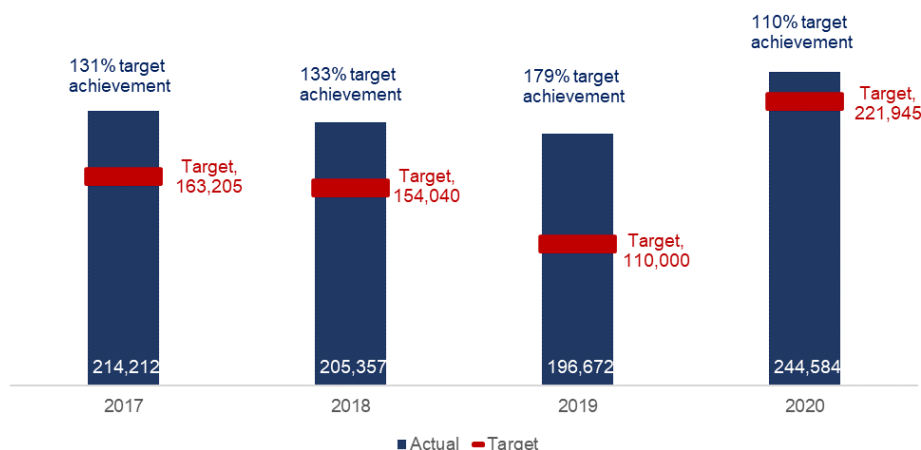
A summary analysis of annual target achievement across the eleven Output 1.2 indicators and respective disaggregation units that had sufficient data for analysis (target and actual value) shows overall target achievement in 66% of the target achievement cells (37 cells) and non-achievement of 34% (19 cells).



Indicator: Couple-years of protection (CYPs) delivered

The indicator was achieved across all years with per cent target achievement ranging from 110% in 2020 to 179% in 2019.

Figure 8: Target achievement – Output 1.2 indicator: Couple-years of protection (CYPs) delivered

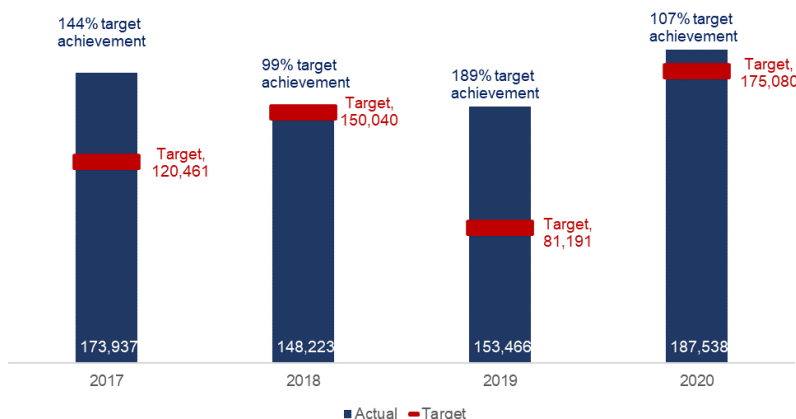


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: LARC CYPs delivered

Target achievement for the LARC CYPs delivered indicator is above 100% for all years except 2018, which although not fully achieved has a percent achievement of 99% equivalent to mostly achieved.

Figure 9: Target achievement – Output 1.2 indicator: LARC CYPs delivered



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of FP users

The number of FP users reported by PSI increased from 2017 to 2018 and decreased in 2019. The number of FP users are slightly higher for adolescent girls and young women aged 15 to 24 years compared to adult women 25 to 49 years.

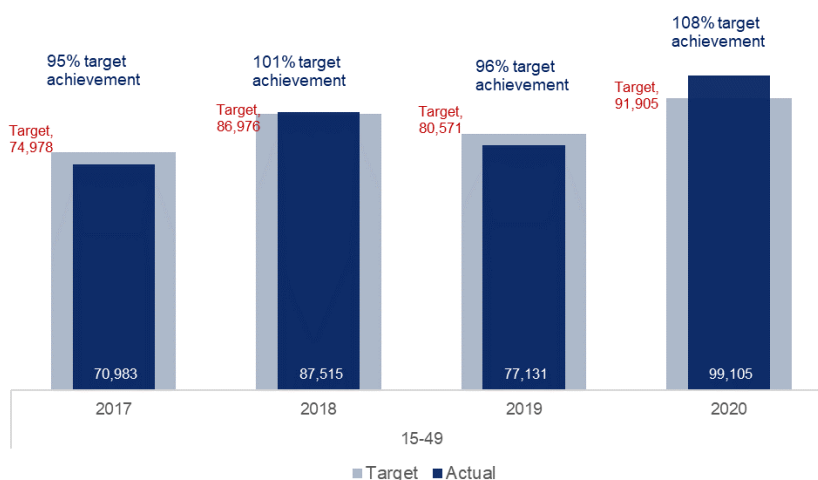
Table 7: Number of FP users reported by PSI 2017 to 2020

Age group		2017	2018	2019	2020
Number of FP users	15-24	36,635	44,415	38,266	58,781
	25-49	34,348	43,100	38,865	40,324
	15-49	70,983	87,515	77,131	99,105

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

The target number of FP users is different across all years analysed, ranging from 74,978 in 2017 to 91,905 in 2020³. The target was mostly achieved and not fully achieved in 2017 and 2019 (with relatively lower targets) and was fully achieved in 2018 and 2020.

Figure 10: Target achievement – Output 1.2 indicator: Number of FP users

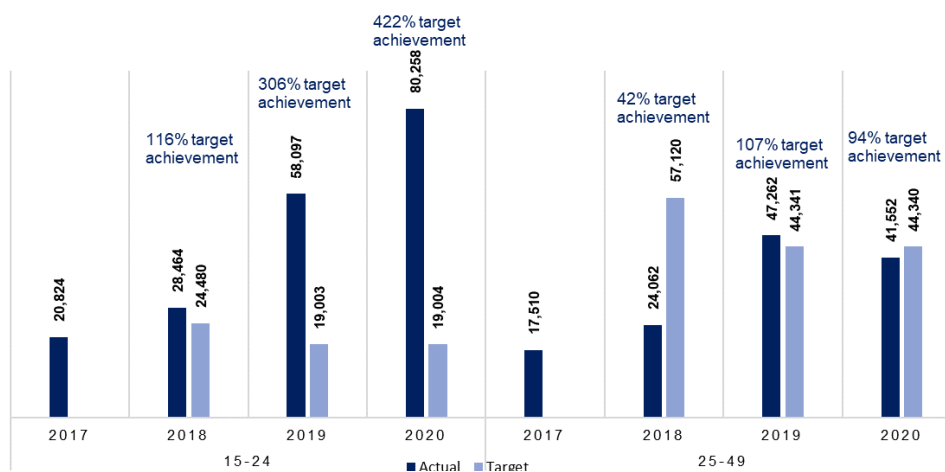


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of new users of modern methods of FP

The number of new users of modern methods of FP increased steadily over the period more steeply for the adolescent and young women than for the older age group. Target achievement by age group for this indicator shows higher percent target achievement for the 15 to 24 years age group compared to the 15 to 49 years age group. For the 25-49 years age group, target achievement was lowest in 2018, at 42% of the target. The target for 2017 was not disaggregated by age group, hence the target achievement for this year is not shown in the graph.

Figure 11: Target achievement – Output 1.2 indicator: Number of new users of modern methods of FP



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

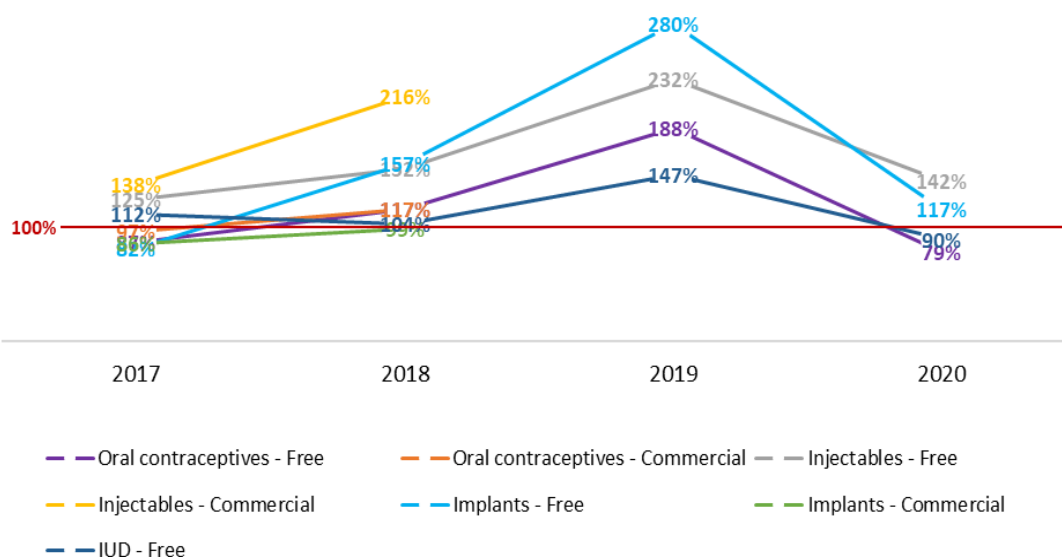
³ The indicator was not analysed by age group since the target for 2017, 2019 and 2020 is not disaggregated by age group

The percent achievement for the combined actual vs target figures for both age groups (15 to 49 years), shows non-achievement at 42%.

Indicator: Number of FP Contraceptive Methods distributed nationally

Target achievements of FP Contraceptive Methods distributed nationally generally show an increasing trend from 2017 to 2019. However there is a downward trend in target achievements for all contraceptive methods from 2019 to 2020.

Figure 12: Target achievement – Output 1.2 indicator: Number of FP Contraceptive Methods distributed nationally



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

The decrease in targets in 2019 and the subsequent increase in targets in 2020 accounts for the sharp incline and decline from 2018 to 2019 and from 2019 to 2020 respectively (see table below).

Table 8: Number of FP Contraceptive Methods distributed nationally

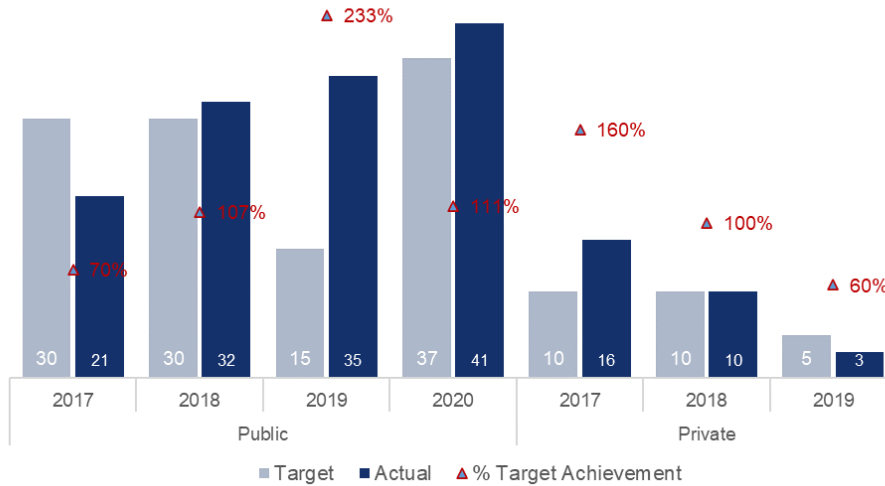
Indicator	Unit	2017		2018		2019		2020	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual
Number of FP Contraceptive Methods distributed nationally	Oral contraceptives - Free	155,807	135,394	146,780	171,706	105,013	197,476	199,800	157,980
	Oral contraceptives - Commercial	51,936	50,564	44,344	51,998	35,004	-	-	-
	Injectables - Free	85,424	106,557	93,764	142,428	57,576	133,860	130,984	186,013
	Injectables - Commercial	28,475	39,434	11,024	23,866	19,192			
	Implants - Free	16,262	13,303	15,856	24,849	10,960	30,696	33,000	38,727
	Implants - Commercial	5,421	4,680	4,096	4,058	3,653	-	-	-
	IUD - Free	8,328	9,354	8,000	8,354	5,613	8,255	10,800	9,757

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of sites offering FP counselling and services by Sector

The number of sites offering FP counseling and services reported in the public sector increased from 21 in 2017 to 41 in 2020. The target reported for 2019 however halved to 15 from the 2018 value of 30. Consequently, the percent target achievement in 2019 for the public sector is a high achievement of 233%. The private sector approach, for this indicator ended in 2019 and is not reported for 2020.

Figure 13: Target achievement – Output 1.2 indicator: Number of sites offering FP counseling and services by Sector

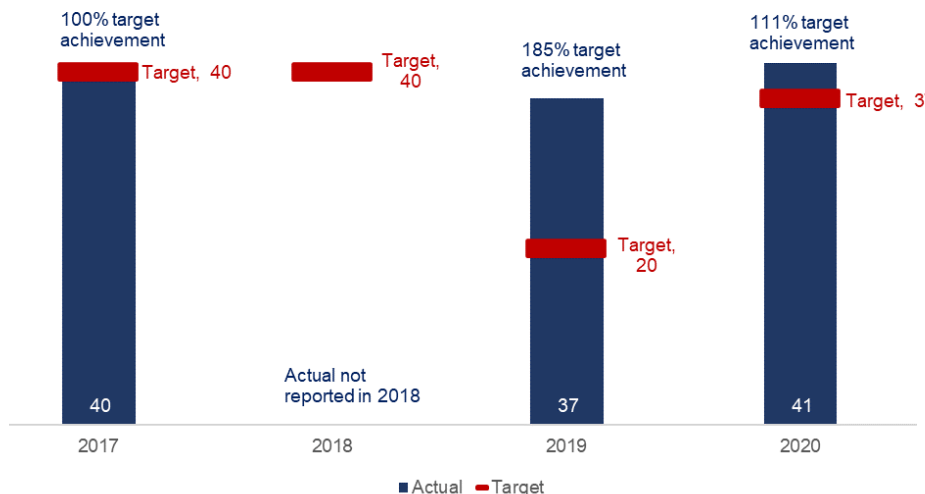


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of sites offering at least one LARC in addition to short-acting methods

The number of sites offering one LARC in addition to short-acting methods was more or less constant in the period analysed, ranging from 37 in 2019 to 41 in 2020. Targets were achieved across all the years for this indicator.

Figure 14: Target achievement – Output 1.2 indicator: Number of sites offering at least one LARC in addition to short-acting methods



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of Facilities equipped for Safe Abortion Services

Target achievement for the indicator is provided for 2020, the year in which there was an acceleration of Safe Abortion activities. The target of 55 Facilities equipped for Safe Abortion Services (also set for 2019) was not met – with only 9 Facilities equipped for Safe Abortion Services (target achievement of 16%).

Output 1.3: Improved enabling environment for SRHR supporting market functions

Table 9: Table of target achievement percentages for Output 1.3 indicators, 2017 to 2020

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Number of dissemination events at which the results of the TMA report are shared	Number	Achieved 100%	Achieved 100%	<i>TMA Report already finalized & disseminated in 2018</i>	<i>TMA Report already finalized & disseminated in 2018</i>
% of Tem+ sites that meet international quality standards	%	<i>Not reported in 2017?</i>	Achieved 100%	Achieved 103%	Achieved 103%
Number of policy and/or regulatory changes resulting in expanded delivery of RH products, services or information	Number	<i>Not implemented</i>	<i>Not implemented</i>	<i>Not implemented</i>	<i>Not implemented</i>

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 1.3 indicators, 2017 to 2020

The two indicators assessed in Output 1.3 show overall target achievement of 100% with all 5 target achievement cells assessed having achieved the target. Per cent achievement ranged from 100% to 103%.

Objective 2 - SMC: Reduction of the number of new HIV infections, unplanned pregnancies and STIs occurring annually.

Output 2.1: Increased informed demand for condoms among males and females 15 - 49 years old

Table 10: Table of target achievement percentages for Output 2.1 indicators, 2017 to 2020

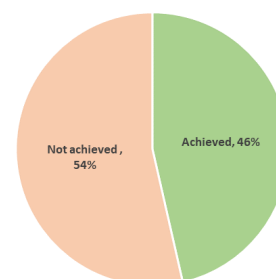
Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Proportion of 15 - 49 year olds who can correctly describe or	15-24	<i>Indicator tracking started in 2018</i>	<i>Indicator tracking started in 2018</i>	Achieved 105%	Not achieved 55%

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
demonstrate the correct condom use	25-49	<i>Indicator tracking started in 2018</i>	<i>Indicator tracking started in 2018</i>	Achieved 118%	Not achieved 73%
Proportion of 15 - 49 year olds who cite condom use as an HIV Prevention Strategy	15-24	Not achieved 75%	Achieved 102%	Not achieved 97%	Not achieved 95%
	25-49	Not achieved 74%	Not achieved 99%	Not achieved 94%	Not achieved 92%
Proportion of 15 - 49 year olds who cite condom use as an Family Planning strategy	15-24	Achieved 103%	Achieved 105%	Achieved 103%	Not achieved 94%
	25-49	Achieved 103%	Achieved 107%	Achieved 100%	Not achieved 91%
Proportion of 15 - 49 year olds who recognize Jeito as a condom brand	15-24	Achieved 104%	Achieved 101%	Not achieved 90%	Not achieved 94%
	25-49	Achieved 104%	Achieved 106%	Not achieved 91%	Not achieved 83%

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 2.1 indicators and disaggregations, 2017 to 2020

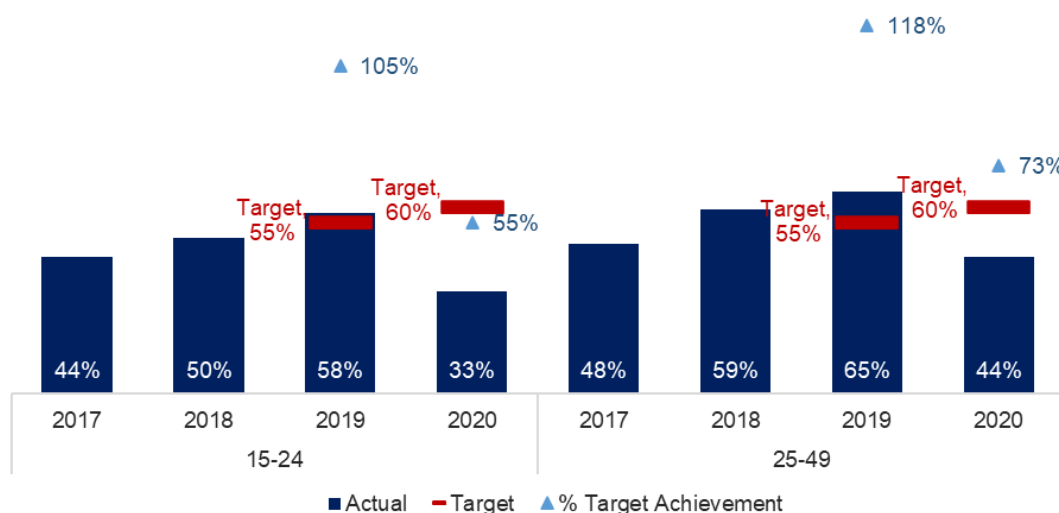
A summary analysis of annual target achievement across the four Output 2.1 indicators and respective disaggregation units that had sufficient data for analysis (target and actual value) shows overall target achievement in 46% of the target achievement cells (13 cells) and non-achievement in the majority of the cells; 54% (15 cells).



Indicator: Proportion of 15 - 49 year olds who can correctly describe or demonstrate the correct condom use

The proportion of 15 - 49 year olds who can correctly describe or demonstrate correct condom use increased from 2017 to 2019 for both adolescent girls and young women (15-24 years) and for adult women (25-49 years), from 44% to 58% and from 48% to 65% respectively. The proportion however shows a decline from 2019 to 2020 of 43% for the age group 15-24 and 32% for adults 25 to 49 years. Consequently the target for 2020 was not achieved in either group with target achievement of 55% for 15-24 year olds and 73% for the 25-49 year olds. Tracking of this indicator only commenced in 2018 and as a result there are no targets for 2017 and 2018.

Figure 15: Target achievement – Output 2.1 indicator: Proportion of 15 - 49 year olds who can correctly describe or demonstrate the correct condom use



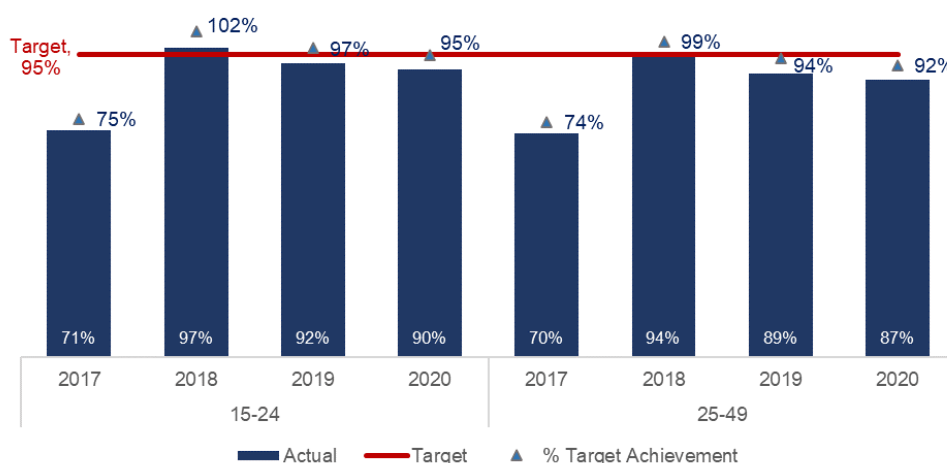
Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Proportion of 15 - 49 year olds who cite condom use as an HIV Prevention Strategy

The proportion of 15 - 49 year olds who cite condom use as an HIV Prevention Strategy shows a relatively steep incline from 2017 to 2018 for both age groups (15-24 and 25-49). Thereafter, the proportion shows a slight decline reducing to 90% for the 15-24 year old group and to 87% for the 25-49 year old group.

The target of 95% was only achieved in 2018 by the 15-24 group, however, the target achievement percentages from 2018 to 2020 range from 92% to 102% across both age groups – showing that target was mostly achieved.

Figure 16: Target achievement – Output 2.1 indicator: Proportion of 15 - 49 year olds who cite condom use as an HIV Prevention Strategy



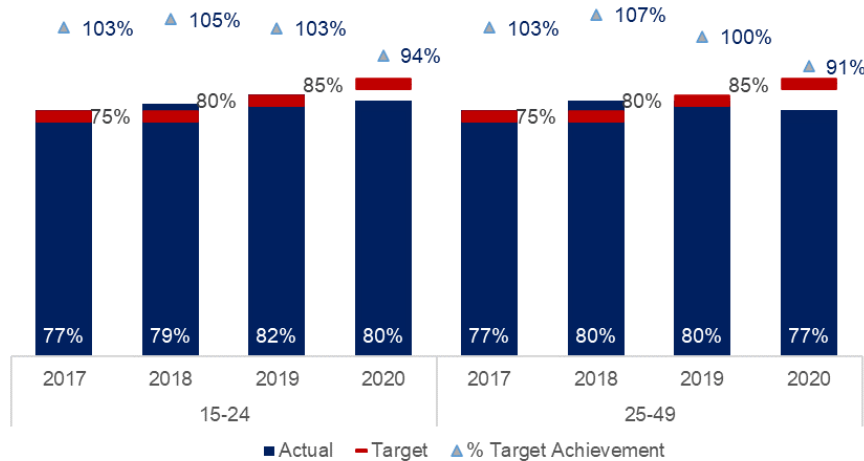
Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Proportion of 15 - 49 year olds who cite condom use as a Family Planning strategy

The proportion of 15 - 49 year olds who cite condom use as a Family Planning strategy does not show significant change over the years for both age groups (15-24 and 25-

49) with proportions ranging from 77% to 82% for the 15-24 age group and from 77% to 80% for the 25 to 49 age group. An upward trend is visible from 2017 to 2019, followed by a decline in the proportion from 2019 to 2020. Except for 2020 for both age groups; target achievement is above 100% in all other years meaning that the target was achieved.

Figure 17: Target achievement – Output 2.1 indicator: Proportion of 15 - 49 year olds who cite condom use as a Family Planning strategy

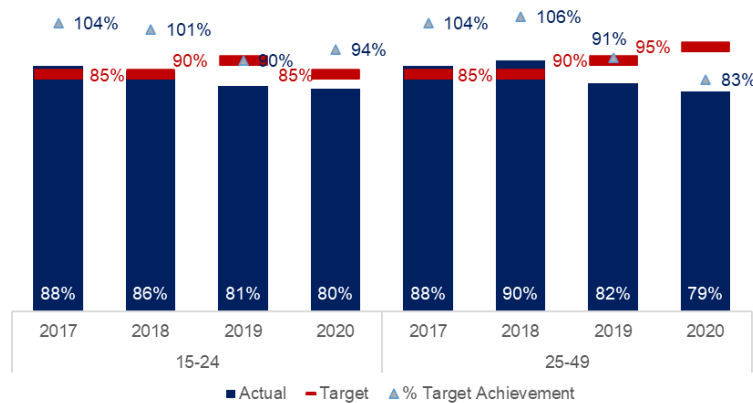


Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Proportion of 15 - 49 year olds who recognize Jeito as a condom brand

Recognition of the Jeito condom brand in 15 to 49 year olds shows a slightly fluctuating downward trend from 2017 to 2020. A slightly reduced proportion of 15-49 year olds recognize Jeito as a condom brand in 2020 when compared to 2017 – 88% vs 80% for 15-24 year olds and 88% vs 79% for 25 to 49 year olds.

Figure 18: Target achievement – Output 2.1 indicator: Proportion of 15 - 49 year olds who recognize Jeito as a condom brand



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

The indicator was achieved in the first two years assessed (2017 and 2018) and not achieved in the last two years (2019 and 2020).

Output 2.2: Increased availability and affordability of condoms in the market

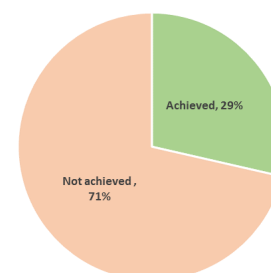
Table 11: Table of target achievement percentages for Output 2.2 indicators, 2017 to 2020

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Couple-years of protection (CYPs) delivered	CYP	Achieved 116%	Not achieved 78%	Not achieved 54%	Not achieved 56%
Number of condoms distributed nationally	Commercial	Achieved 116%	Not achieved 78%	Not achieved 61%	Not achieved 63%
	Free	Not achieved 25%	Not achieved 11%	Achieved 141%	Not achieved 60%
	Voucher	<i>Activity ended in 2017 and no targets were set</i>	<i>Activity ended in 2017 and no targets were set</i>	<i>Activity ended in 2017 and no targets were set</i>	<i>Activity ended in 2017 and no targets were set</i>
Number of other social marketing health products sold	Certeza Blue (commercial)	Not achieved 82%	Not achieved 54%	Not achieved 75%	Not achieved 66%
	Certeza Green (free)	Achieved 566%	Not achieved 91%	Achieved 454%	Not achieved 35%
Proportion of key wholesalers in target areas with condoms in stock	%	<i>Retail panel survey planned for 2022 will report on indicator</i>	<i>Retail panel survey planned for 2022 will report on indicator</i>	<i>Retail panel survey planned for 2022 will report on indicator</i>	<i>Retail panel survey planned for 2022 will report on indicator</i>
Proportion of private sector outlets in target areas with condoms in stock	%	<i>Retail panel survey planned for 2022 will report on indicator</i>	<i>Retail panel survey planned for 2022 will report on indicator</i>	Achieved 204%	<i>Retail panel survey planned for 2022 will report on indicator</i>

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 2.2 indicators and disaggregations, 2017 to 2020

A summary analysis of annual target achievement across the five Output 2.2 indicators and respective disaggregation units that had sufficient data for analysis (target and actual value) shows target achievement in less than a third of the cells analyzed 29% (6 cells) and non-achievement in the majority of the cells; 71% (15 cells).



Indicator: Couple-years of protection (CYPs) delivered

The Couple-years of protection (CYPs) delivered show a steady decline over the period 2017 to 2020 from 168,222 in 2017 to 55,285 in 2020. The targets for the indicator slightly fluctuate between 2017 and 2019 and trends downward from 2019 to 2020⁴. Target achievement was only in 2017 with a target achievement percent of 116%. Target achievement is slightly above fifty percent in 2019 and 2020 at 54% and 56% respectively.

Figure 19: Target achievement – Output 2.2 indicator: Couple-years of protection (CYPs) delivered



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Indicator: Number of condoms distributed nationally

The number of condoms distributed nationally through commercial channels have steadily declined from 2017 to 2020 from over 20 million condoms to just over 6,5 million condoms. The trend in the freely distributed condoms is an upward trend although the amounts vastly differ with the freely distributed condoms increasing from 168,764 in 2017 to 603,039 in 2020.

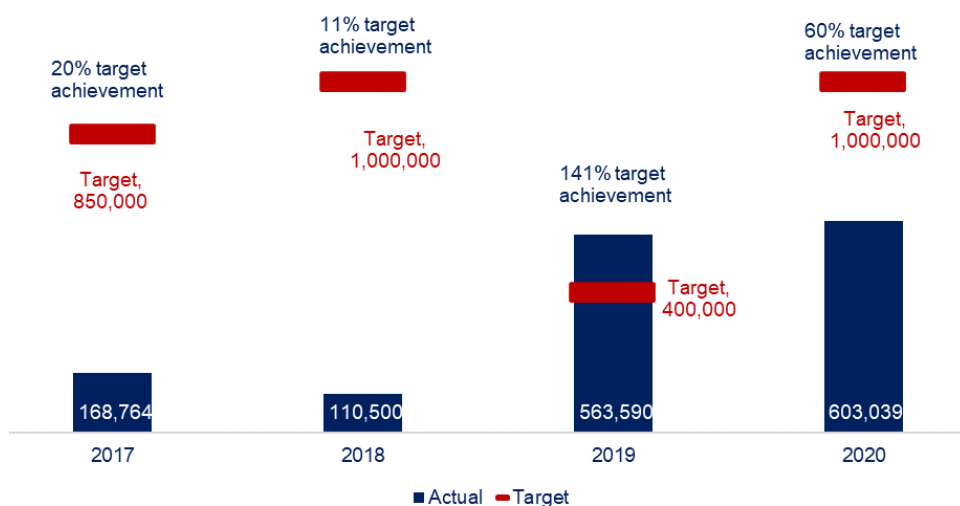
Figure 20: Target achievement – Output 2.2 indicator: Number of condoms distributed nationally - Commercial



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

⁴ According to PSI, the targets were set based on the 2017 reached CYPs (214,212 CYPs) and expected number of active clinics for the year (40 Tem+ clinics).

Figure 21: Target achievement – Output 2.2 indicator: Number of condoms distributed nationally - Free



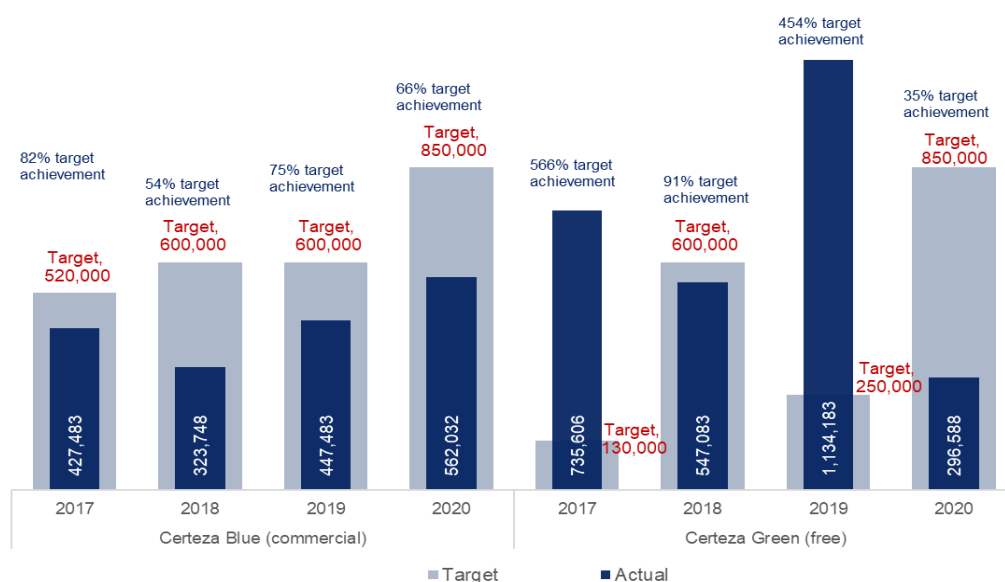
Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Target achievement of commercially distributed condoms was fully achieved only in 2017 (116%), whilst for free distribution, target achievement was only in 2019 (141%). Freely distributed condoms present the lowest percent target achievement in 2017 and 2018 of 20% and 11% respectively.

Indicator: Number of other social marketing health products sold

The commercial Certeza has not met any of the annual targets set for the period 2017 to 2020. Targets have also been increasing during the period from 520,000 to 850,000. Target achievement varied from 54% in 2018 to 82% in 2017. The free Certeza surpassed significantly the target set for 2017 and 2019 with a target achievement of 566% in 2017 and 454% in 2019.

Figure 22: Target achievement – Output 2.2 indicator: Number of other social marketing health products sold



Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Output 2.3: Supporting Functions: Enabling Environment for sustainability and growth of the condom market

Table 12: Table of target achievement percentages for Output 2.3 indicators, 2017 to 2020

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Number of dissemination events at which condom market gap results are shared	Number	Achieved 100%	Achieved 100%	TMA Report already finalized & disseminated in 2018	TMA Report already finalized & disseminated in 2018
Number of organizations (government, donor, UN, private sector, NGO, etc...) active	Number	Not implemented	Not implemented	Not implemented	Not implemented
Number of condom brands abiding by national and international quality standards on the market	Number	Retail panel survey planned for 2022 will report on indicator	Retail panel survey planned for 2022 will report on indicator	Retail panel survey planned for 2022 will report on indicator	Retail panel survey planned for 2022 will report on indicator

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 2.3 indicators, 2017 to 2020

The indicator assessed for Output 2.3 – Number of dissemination events at which condom market gap results are shared – shows achievement of 100% in 2017 and 2018. Since the TMA Report was finalized & disseminated in 2018, the indicator was not reported in 2019 and 2020.

Table 13: Output 2.4: Rules and regulations: Enabling Environment for sustainability and growth of the condom market

Indicator	Unit	Target Achievement 2017	Target Achievement 2018	Target Achievement 2019	Target Achievement 2020
Number of recommendations for policy, regulation and/or taxes based on TMA analysis.	Number	No target was set for this activity	No target was set for this activity	TMA Report already finalized & disseminated in 2018	TMA Report already finalized & disseminated in 2018

Source: PSI Mozambique Award number 29522 Report 2017, 2018, 2019, 2020

Summary analysis of the achieved/not achieved for Output 2.4, 2017 to 2020

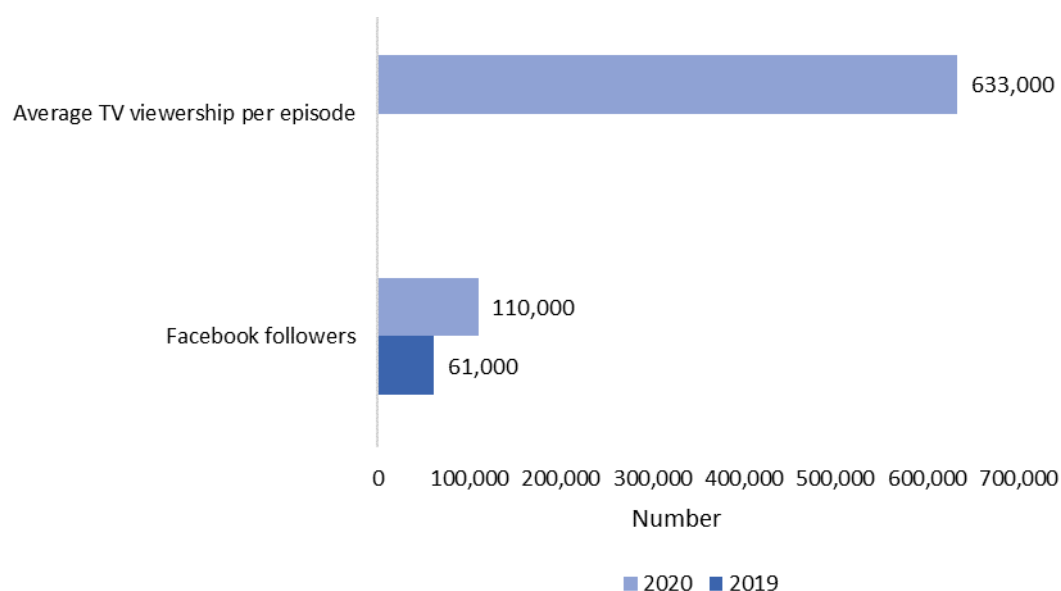
The indicator in Output 2.4 – Number of recommendations for policy, regulation and/or taxes based on TMA analysis – was not assessed for target achievement since no

target was set for the activity in 2017 and 2018 and once the TMA Report was finalized & disseminated in 2018, the indicator was not reported in 2019 and 2020.

Objective 3. Generating demand for SRH-services among adolescents.

A multimedia social behavior change campaign called “Aquele Papo” was launched by PSI in August 2019 to generate demand for SRH-services among adolescents. The campaign used TV, radio, media platforms like Facebook and WhatsApp, a music video, pop-up events for service delivery. Facebook followers increased by 80% between 2019 and 2020.

Figure 23: Aquele Papo Facebook followers and Average TV viewership, 2019 and 2020



Source: PSI Mozambique Award number 29522 Report 2019, 2020

Key Drivers for Targets achievement

Tem+ hired nurses contributing to reduce HR shortage

- Nurses contracted by Tem+ to work at health facilities clinics and mobile units contributed to reduce workload for overburdened MCH nurses, providing quality services, increasing uptake of FP services including LARCs, provision of community-based information, quality counselling follow up care for clients are the main drivers of Tem+ indicators outcomes.

Demand creation

- Motivated Community Promoters, locally recruited and paid on performance base is considered a key factor for community mobilization and demand creation at community level and reference to Tem+ clinics and facilities sites across the country. Clients receive FP counseling and are then provided a referral to FP services at either PSI TEM+ clinics or public sector facilities, expanding her choice and increasing access. During 2020, PSI conducted 532,683 FP counseling sessions and successfully referred 141,665 and 97,589 women adhered FP services.

- Nurses participated in creating demand through "morning talks" group sessions held in waiting rooms—with clients at TEM+ clinics. Nurses used these sessions to share information about the importance of FP and contraceptive use among adolescents and women and explain the work of the promoters in the community and the importance of the referral vouchers they distribute. Monitoring performance and sharing information through weekly and monthly technical meetings, site visits, and review of daily data on the Power BI database (where TEM+ indicators and CHP CwS performance data are stored) enabled TEM+ staff at the central and provincial levels to identify needs or challenges and take action to improve or maintain performance. The central and provincial teams focused on close contact and communication with the TEM+ nurses to ensure family planning services were delivered according to the quality standards defined by MOH, the WHO, and PSI.
- PSI offered family planning counselling and services in select school catchment areas via mobile TEM+ nurses in 65 schools (10 in Nampula, 20 in Beira, five in Gaza, 10 in Maputo Province, and 20 in Maputo City). Unfortunately, just as planning for the relaunch of school activities was underway, the COVID-19 pandemic broke out and classes were suspended. At that point, students in classes with exams and those who did not go to school daily were prioritized. This shift presented a challenge for the restart of the activities planned for the year, especially the training on Sexual and Reproductive Health (SRH) for peer educators, training of school focal points (class directors), and meetings with school councils. These activities were facilitated for adolescents and young people outside of schools in the communities. At the neighborhood level, coordination was carried out with community leaders to identify places—especially in close proximity to schools—where the activities could be implemented (both demand generation and service delivery), obtain necessary authorizations, and facilitate trainings prior to launching community activities. To improve coordination and buy-in, meetings on SRH were also held with parents. Due to COVID-19 many of the community activities were challenging to facilitate and it was difficult to engage with adolescents; as a result, many of the planned activities were adapted to be conducted door-to-door in individual sessions with adolescents, with parental permission.
- In August 2019, PSI launched “Aquele Papo”, a multimedia 360° social behavior change campaign aimed at generating demand for sexual and reproductive health (SRHR) and sparking dialogue among Mozambican youth aged 15-24 around topics that matter to them. Beyond adolescent engagement, the inclusive nature of the campaign encouraged other partners, especially local partners, to use the campaign to amplify their own project activities. Following the successful debut of Aquele Papo in 2019, the PSI team developed a second season that built on the learnings and achievements from season one. Through this series PSI were able to spark conversations about relevant health topics using both online engagement and community outreach. Aquele Papo rapidly gained adolescents’ trust. Social media outlets created a safe space for boys and girls to discuss, ask honest questions, and seek advice. Continuing the multichannel dissemination approach, the second season was broadcast on TV through MIRAMAR (the TV channel in Mozambique with the

largest viewership), advertised on social media through the Facebook page, and delivered through community activities using interpersonal communication and health services.

- Availability of multiple SBCC means, tools and source of information, including community campaigns (including usage of loudspeakers), community meetings, provision of printed material, interpersonal communication is considered one of the key factors driving increased demand for FP services at Tem+ clinics.

Social Marketing

- The sale of socially marketed condoms was disrupted due to a need to switch distributors during 2019, following a shift if the former distributor's (Tropigalia's) priorities. This resulted in Tropigalia's decision to terminate the distribution agreement. Jeito sales decreased from 13 million in 2018 to 10.2 million units in 2019. The actual volume introduced into the market in 2018 was 11.7 million in 2018 and 7.2 million in 2019. The reasons for the shift include Tropigalia's shift to focus on larger clients (Colgate, Heineken, Diaggio and Unilever). The partnership ended on amicable terms with several underlying factors, including growth in Tropigalia's business that forced them to prioritize key accounts (Heiniken, Colgate, and Unilever), inability to deliver products in a timely manner (e.g., Certeza delivery delays exceeding 30 days to the DPS during the cholera outbreak) and the resultant negative publicity that created, as well as relatively low margins earned on condoms. By August 2019, PSI negotiated a distribution agreement with Cicoti. Cicoti offers a national footprint with a physical presence in all the 10 provinces and consumer brands that are present in the same channels as Jeito and Certeza. By October 2019, the contract with Tropigalia was terminated, stock was transferred to Cicoti and the team re-started sales activities in November. This transition period directly led to lower volumes introduced in the market in 2019.
- The sale of socially marketed condoms faced several challenges related to the COVID-19 context. The shut-down of key retail channels throughout the year, and the reduction of "moments of consumption" (night life) led to a difficult year for formal and informal outlets. In 2020 the PSI team reported an 8% reduction in sales volumes compared to the previous year. In 2020, PSI Mozambique sold a total of 6.6 million condoms and 562,000 Certeza bottles to retail channels. Working through the distributor, an additional 296,000 Certeza Green bottles were distributed to targeted populations in need by a range of partners, in coordination with UNICEF. Performance across 2020 social marketing activities was affected by the restrictions imposed during the COVID-19 pandemic at both formal and informal retail channels. For example, outlets were either entirely closed or only operated on a limited schedule (e.g., just during daylight hours) which prevented purchase of products such as Jeito in the evening/at night. This has contributed to a 35% decrease in sales as compared with 2019.
- Another driver of the change in sales from 2019 to 2020 is related to how sales are accounted for at PSI. In 2019, "sales" were counted as volume sold to

distributor Cicoti. However, in 2020 PSI moved to a more accurate accounting system using "sale on consignment", implying that product distributed to Cicoti remains as PSI stock until it is transferred by Cicoti to retail outlets. Once the retail outlets receive the product, PSI counts sales.

- PSI has continued its investment in Jeito brand visibility and promotion, mainly through mass media channels and social media. As the implementation of below the line (BTL) activities was constrained due to COVID-19 prevention measures, the PSI team worked on increasing its online presence, negotiating for the product to be available on online stores and growing the number of followers on the main social media outlets. Thanks to this shift in strategy, the PSI team was able to maintain a 49% TOM (top of mind) for Jeito among its consumers (source: Brand Tracker, December 2020). All product distribution was run through CICOTI.

Safe abortion

- PSI encountered delays in planned activities due to delays in the national rollout, as well as delays in the signing of the MISAU/PSI workplan, which caused PSI to push activities planned for 2017 into 2018. Thus, all operational safe abortion training, procurements, and awareness activities were postponed due to the protocols. Safe abortion activities accelerated during 2020, with PSI developing work plans and contracts with the Provincial Health Authorities (DPSs) in Gaza, Inhambane, and Sofala provinces. In February 2020, PSI hired a Clinical Services Manager to serve as the main point of contact within the Safe Abortion Technical Working Group at MOH and to work in collaboration with the provincial health authorities and safe abortion focal points in Gaza, Inhambane, and Sofala provinces.

Data quality and supervision

- Training of recruited nurses for Tem+ clinics on primary data sources registration, availability of designated staff performing data quality supervision and introduction of electronic data management tools was reported as an important contributing factor for performance improvement from programmatic and managerial perspectives. Improvements on completeness of clients vital data registration and timely management of program requirements (including supply chain) based on data generated in the Tem+ clinics was referred by representatives of the Provincial and District Directorate of Health, nurses and PSI staff as an important factor contributing to address program performance related issues.
- System knowledge is an important part of this investment for data users. Focal points in 5 out of the 11 provinces required regular training on how to access data because they rarely use the platforms. The PSI Mozambique team ensured that the system was stable, users had access rights, and M&E focal points had access to all relevant programs configured in SISMA. Regular training sessions were conducted on the DHIS2 platform (SISMA) to reinforce data cleaning, action plans follow-up, data analysis and data interpretation skills. **Stakeholder engagement** is key to strengthening routine data use and ownership. A diverse group of experts and champions is needed to ensure the success of strengthening data use.

Capacity building and training

- PSI investment in capacity building and training, not only for the recruited nurses working at Tem + clinics but including joint training sessions covering nurses and other personnel from public sector health facilities were referred as one of the most important enabling factors to create a favorable environment where young women seeking FP services and methods encounter friendly and knowledgeable health providers, capable to advise and administrate multiple options of FP services.
- Positive experiences were reported by the district and PSI nurses, who noted improvements in nurses capacity and confidence to provide counseling and administrate simple and the most complex FP methods (both, from Tem+ clinics and public sector facilities). In two visited sites in Gaza and Nampula provinces, interviewed nurses and Provincial Directorate of Health, acknowledged that on the job trained nurses were much confident to provide LARCs, especially IUDs, and they were in position to recommend such methods to the clients.

Coordination and collaboration

- Coordination and collaboration with Provincial Health authorities, forums of NGOs operating in SRH and FP at provincial and district level, was reported to be essential to avoid overlap in geographic areas coverage, complementarity for demand creation saturation, improvement in data quality and management, and leverage on training sessions to cover more nurses and health personnel.
- The PSI-MISAU partnership at both the central and provincial levels progressed in 2020 through regular participation in the FP technical working group, support on the FP D2A workstream, technical assistance on safe abortion, and joint implementation of the TEM+ program. PSI strived to provide additional assistance where necessary, including data use, stock management, FP counseling, and safe abortion. PSI continued the partnership with the USAID/Pathfinder award in Nampula and Sofala. PSI's role was centered in coordinating demand creation within urban areas. Clients receive FP counseling and are then provided a referral to FP services at either PSI TEM+ clinics or public sector facilities, expanding her choice and increasing access. During 2020, PSI conducted 532,683 FP counseling sessions and successfully referred 141,665 and 97,589 women adhered FP services.

EKN's Flexibility

- Tem+ clinics implementation approach started in 2014. EKN contribution enabled PSI to scale up the initiative, adjusting and improving the approaches aiming to increase the program outreach. PSI personnel valued EKN's flexibility that made possible to adjust and improve the course of the interventions based on lessons learned. More specifically, staff reported several lessons learned, especially related to MMP and demand generation.

5. Efficiency - Financial Analysis

Financial absorption – Disbursement vs Expenditure

The signed Activity Appraisal Document for PSI’s Social Marketing for Health Programme 2016-2020 lists a disbursement plan for the period 2016 to 2020 totaling USD 17,953,344. An amendment signed in 2019 increased the total disbursement amount dispersed by EKN to PSI to USD 20,209,406. The total amount spent by PSI is 15,664,995 with a cumulative annual balance over the period 2016 to 2020 of USD 4,544,353⁵ equivalent to financial absorption of 78%.

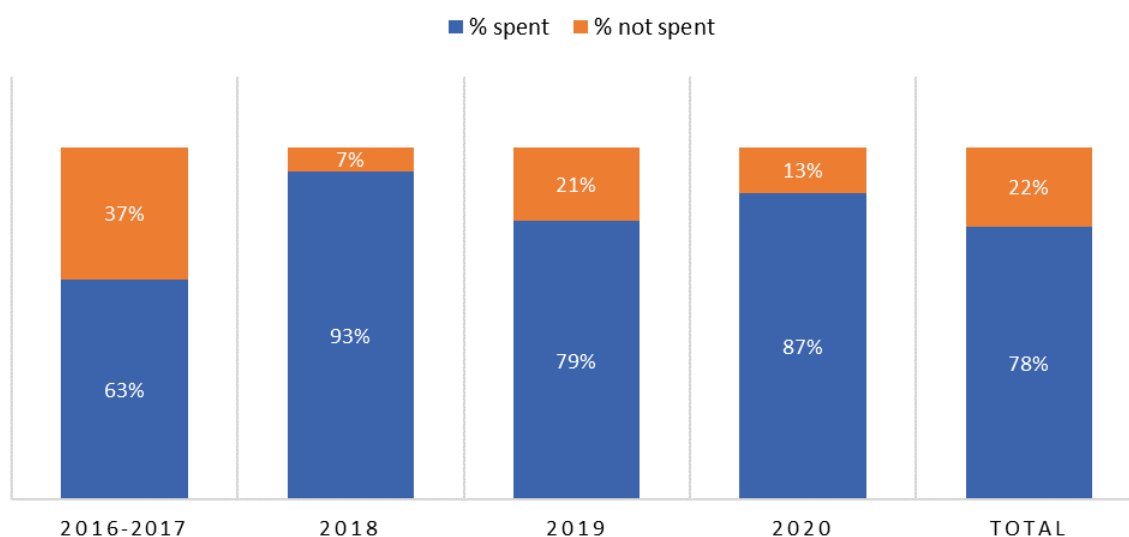
Table 14: Annual disbursement in Signed Activity Appraisal Document, Total Annual Amount Received by PSI from EKN, Total Annual Amount Spent by PSI, 2016 to 2020

Year	EKN Disbursement Plan in 2016 Signed Activity Appraisal Document	Total Annual Amount Disbursed by EKN to PSI	Total Annual Amount Spent by PSI	Annual Balance
2016-2017	7,559,809	7,823,336	4,893,624	2,929,694
2018	3,505,485	4,775,664	4,449,382	326,282
2019	3,492,770	3,880,286	3,072,687	807,579
2020	3,395,280	3,730,120	3,249,302	480,798
Total	17,953,344	20,209,406	15,664,995	4,544,353

Source: 2016 EKN Activity Appraisal Document, PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020, and Embassy of the Kingdom of the Netherlands

Annual financial absorption of dispersed amounts varies from 63% in the period 2016-2017 to 93% in 2018.

Figure 24: Annual financial absorption – Disbursement vs Expenditure, 2017 to 2020 and total



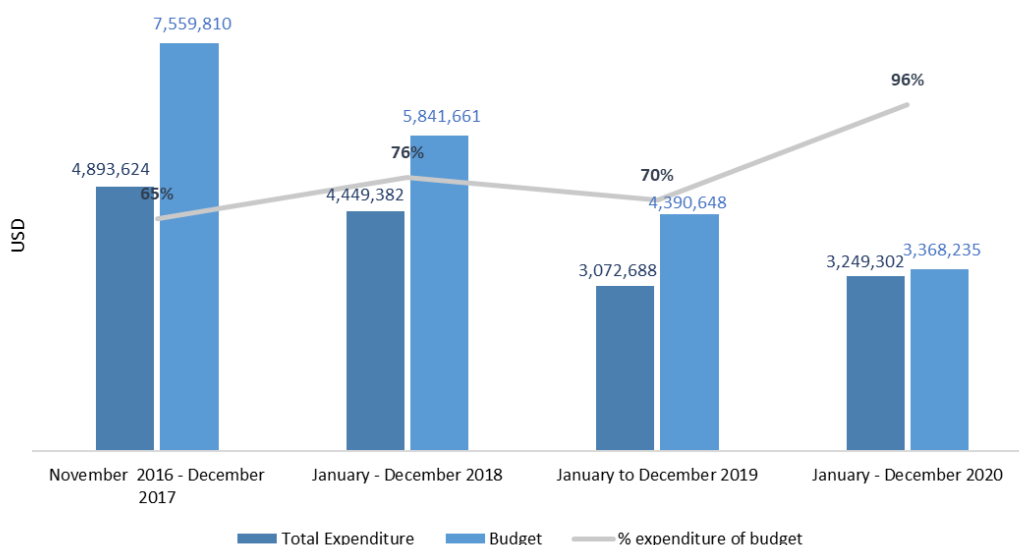
Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

⁵ Please note: there is a small difference in the total calculated from amounts extracted from annual financial reports and the cumulative amounts indicated in the 2020 Financial Report. The total cumulative disbursed amount in the 2020 Financial Report is USD 20,209,308 indicated and the cumulative expenditure is USD 15,664,989. This may most likely be due to rounding differences in the amounts extracted from the pdf versions of the financial reports and the excel files used by PSI

Budget vs Total Expenditure

Annual per cent expenditure of the budget during the 4 year period varies from 65% in the 2017 financial report to 96% in the 2020 report. The budget in the first year of analysis was the highest budget amount⁶. PSI credit programmatic delays in the joint PSI/MISAU workplan as the main reason for the underspend. Approval for the joint PSI/MISAU workplan was only received in December 2017⁷. The per cent expenditure of 70% in 2019 was attributed to programmatic shifts and delays as a result of PSI's focus on IDAI response⁸.

Figure 25: Annual Budget vs Annual Expenditure and % expenditure of budget, 2017 to 2020



Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

Budget vs Total Expenditure by Cost Category

Budget vs Reported Expenditure comparison was calculated as the difference between expenditure and budget amount. Underspend – expenditure below the budget amount – is shown as negative (below the zero line), overexpenditure – expenditure above the budget amount – is shown as positive (above the zero line). The zero line is indicative of expenditure being exactly equal to the budget amount. Cost categories show consistent underspending over the years except for Commodities in 2017, Promotion and Communication in 2020, Research & Evaluation in 2020 and Equipment in 2019. The biggest overspend in USD was in the cost category Promotion and Communication in 2020 at 456,018 USD explained as a result of “due to Aquele Papo season2 production, increasing Jeito and Certeza advertising that was underspent in 2019 due to suspension of Jeito and Certeza sales during the distributor transition.”⁹ The biggest underspend was in the Other Direct Costs category in the 2017 financial report of (836,690) explained as a result of the delay in MISAU workplan activities¹⁰.

⁶ With no inflation or similar adjustment

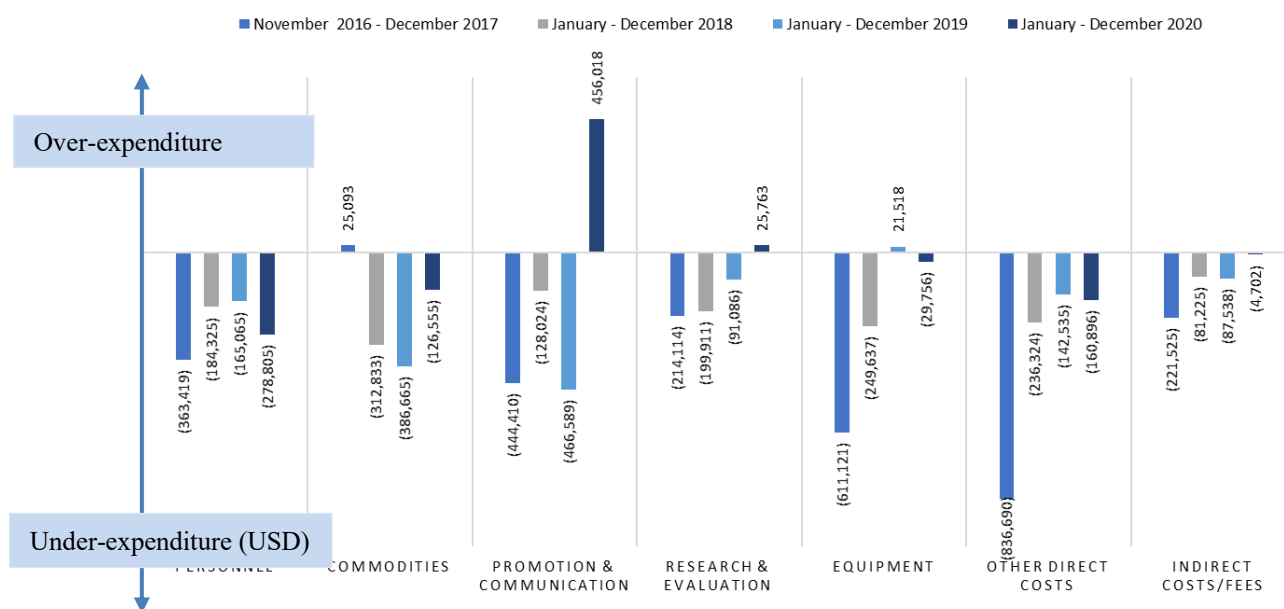
⁷ June 2018: PSI Mozambique 2017 Report - Award number 29522

⁸ June 2020: PSI Mozambique 2019 Report - Award number 29522

⁹ May 2021: PSI Financial Report: January 01, 2020 – December 31, 2020 to Embassy of the Kingdom of the Netherlands

¹⁰ June 2018: PSI Mozambique 2017 Report - Award number 29522

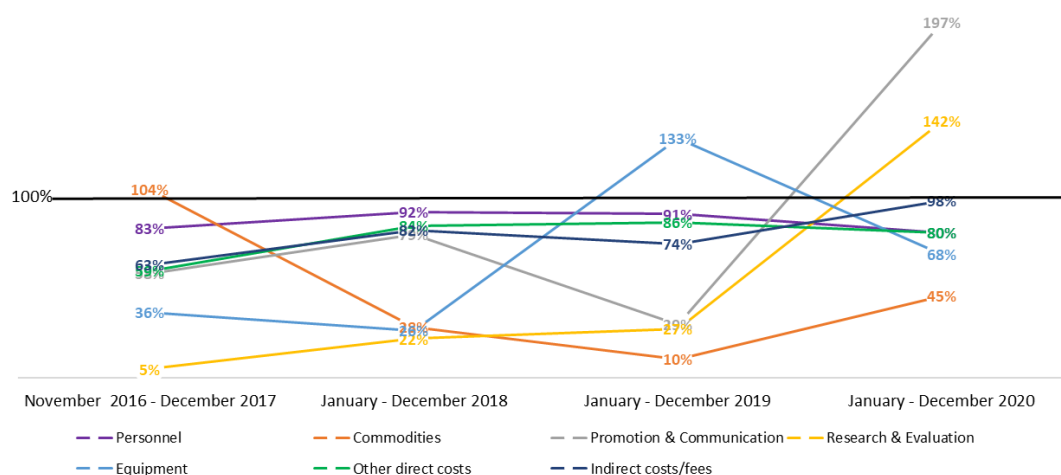
Figure 26: Over-expenditure and under-expenditure in USD (expenditure less budget) by cost category, 2017 to 2020



Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

The under-expenditure to percent expenditure of the budget amount for each cost category is shown in the graph below with the majority of the percent expenditure by cost category below the 100% expenditure line – showing the under-expenditure. Research and Evaluation shows the lowest per cent expenditure of the budget of 5% during the 2017 financial year. Per cent expenditure rises to 142% during the 2020 financial year. Although commodities started with a 104% per cent expenditure during the 2017 financial year, it drops to 10% per cent expenditure in 2019 and subsequently improves to 45% expenditure of budget in the 2020 financial year. Per cent expenditure in the promotion and communication cost category increased steeply from per cent expenditure of 29% in 2019 to the highest per cent expenditure of the budgeted amount of 197% (almost double the budgeted amount) in 2020 as a result of Aquele Papo season2 production, increasing Jeito and Certeza advertising that was underspent in 2019.

Figure 27: Per cent expenditure of the budget by cost category, 2017 to 2020



Expenditure by Objective/Outcome

The two objectives and associated outcomes for PSI’s Social Marketing for Health Program are:

1. Sexual and Reproductive Health and Rights (SRHR):
Outcome: improved women’s uptake of a range of modern contraceptives.
2. Social Marketing of Condoms (SMC):
Outcome: adoption of correct and consistent condom usage.

Expenditure by objective, 2017 to 2020 financial year

Overall, expenditure¹¹ was higher for the SRHR objective (66%) compared to the SMC objective (34%) over the period in analysis (2017 to 2020 financial year). This distribution of expenditure by objective is not far removed from the indicative expenditure in the signed Activity Appraisal Document which had a distribution of 61% for the SRHR objective and 39% for the SMC objective. Annual expenditure for SRHR (of the total reported expenditure) ranges from 60% (in the 2017 financial year) to 70% in 2019 with annual expenditure of SMC ranging from 30% to 40% respectively.

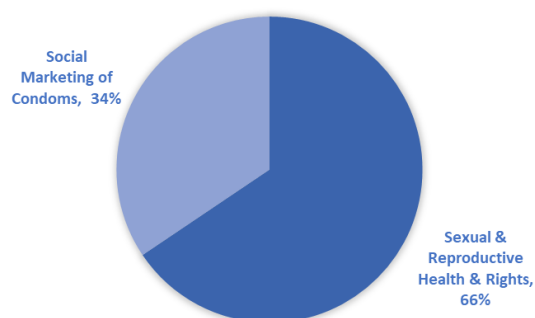
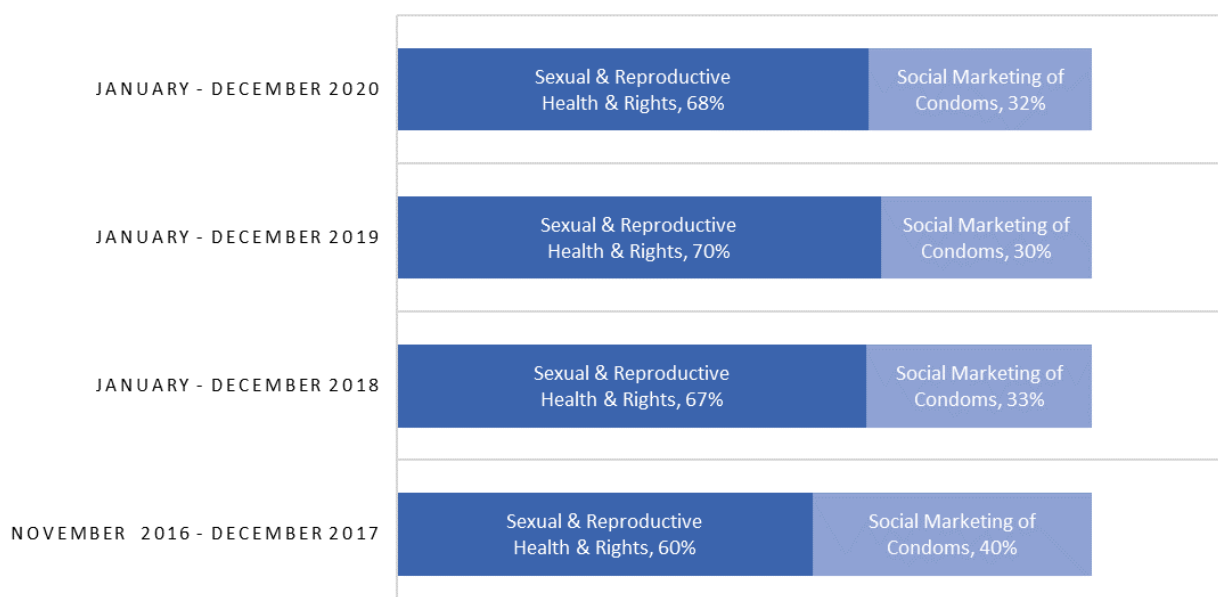


Figure 28: Per cent expenditure of the total annual expenditure by objective – SRHR & SMC, 2017 to 2020

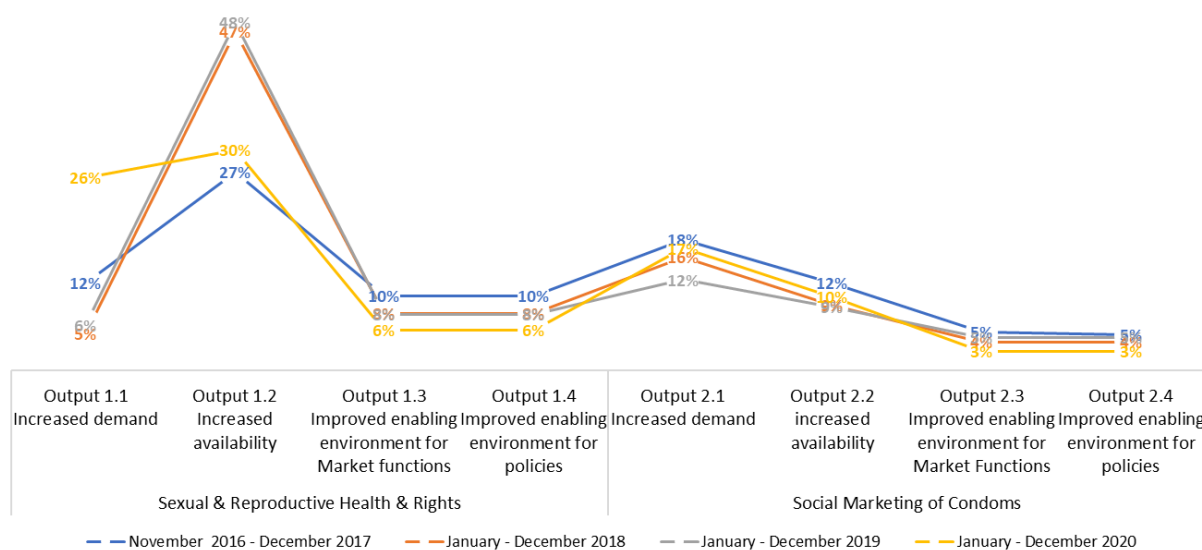


Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

¹¹ Please note: there are small differences in totals by objective in 2018 and 2020 most likely be due to rounding differences

The distribution of expenditure by output (of the overall annual expenditure)¹² shows higher expenditure for the Increased availability output for SRHR and Increased demand output for SMC.

Figure 29: Per cent expenditure by objective and output (of the overall annual expenditure), 2017 to 2020



Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

Overall, each year, PSI’s Social Marketing for Health Program spent the highest amount of funds on Output 1.2 - Increased availability and affordability of SRHR counseling, services and commodities, with an increasing per cent expenditure between 2017 and 2019 (from 27% to 48% respectively). However, per cent expenditure on Output 1.2 fell to 30% in 2020 as Output 1.1 - Increased informed demand for SRHR Counseling, service and commodities experienced a significant jump in expenditure from 6% in 2019 to 26% in 2020.

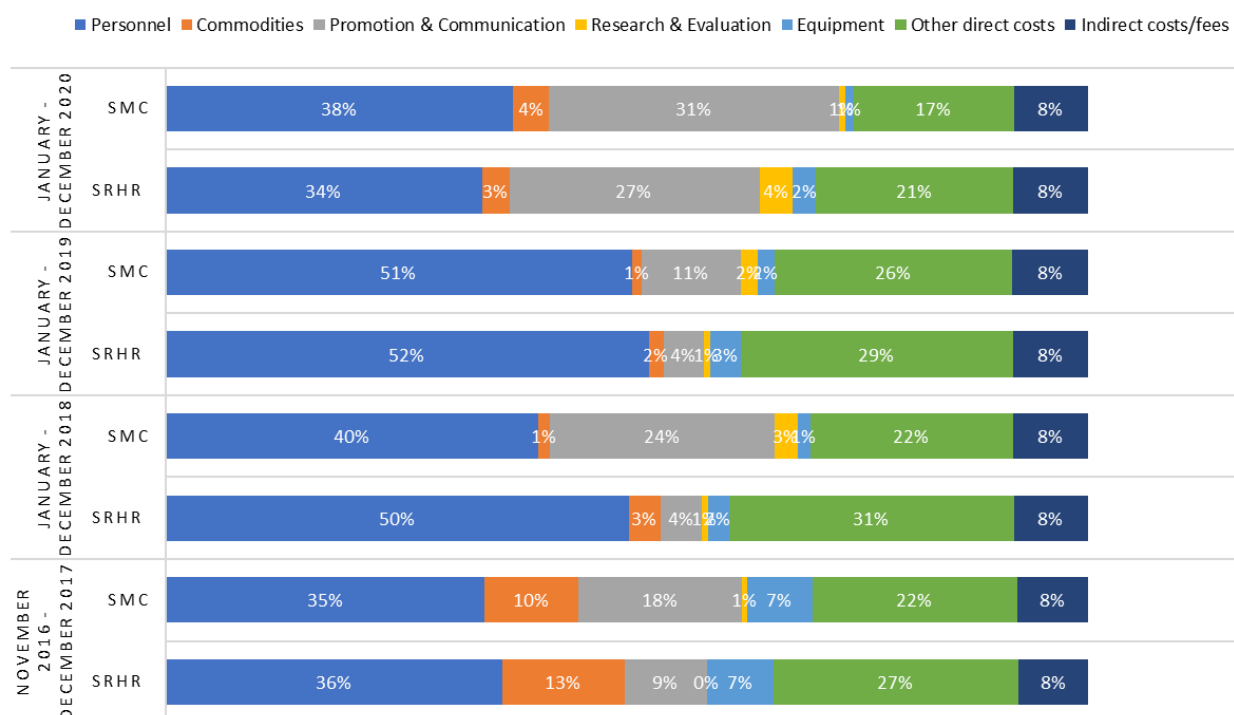
Cost category by Objective/Outcome

The per cent expenditure for each objective/outcome is shown by cost category in order to understand how expenditure by cost category varied between the two objectives. The per cent expenditure was calculated from the total annual expenditure for each objective¹³. Personnel, other direct costs account and promotion and communication are generally the three main expensed cost categories although commodities was a significant cost category in 2017.

Figure 30: Per cent expenditure by cost category of the 100% expenditure within each objective, 2017 to 2020

¹² The sum of per cent expenditure for all outputs for SRHR and SMC in each financial year equals 100%

¹³ The sum of the per cent expenditure for each objective and in each year = 100%



Source: PSI Financial Reports to the Embassy of the Kingdom of the Netherlands 2017, 2018, 2019, 2020

A comparison of budget to expenditure by objective was not conducted as budget figures were not provided by objective.

Key points on Programme efficiency

The following categories are applied to the efficiency analysis:

- High absorption/percent expenditure is at least 90% ($\geq 90\%$.)
- Intermediate absorption/percent expenditure is at least 75% and less than 90% ($\geq 75\%$ & $< 90\%$)
- Low absorption/percent expenditure is less than 75% ($< 75\%$)

PSI not able to fully absorb annual disbursements

The financial absorption analysis comparing annual disbursements to expenditure shows that PSI has not been able to successfully absorb annual project disbursements with just over a fifth (22%) of total disbursements not absorbed over the period analyzed. High financial absorption was only in 2018.

Systematic under-expenditure of PSI's Social Marketing for Health Programme annual budget

Expenditure has been systematically less than the budgeted amount over the life of the project, with the lowest budget absorption in 2016/2017 (65%) and 2019 (70%) due to delays in approval of the PSI/MISAU joint workplan¹⁴ and programmatic shifts and delays as a result of PSI's focus on IDAI response¹⁵ respectively.

¹⁴ June 2018: PSI Mozambique 2017 Report - Award number 29522

¹⁵ June 2020: PSI Mozambique 2019 Report - Award number 29522

Majority of cost categories have intermediate or low average absorption/percent expenditure over the period 2016-2020

The average percent expenditure for each cost category was classified according to the absorption/percent expenditure categories. The majority of the cost categories are in the intermediate and low absorption/percent expenditure categories, with only promotion & communication showing a high average budget absorption over the period evaluated.

High absorption/percent expenditure cost categories based on the average percent expenditure (2016-2020)

- Promotion & Communication (91%)

Intermediate absorption/percent expenditure cost categories based on the average percent expenditure (2016-2020)

- Personnel (86%)
- Other direct costs (77%)
- Indirect costs/fees (79%)

Low absorption/percent expenditure cost categories based on the average percent expenditure (2016-2020)

- Commodities (47%)
- Research & Evaluation (49%)
- Equipment (66%)

Procurement economies of scale identified during programme delivery¹⁶

- Procurement economies of scale were identified from headquarters procurement by PSI Washington – procuring for various PSI country offices and being able to negotiate for better (lower) pricing from bulk purchasing.
- PSI Mozambique also reported procurement economies of scale through procurement grouping across projects of different donors in Mozambique with similar purchase needs to buy commodities in bulk and better negotiate a lower unit price.

¹⁶ Interview with PSI's Director of Business Operations and Financial Director

6. Impact Analysis

The ultimate Goal of PSI's Social Marketing Program is to:

Contribute to the reduction of the number of unplanned pregnancies among women 15-49, maternal deaths, and new HIV infections

The following indicators are the goal level indicators:

- Decrease in unintended pregnancies
- Decrease in maternal deaths
- Decrease in new HIV infections

The SRHR Outcome: **Improved women's uptake of a range of modern contraceptive** has the following outcome level indicators:

- Increase the contraceptive prevalence rate
- Increase the LARC contraceptive prevalence rate
- Decline in % of women discontinuing method

The SMC Outcome: **Adoption of correct consistent condom usage** has the following outcome level indicators:

- Proportion of males 15-49 years old who report using a condom during the last sex act for individuals with more than one person in the past 12 months
- Proportion of 15 - 49 year old males and females who report always using a condom

Marie Stopes International – MSI's Impact 2 Model for estimating the impact of reproductive health programs was used to estimate the impact of PSI's EKN funded Social Marketing Program¹⁷ on some of the goal level indicators. Model inputs to estimate PSI's service provision to impact over the period under analysis were based on the following indicators reported in annual PSI reports:

- i. Number of FP Contraceptive Methods distributed nationally
- ii. Number of condoms distributed nationally
- iii. Number of sites offering PAC (and/or safe abortion*) counseling and services by Sector

Both the free and commercial reported numbers were input. As a crosscheck and to avoid vastly divergent estimates of the impact of PSI's program; the authors compared MSI's Impact 2 Model results in the TEM+ review by Burke (2019)¹⁸. Slight differences exist in the estimates most likely due to data source differences as PSI reports were used as the only source for reported services in the current analysis (see Annex 1). For 2019, the difference is mostly attributed to the fact that Burke's review extended until September 2019 whilst the current analysis extends for the whole of 2019. Model estimates of PSI's annual impacts can however be used with reasonable reliance, as Burke (2019:35) indicated, "...not a perfect calculation, but a best *estimate* based on the data available."

¹⁷ Impact 2 (v5), MSI Reproductive Choices, 2019

¹⁸ Burke 2019. A review of PSI's TEM+ approach for quality family planning information and services in Mozambique: A review of its results, impact and opportunities for effectively scaling up

Health, demographic and economic impacts of PSI’s service provision under EKN’s Award 29552 from 2017 to 2020

Results of the Impact 2 Model are provided as health, demographic and economic impacts of PSI’s service provision between 2017 and 2020. Model estimates however under-estimate reproductive health impacts implemented by PSI prior to 2017 as service provision was only input from 2017. Trends in the estimated demographic and health impacts in absolute numeric terms, indicate demographic impacts as showing the largest impacts, specifically averting unintended pregnancies estimated at 94,693 in 2020 having steadily increased from an estimated 77,338 in 2017.

Table 15: Estimated annual impacts of services provided by PSI under the EKN funded Social Marketing Program from 2017 to 2020

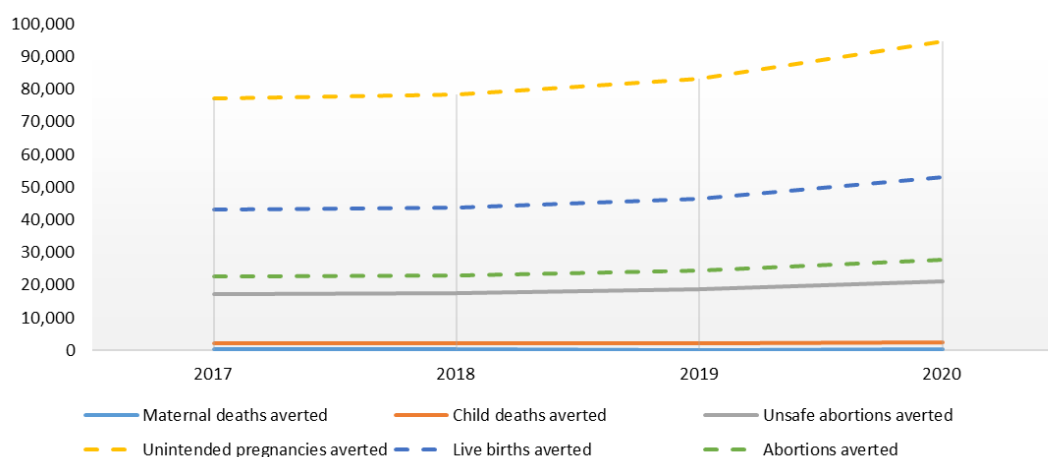
Total annual impacts	2017	2018	2019	2020
Demographic impacts				
Unintended pregnancies averted	77,338	78,401	83,137	94,693
Live births averted	43,291	43,886	46,537	53,006
Abortions averted	22,793	23,106	24,502	27,908
Health impacts				
Maternal deaths averted	237	226	224	238
Child deaths averted*	2,046	2,075	2,200	2,506
Unsafe abortions averted	17,374	17,655	18,677	21,273
DALYs and economic impacts				
Maternal DALYs averted (mortality and morbidity)	14,302	13,649	13,545	14,387
Child DALYs averted (mortality)*	173,026	175,404	186,000	211,855
Total DALYs averted	187,328	189,053	199,545	226,241
Direct healthcare costs saved (2018 GBP)**	4,282,108	4,341,623	4,603,200	5,243,062
Couple Years of Protection (CYPs)				
Total CYPs (FP only)	330,233	315,508	291,740	309,391

* Estimates of child deaths averted may be unreliable because there is currently very limited data about the linkages between CPR, birth spacing and child mortality. This part of Impact 2 will be updated as improved research becomes available.

** Costs saved to families and health care systems on pregnancy related care (e.g. ANC, safe delivery, treatment of complications including PAC). The default estimate for costs saved are based on "full coverage" - i.e. all women needing care receive it.

Source: MSI’s Impact 2 Model

Figure 31: Total annual Health and demographic impacts of PSI’s EKN funded Social Marketing Program, 2017 to 2020



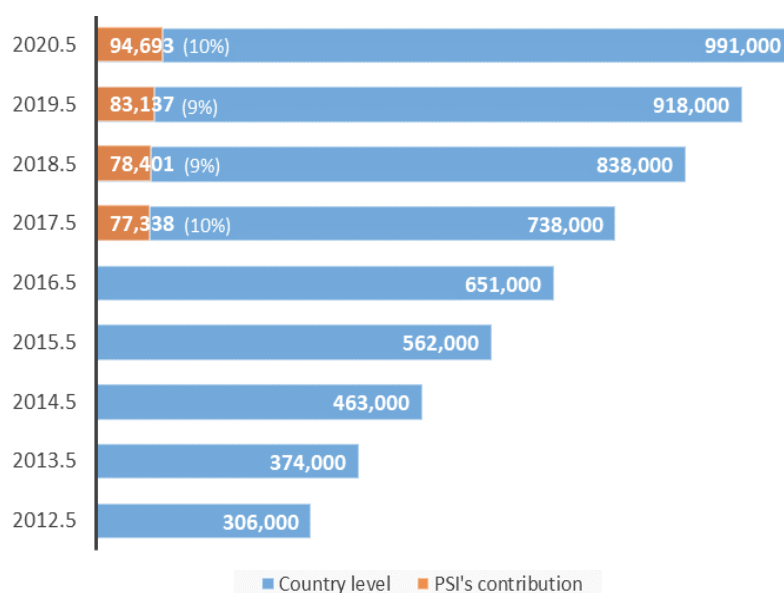
Source: MSI’s Impact 2 Model

PSI's contribution to national level goal indicators

Decrease in unintended pregnancies due to use of modern methods of contraception

At the national level, the trend in unintended pregnancies averted due to the use of modern contraceptive methods has been on the incline since 2012, increasing by 34% between 2017 and 2020¹⁹. PSI's contribution to decreasing unintended pregnancies is estimated to range between 9% to 10% between 2017 and 2020. The estimated impact of PSI's services increased by 22% from 2017 to 2020

Figure 32: PSI's contribution to national unintended pregnancies averted due to use of modern contraceptives Mozambique, 2017 to 2020



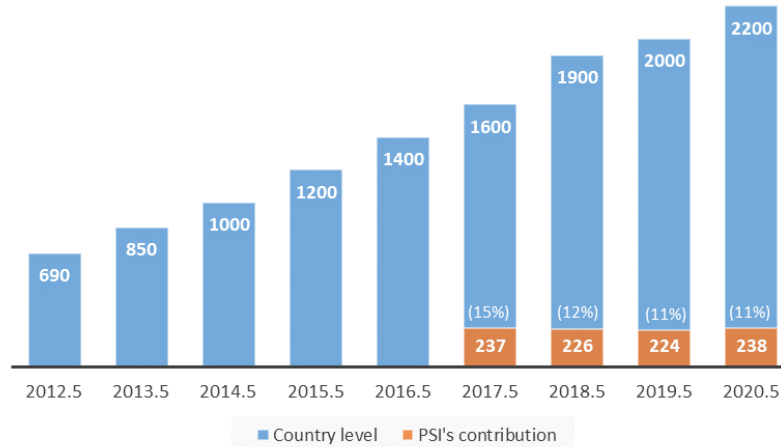
Source: FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Progress Report and MSI's Impact 2 Model

Maternal deaths averted due to use of modern methods of contraception

FP2020 estimates of country level maternal deaths averted due to the use of modern methods of contraception, show a steady incline from 2012 to 2020. PSI's estimated contribution to averting maternal deaths shows a fluctuating overall constant trend. The national level trend in maternal deaths averted increased by 38% between 2017 and 2020, compared to a 0.4% increase for PSI's estimated impact for the same period. PSI's percent contribution to national maternal deaths averted is estimated from 15% in 2017 to 11% in 2020 (declining percent contribution).

¹⁹ FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Progress Report
<https://fp2030.org/sites/default/files/Mozambique%202020%20CI%20Handout.pdf>

Figure 33: PSI's percent contribution to national maternal deaths averted due to the use of modern methods of contraception

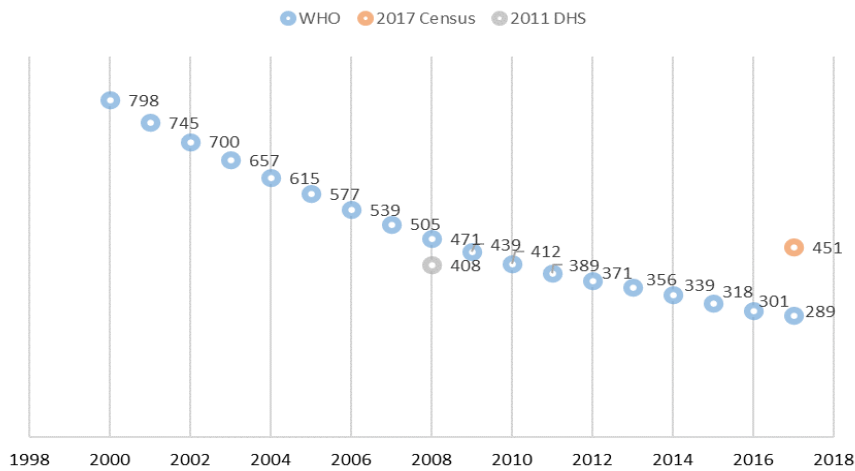


Source: FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Progress Report

Maternal mortality ratio per 100,000 live births, WHO, 2000-2017, Mozambique 2017 Census

The maternal mortality ratio for the period 2000 to 2017²⁰ for the country shows a declining trend in the maternal mortality ratio (per 100,000 live births) with a rate of 289 deaths per 100,000 live births in 2017.²¹

Figure 34: Maternal mortality ratio per 100,000 live births for Mozambique for the period 2000 to 2017



Source: WHO - The Global Health Observatory
[https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births))

²⁰ [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births))

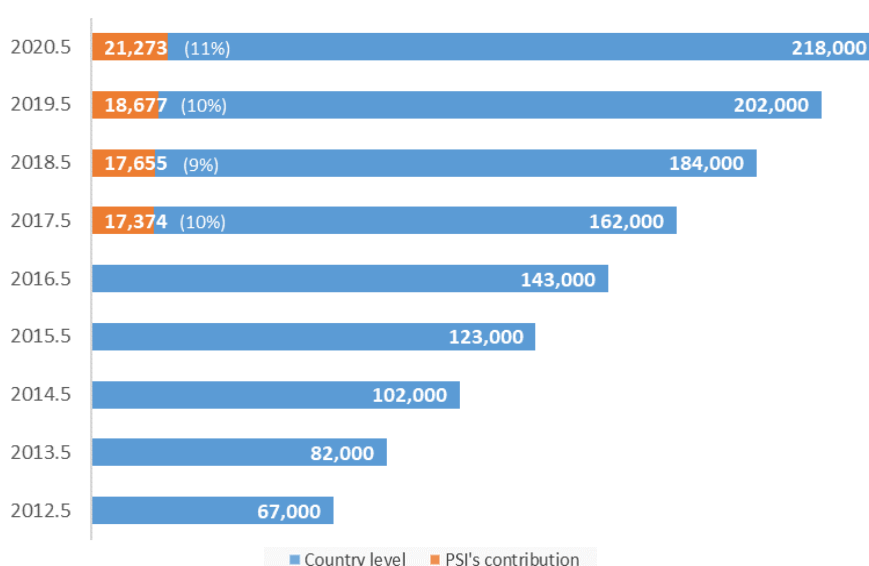
²¹ Confirmation with PSI necessary to confirm target for Maternal Mortality

Number of unsafe abortions averted due to use of modern methods of contraception

Although the indicator is not listed as one of the goal level indicators for PSI it is included to highlight PSI's estimated contribution relevant national level family planning objectives.

PSI's estimated contribution to averting unsafe abortions in Mozambique is estimated to average 10% over the four year period under analysis. The national trend in the number of unsafe abortions averted has been increasing over time from 67,000 in 2012 to 218,000 in 2020.

Figure 35: PSI's contribution to national number of unsafe abortions averted due to use of modern methods of contraception, 2017 to 2020



Source: FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Progress Report and MSI's Impact 2 Model

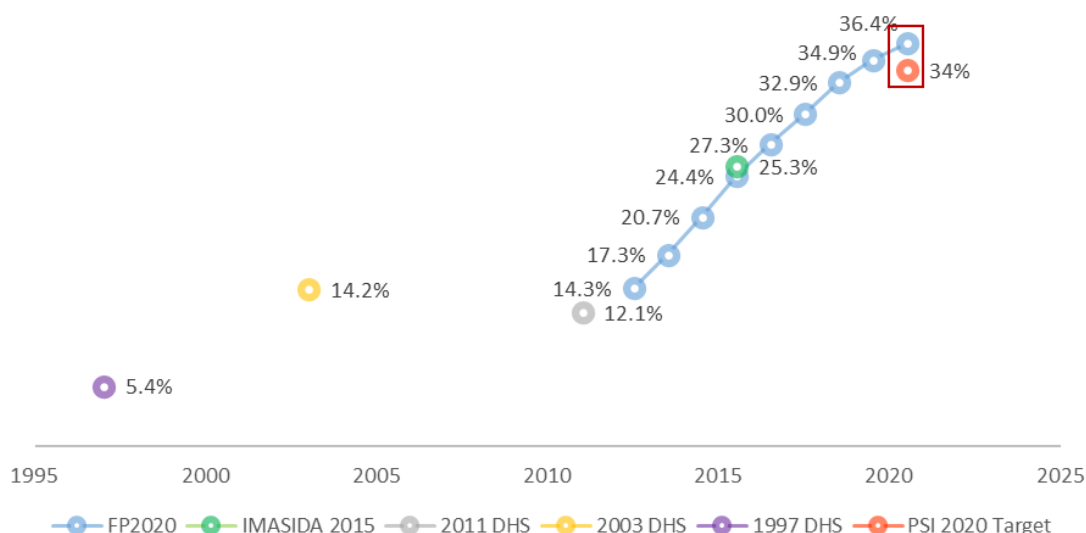
PSI's contribution to SRHR outcome level indicators

Increase in the contraceptive prevalence rate

Contraceptive prevalence rates of modern methods among women 15 to 49 years in Mozambique show an upward trend over time, notwithstanding the slight decline in the contraceptive prevalence rate estimated in the 2003 DHS (14.2%) and the 2011 DHS rate (12.1%). A plot of the FP2020 contraceptive prevalence rates²² shows a rate of 36.4% in 2020 which indicates that the PSI 2020 contraceptive prevalence rate target of 34% was attained (red box in the graph below).

²² FP2020 Core Indicator Summary Sheet: 2019-2020 Annual Progress Report
<https://fp2030.org/sites/default/files/Mozambique%202020%20CI%20Handout.pdf>

Figure 36: Contraceptive prevalence rates of modern methods among all women 15 to 49 years, DHS, IMASIDA and FP2020



Couple Years of Protection

PSI’s contribution to Couple Years of Protection (CYPs) from family planning is used to estimate the impact of PSI’s service provision on increasing contraception use and consequently the contraceptive prevalence rate. Estimates for CYPs were obtained from PSI’s annual reports and were compared with national level estimates of Couple Years of Protection (CYPs) from family planning reported in the FP2020 Core Indicator Summary.

Table 16: PSI’s contribution to national Couple Years of Protection (CYPs) from family planning

	FP2020 National CYPs (SISMA)	CYP Output 1.2 (SRHR)	CYP Output 2.2 (SMC)	Total CYP Output SRHR & SMC	% SRHR CYPs of National CYPs	% SMC CYPs of National CYPs	% SRHR + SMC CYPs of National CYPs
2013	763,588						
2014	1,050,468						
2015	1,420,763						
2016	1,856,467	76,322	65,816	142,138	4%	4%	8%
2017	2,562,504	214,212	168,222	382,434	8%	7%	15%
2018	3,216,638	205,357	109,796	315,153	6%	3%	10%
2019	3,247,192	196,672	78,589	275,261	6%	2%	8%
2020	Not reported	244,584	55,285	299,869	-	-	-

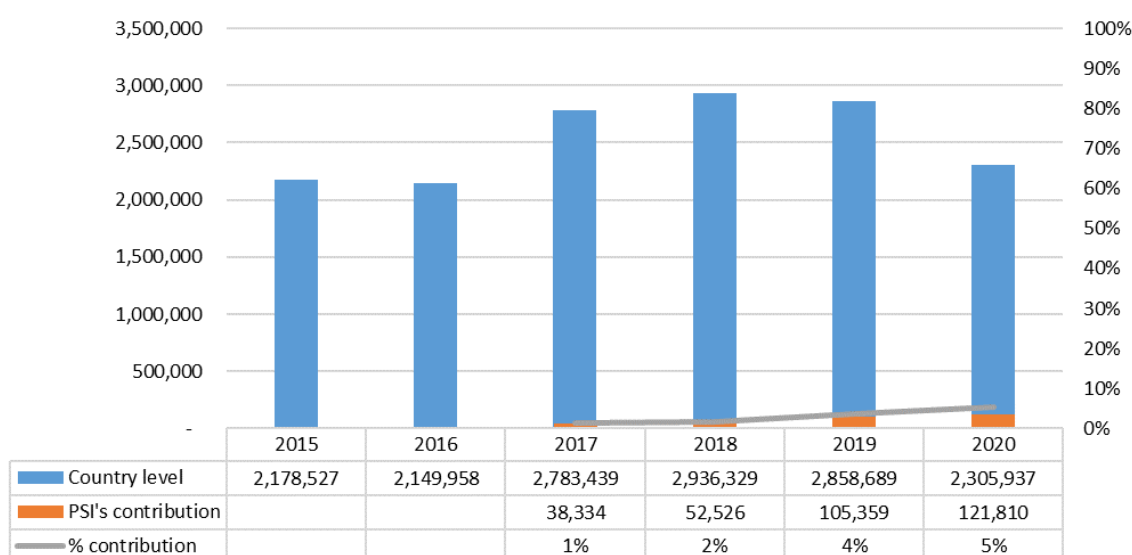
Source: FP2020 Core Indicator Summary Sheet, PSI 2017-2020 Annual Reports

In the absence of the 2020 national CYPs total in the FP2020 Core Indicator Summary Sheet – PSI’s contribution to national CYPs ranges from 8% in 2019 to 15% in 2017. CYPs in 2017 are relatively higher than in the other two years. SRHR CYPs are also relatively higher than CYPs from SMC showing the higher contribution of TEM+ network to national reproductive health indicators.

Number of new users of modern methods of FP

PSI's contribution to new users of modern methods of FP is determined by comparing new users of modern methods of FP published annually by Mozambique's Ministry of Health based on the National Health Information System data reports (SIS-MA) with the numbers of new users of modern methods reported by PSI in their annual reports. The percent contribution of PSI's new users of modern methods is 5% and less of the total reported new users of modern methods. The trend in new users shows a steady though small increase from 1% in 2017 to 5% in 2020.

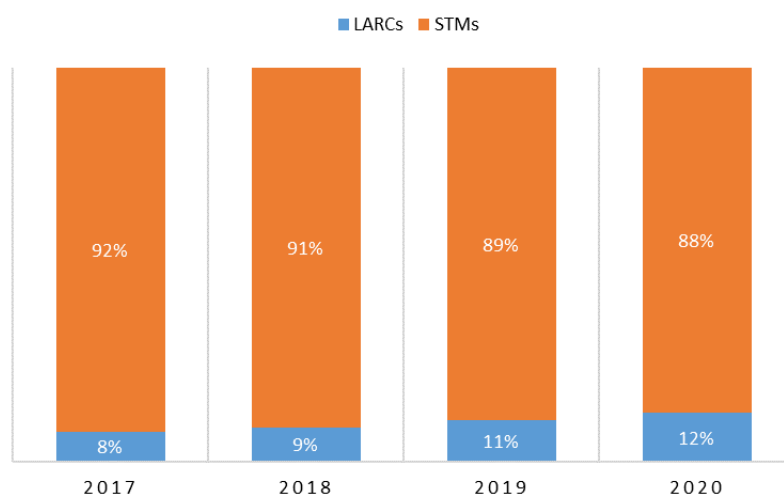
Figure 37: PSI's contribution to current level new users of modern methods of FP, 2017 to 2020



Source: Mozambique Ministry of Health Annual Health Statistics Reports 2016, 2018, 2020 & PSI 2017-2020 Annual Reports

Increase in the LARC contraceptive prevalence rate

Figure 38: Percent distribution of contraceptive methods distributed nationally by PSI split into Long-acting and reversible contraceptives (LARC) and Short Term Methods of contraception (STM), 2017 to 2020



Source: PSI Annual reports 2017 to 2020

The percent distribution of contraceptive methods distributed nationally by PSI split into Long-acting and reversible contraceptives (LARC) and Short Term Methods of contraception (STM) for the SRHR objective (excluding condoms) is used to discuss PSI's contribution to the outcome level indicator on the increase in LARC contraceptive prevalence rate.

PSI reports show widespread distribution of STM of contraception compared to LARCs. However there is a very slight and gradual incline in the percent distribution of LARCs from 8% to 12% between 2017 and 2020. The prevalence rate would only be increased if the baseline users of LARCs are maintained with new additional users.

National level trends in goal level indicators where PSI contribution was not determined

Decrease in new HIV infections

Estimates on the HIV epidemic in Mozambique produced from the Spectrum software which is used by countries to assist in monitoring their HIV epidemic estimates 268 new daily HIV infections in Mozambique in 2020²³ with a total of 97,853 new HIV infections in 2020. The new HIV infections show a declining trend since 2010. The estimated new infections of 97,853 are more than PSI's 2020 target of 81,760 which shows that the target for the goal level indicator was not met.

Figure 39: New HIV infections in Mozambique over time, 1970 to 2024 Spectrum 6.06



Extract from MISAU 2020. Relatório Anual das Actividades Relacionadas ao HIV/SIDA 2020 page 15

National level trends in SMC outcome level indicators

Please note the difficulty in obtaining current statistics on condom use indicators as the national surveys that collect these data (such as the Demographic and Health Survey – DHS; AIDS Indicator Survey – AIS) were postponed due to COVID-19 restrictions and are planned for 2022. The indicator for the Number of Condoms distributed nationally was however incorporated in MSI's Impact 2 Model to estimate Health, demographic and economic impacts of PSI's service provision under EKN's Award 29552. Table 17 presents rates of condom use for a contextualization of the rates of condom use only.

²³ MISAU 2020. Relatório Anual das Actividades Relacionadas ao HIV/SIDA 2020

Table 17: Current condom use, condom use during higher risk sex and condom use among young men and women (as a percentage) 1997, 2003 & 2011 DHS and 2009 & 2015 AIS

Indicator	Age	Survey				
		1997 DHS %	2003 DHS %	2009 AIS %	2011 DHS %	2015 AIS %
Current use of condom (all women)	15-49	0.4	3.7	3	2.9	4
Married women currently using condom	15-49	0.3	1.1	1.3	1.1	1.5
Current use of condom (sexually active unmarried women)	15-49	1.6	19.5	15.4	15.8	19.8
Condom use during higher-risk sex (with multiple partners) [Women]	15-49		14.4	24	30.6	28.6
Condom use during higher-risk sex (with multiple partners) [Men]	15-49		17.2	19.9	23.3	24.1
Condom use during higher-risk sex (with multiple partners) [Women & Men]	15-49		19.1	22.3	25.5	25.9
Young women using a condom during premarital sex	15-24	6.4	34.5	45.2	45.5	55.9
Young men using a condom during premarital sex	15-24	12.8	34.6	43.5	45.9	47.4
Young women using a condom at last sexual intercourse	15-24		20.4	33.1	38.3	41.9
Young men using a condom at last sexual intercourse	15-24		29.5	37.2	40.8	39.4

Source: <https://www.statcompiler.com/en/>

Rates of current condom use have particularly increased between 1997 and 2015 among sexually active unmarried women aged 15 to 49 years. Rates of condom use among young women aged 15 to 24 years who reported using a condom at last sexual intercourse, of all young women who had sex with more than one partner in the 12 months doubled between 2003 and 2015 from 20.4% to 41.9% respectively.

7. Sustainability

In 2020 the PSI team started the process of reviewing and analyzing the different scenarios, with the hope that VAP and FCDO could support the TEM+ transition and sustain the implementation of one or more of those scenarios. In 2021, PSI focused on sharing the four scenarios with the Ministry of Health at the national and provincial level, as well as donors, to assess which directions are the most desirable and feasible.

Regarding sustainability, due to the high cost of PSI program interventions, as per the time of data collection for this evaluation, there was uncertainty about the ability of the MoH to fully absorb, scale up or replicate (in full or partially), program interventions due to financial limitations under which the Public Sector operates. When Tem+ program was initially designed, PSI was aware of the contextual limitations of the economy in Mozambique, and the perspective of long term implementation was only considered a possibility if innovative approaches with the potential to be adopted or integrated in full or partially into the national health system could be developed (efforts on making Tem+ a cost-effective approach that works appropriately within the context)²⁴.

Nevertheless, during this evaluation, PSI reiterated a commitment to ensure continued support to MoH (DPS, SDMAS and Health Facilities), during the transition phase, for the implementation of all 4 key component interventions of Tem+: demand creation, service delivery, quality assurance, and performance management. We present below our assessment of which Tem+ components could be (or not) plausibly replicated or integrated in part or in whole within the national health system.

TEM +

- TEM+ remains a subsidized model that generates significant developments. PSI is working with the DPS to breakdown key components of the TEM+ model and to build the capacity of MISAU personnel to take over and/or sustain TEM+ activities. This includes skills transfer such as FP counseling approaches, technology transfer (HNQIS, D2A, and CWS) and materials.

Service Delivery

- Fixed sites in public facilities have been -and remain - the largest service delivery channel for Tem+. The national health system, specifically at health facility level, has been accumulating knowledge and experience on how to manage Tem+ clinics. PSI provided the systems, tools and trained personnel from the public sector. As a result, the MoH is in a position to absorb part of the costs related to the service delivery aspects of Tem+, such as provision of commodities and consumable supplies, absorption of the costs of the nurses and maintenance of facility.

²⁴ "The Tem+ approach in Mozambique was not established to sustain in itself, as it incurs costs, has a fraction of the costs subsidized by MISAU and UNFPA, and generates no income as services are provided for free in line with government policies. What sustainability can mean to the Tem+ approach is being as cost-effective as possible and demonstrating a tested approach that can work within the public system" (Burke, 2019).

On the job training of Public Sector nurses to take over the work provided by the nurses hired by PSI to run the Tem + clinics

- A Tem+ nurse is paired with a nurse from a public health facility where she provides on-the-job training on counselling and provision of all FP methods, including LARCs. Four nurses from the public sector interviewed in Gaza and Nampula provinces indicated their readiness to take over the job of Tem+ nurses, expressing their confidence to continue the work without PSI continued support. It is expected that public sector trained nurses will step in and take over the work currently provided by PSI hired and paid nurses²⁵. This skill transfer and task handover to the public sector is likely to be successful, bearing in mind the nurses selected to take over the role of Tem+ nurses are well trained and were adequately exposed and experienced on Tem+ approach and interventions.
- However there is a risk of service quality deterioration and rapid regression to the historical situation prior to the introduction of Tem+ interventions, when public sector nurses were carrying the burden of high workload due to limited staff availability, since the MoH is not recruiting new nurses but transferring one of the few nurses providing RMNCH to FP Tem+ instead. Under these circumstances, shortage of human resource will remain a risk factor for quality and sustainability of the package of FP services provided at Tem+ clinics.
- Overall, the successful implementation of safe abortion activities has demonstrated that the health authorities at the provincial and district levels have the skills required to deliver quality and comprehensive safe abortion services. A recommendation for future strengthening activities is to focus on providing technical assistance and operational support to scale up the services to peripheral health facilities.

Demand creation investment

- While the community health workers (*Promotoras*) gained a set of skills to effectively implement demand creation interventions during the PSI program life cycle, the review noted that there is no clarity on how the community health workers (*Promotoras*) will be supported / absorbed by the national health system to continue with mobilizing communities, identifying potential clients for FP services and directing them to access community or health facility based services. Indicatively, the PSI team in Nampula and Gaza provinces expect that community structures, such as Health Committees can integrate these well trained and experienced cadre of community health workers. While the interviewed *Promotoras* stated that there were willing to continue working with the community to generate demand for FP services, it is very unlikely that the work of the *Promotoras* will continue without incentives or remuneration. An alternative option, cited in Nampula anticipates that the *Promotoras* could create a consortium of CBOs or NGOs to "apply for small grants and continue implementation of demand creation activities". From the reviewers' point of view, the expectation of creating a consortium of CBOs or NGOs to apply for small grants is unrealistic and not substantiated in specific experience or funding mechanism.

²⁵ Tem+ nurse salaries are technically higher than MISAU nurse salaries, but do not come with State benefits or employment security.

- Community mobilization, using mobile units, is acknowledged by the MoH (at provincial and district level) as a very important approach to ensure reach of hard to reach populations facing multiple constraints to access health facilities (due to long distances, time inadequacy, competitive activities, and other reasons). PSI's approach is commended for its ability to reach underserved communities with a comprehensive package of FP services delivered within a community setting, by a team of well-trained health providers using well equipped vehicles. Unfortunately, the set of interventions provided by a PSI Mobile Unit are considered to have high running costs that the public sector, under the current financial landscape, is not in a position to incorporate into their routine running costs.
- In response to the COVID-19 restrictions imposed by the government, the PSI team adapted the pop-up events to become smaller and more controlled community activities called "palestras" that fostered conversations about key topics with a limited number of participants. These palestras were held by different partners that collaborated with PSI to disseminate Aquele Papo messages. PSI conducted the community palestras in the provinces of Maputo, Sofala, and Nampula, reaching 630 adolescents (66% of which were girls). Overall, more than 500 girls voluntarily accessed a family planning method as part of the Aquele Papo campaign.

Social Marketing

- In an effort to make PSI's product portfolio sustainable, PSI continued to 1) focus on outsourcing sales, strengthening the partnership with CICOTI and exploring opportunities to transfer or share sales and distribution costs that are still being borne by PSI; and 2) revise the pricing strategy with the goal to reduce the cost of goods to PSI and distribute more of that cost through the value chain.
- JEITO sustainability greatly depends on a successful partnership with a private sector distributor. With current philanthropic funding and the planned activity phase out by 2021, requires JEITO to increase its financial sustainability through reducing overhead costs, while maintaining sales. Jeito and Certeza sustainability depends largely on commercial cost efficiencies gained by working with a distributor. These efficiencies allow the program to cover the full cost of warehousing, logistics, distribution and sales. After evaluating other distributors on the market, PSI has entered into a partnership with CICOTI, a large South African distributor, with \$100 million annual revenue. Their sales are divided into three departments: tobacco, alcohol, and consumer goods. PSI's products will be sold in the consumer goods department and account for ~8-10% of sales, giving the brand importance to the team. PSI will continue to evaluate whether Jeito and Certeza should be exclusive to one or split amongst multiple distributors to hedge risk.
- The Jeito team invested in visibility and promotion of the condom range. Key below-the-line activities, like points-of sale promotion, wall paintings and sponsoring music events, PSI assured Jeito remains the top of mind condom

brand for our consumers (41%, Brand tracker, Sep 2019). With the focus on cost of goods sold (COGS) recovery, all communication and promotion activities are focused only on the Jeito variants that are sold at (or above) the cost price to shift consumer preferences towards the sustainable variants. The prices were also updated to ensure four out of the six variants recover the product cost, which means there was no donor subsidy being applied to the commodity price. By the end of the year the new variants represent 53% of the Jeito portfolio, bringing the brand to 70% COGSs recovery.

HMIS and DATA Usage

- In all provinces, the FP program team has used DHIS2 data to inform the procurement of drugs from the pharmacy department. In all 11 provinces, contraceptives requisition to the warehouse is now informed by the last three months consumption reports from DHIS2 dashboards, as opposed to the manual process that was being used before. Furthermore, the dashboards developed and maintained after the D2A workshop have inspired the Health Information Department to adopt the D2A approach to inform the design and development of national dashboards in other health programs such as Malaria, Tuberculosis and Immunization among others.
- The ability to offer immediate technical support to MISAU focal points is key to the success of using routine data for decision making. The PSI Mozambique team ensured that the system was stable, users had access rights, and M&E focal points had access to all relevant programs configured in SISMA. The M&E focal points also trained other users on the use of the system. Stakeholder engagement is key to strengthening routine data use and ownership. A diverse group of experts and champions is needed to ensure the success of strengthening data use: MISAU, M&E, programs and management teams worked jointly to carry out data analysis, compile reports, discuss the results with the district managers, jointly define improvement strategies and release the data in SISMA.
- In Gaza and Nampula Provinces, PSI trained and equipped eight provincial staff to perform quality assessments using the Health Network Quality Information System (HNQIS) tablet-based system. This ensures evaluators are using the nationally approved checklist, as well as, that the results are automatically reported and visualized for the national and provincial supervisors to access. While the trainees were able to use the system, behavioral approaches to supportive supervision require strengthening. PSI is currently working on the transition from HNQIS to MISAU. It is expected that by June 2022 the transition plan will be completed, and a memorandum of understanding signed for the materialization of the plan.

COVID Responsiveness

- In response to the COVID-19 pandemic, the TEM+ teams adapted face-to-face demand creation activities to adhere to prevention protocols (e.g., to observe social distancing) and integrated COVID-19 messages with family planning messages. Community Health Promoters (CHP)s also leveraged their demand generation and information sharing activities to integrate COVID-19 messages

and began delivering these via individual inter-personal communication (IPC) sessions (rather than in groups). CHPs have played a key role in community awareness-raising; for example, by demonstrating infection prevention and control measures during household visits. They shared important information on COVID-19 risk, prevention, testing, and treatment and helped people who need care to connect with health facilities, along with information and updates about COVID-19 guidelines from the World Health Organization (WHO), Ministry of Health (MOH), and PSI global resources. Whenever possible, the Team also provided services at the client's home or in the community to ensure that even clients from remote areas could also redeem referrals and see a nurse. In addition to the above, the Team tested a new on Community-Based Distribution (CBD) approach in Maputo city, the "Txopela Tem+". A team of 2 CHP and a nurse equipped with a txopela, were able to provide voluntary contraception services at the homes of users, making it easier for them to continue the use of contraception.

- In a measure to address the impact of COVID-19 on the health of women and girls—especially reduced demand for FP and contraception and increased risk of unintended pregnancies—on May 20th, the Ministry of Health authorized community workers to offer short-term contraceptives. This authorization was aligned with COVID-19 adaptations planned under clinical services. 150 CHPs from Maputo, Gaza, Inhambane, Sofala, and Nampula provinces received training CBD of oral contraceptives and DMPA-SC. Topics covered during the training were: community distribution of contraceptives; concept and types of oral contraceptives and DMPA-SC; measures for offering OC to continuing users; measures for offering DMPA-SC to continuing users; completion of the user list form; COVID-19 preventive measures; and informed choice. After the training, the promoters received a kit of oral contraceptives and DMPA-SC. Over the course of 2020, the CHPs distributed a total of 12,529 contraceptives at the community level, of which 6,570 were pill cycles and 5,959 were DMPA-SC doses.

Conclusions

Relevance

The "Tem+" PSI Program is considered one of the most significant contributors to the Ministry of Health priorities of increasing the CPR and access to FP for young people in Mozambique, through provision of a comprehensive package of FP services, covering Health Facilities and Community based service deliver sites, including an investment on targeted demand generation activities for adolescents and young people in all sites where the program is implemented.

Implementation of the "Tem+" Program occurred during a critical moment in which the Public Sector (including the national Health System) in Mozambique was underfunded and FP interventions were lagging behind within a context where other epidemics, endemics, and health challenges (HIV, Malaria, Malnutrition, COVID-19) were competing in a limited funding landscape.

The "Tem+" PSI Program implementation approach benefited from a dynamic and flexible funding mechanism from EKN, enabling program design adjustments to

respond to contextual requirements aiming at better alignment of program objectives with site conditions and challenges. All stakeholders interviewed for this evaluation unanimously acknowledged the importance of "Tem+" Program in: filling a critical gap on human resources availability for FP services, by providing a temporary cadre of nurses in all 42 clinics implementing "Tem+" Program; dedicated supervisors implementing a range of quality assurance measures for FP interventions; dedicated personnel with the responsibility of driving improvements on primary data capture, processing, analysis and sharing. The four main components that encompasses "Tem+" Program were adequately designed and implemented in an efficient and interconnected manner.

By implementing the program Social Marketing of Public Health Commodities, PSI contributed in the operationalization of MoH's priorities regarding the creation of a favorable environment, including legal and normative enforcement of the law and protocols development for roll out of safe abortion interventions. PSI contribution were important in supporting the Ministry of Health to develop The *Safe Abortion* Plans and validate protocols, plan the national safe abortion rollout, and quantify national commodity and equipment needs. The successful implementation of safe abortion activities has demonstrated that the health authorities at the provincial and district levels have the skills required to deliver quality and comprehensive safe abortion services, pending the need to scale up the services to peripheral health facilities.

Aquele Papo campaign written for and with adolescents, beyond adolescent engagement, the inclusive nature of the campaign encouraged other partners, especially local partners, to use the campaign to amplify their own project activities. Following the successful debut of Aquele Papo in 2019, the PSI team developed a second season that built on the learnings and achievements from season one. With the second season, PSI aimed to continue engaging adolescents in key health topics, driving informed demand to the health facilities, and continuing to spark dialogue among adolescents about the topics that matter to them, including teenage pregnancy, HIV, sexual harassment, gender-based violence, and alcohol abuse among adolescents. Continuing the multichannel dissemination approach, the second season was broadcast on TV through MIRAMAR (the TV channel in Mozambique with the largest viewership), advertised on social media through the Facebook page, and delivered through community activities using interpersonal communication and health services.

PSI played an important role in Advocate for Condoms for HIV prevention and family planning, especially social marketing and the private sector. JEITO maintains the market leadership position, leading in sales volume and brand preference, with sales rebounding from the 2016 economic crisis. The distribution of JEITO and Certeza (water treatment) is an important milestone to strengthening logistics, warehousing, and sales credit management, while cost sharing marketing expenses with the private sector.

Concerning information systems (HSS, data usage and HNQIS), since 2016, the Ministry of Health of Mozambique (MISAU) uses the District Health Information Software 2 (DHIS2) as the national Health Management Information System (HMIS) to collect, report and analyse data from 153 Districts. The PSI/Mozambique team worked with the MISAU team to identify gaps that would inform strategies to strengthen the use of

data in DHIS2. With PSI support and training to health personnel, the FP program team has gained the ability to use routine data in DHIS2 to report performance achievement towards national goals and take decisions on activities. The introduction to the use of D2A frameworks has been useful in identifying the data needed to improve program performance, enabling teams to set goals, and assisting in monitoring target indicators to achieve them. The use of D2A-based dashboards has also played a key role in awakening data use among FP managers. In all 11 provinces, contraceptives requisition to the warehouse is now informed by the last three months consumption reports from DHIS2 dashboards, as opposed to the manual process that was being used before. PSI trained provincial staff in Gaza and Nampula, and currently is working on the transition of Health Network Quality Information System (HNQIS) to MOH. It is expected that by June 2022 the transition plan will be completed, and a memorandum of understanding signed for the materialization of the plan.

Efficiency and Effectiveness

Program performance, analyzed against the result framework indicated that annual targets for a relatively higher percentage of SRHR output indicators and respective disaggregations were achieved during the period under analysis when compared to SMC output indicators. *Increased informed demand for SRHR Counseling, service and commodities* indicators (Output 1.1) had 13% higher target achievement when compared to *Increased informed demand for condoms among males and females 15 - 49 years old* indicators (Output 2.1) with target achievement of 59% and 46% respectively. *Increased availability and affordability of SRHR counseling, services and commodities* (Output 1.2) had over double target achievement compared to *Increased availability and affordability of condoms in the market* (Output 2.2) with target achievement of 66% and 29% respectively.

The lowest performing indicators and disaggregations over the period of analysis are *Increased availability and affordability* indicators for both SRHR and SMC with a low target achievement of 11% for the *Number of condoms distributed nationally (free)* in 2018 (Output 2.2) and of 16% for the *Number of Facilities equipped for Safe Abortion Services* in 2020 (Output 1.2).

An analysis of indicator performance across all four years assessed shows that targets for two indicators were not achieved across the review period: *Proportion of 15 - 49 year olds who cite condom use as an HIV Prevention Strategy – 25-49 years* (Output 2.1) and *Number of other social marketing health products sold - Certeza Blue (commercial)* (Output 2.2). Furthermore, all Output 2.1 indicators and their respective disaggregations in 2020 and all Output 2.2 indicators and disaggregations in 2018 and 2020 have percent achievement of less than 100% (target not achieved). This highlights weaker indicator performance of Output 2 or SMC output indicators.

Target achievement for the LARC CYPs delivered indicator is above 100% for all years except 2018, which although not fully achieved has a percent achievement of 99% equivalent to a mostly achieved result.

The number of FP users reported by PSI increased from 2017 to 2018 and decreased in 2019. The number of FP users are slightly higher for adolescent girls and young

women aged 15 to 24 years compared to adult women 25 to 49 years. The target number of FP users is different across all years analysed, ranging from 74,978 in 2017 to 91,905 in 2020. The target was mostly achieved and not fully achieved in 2017 and 2019 respectively (with relatively lower targets) and was fully achieved in 2018 and 2020.

The number of new users of modern methods of FP increased steadily over the period more steeply for the adolescent and young women than for the older age group. Target achievement by age group for this indicator shows higher percent target achievement for the 15 to 24 years age group compared to the 15 to 49 years age group. For the 25-49 years age group, target achievement was lowest in 2018, at 42% of the target.

Target achievements of FP Contraceptive Methods distributed nationally generally show an increasing trend from 2017 to 2019. However there is a downward trend in target achievements for all contraceptive methods from 2019 to 2020.

The number of sites offering FP counselling and services reported in the public sector increased from 21 in 2017 to 41 in 2020. The target reported for 2019 however halved to 15 from the 2018 value of 30. Consequently, the percent target achievement in 2019 for the public sector is a high achievement of 233%.

Efficiency – Financial

Annual financial absorption of dispersed amounts varies from 63% in the period 2016-2017 to 93% in 2018. Cost categories show consistent underspending over the years except for Commodities in 2017, Promotion and Communication in 2020, Research & Evaluation in 2020 and Equipment in 2019. The biggest overspend in USD was in the cost category Promotion and Communication in 2020 at 456,018 USD explained as a result of “due to Aquele Papo season 2 production, increasing Jeito and Certeza advertising that was underspent in 2019 due to suspension of Jeito and Certeza sales during the distributor transition.” The biggest underspend was in the Other Direct Costs category in the 2017 financial report of (836,690) explained as a result of the delay in MoH workplan activities.

Overall, expenditure was higher for the SRHR objective (66%) compared to the SMC objective (34%) over the period in analysis (2017 to 2020 financial year). Annual expenditure for SRHR (of the total reported expenditure) ranges from 60% (in the 2017 financial year) to 70% in 2019 with annual expenditure of SMC ranging from 30% to 40% respectively. Each year, PSI’s Social Marketing for Health Program spent the highest amount of funds on Output 1.2 - Increased availability and affordability of SRHR counseling, services and commodities, with an increasing per cent expenditure between 2017 and 2019 (from 27% to 48% respectively). However, per cent expenditure on Output 1.2 fell to 30% in 2020 as Output 1.1 - Increased informed demand for SRHR Counseling, service and commodities experienced a significant jump in expenditure from 6% in 2019 to 26% in 2020.

Personnel, other direct costs account and promotion and communication are generally the three main expensed cost categories although commodities was also a significant cost category in 2017. Personnel costs were at their highest in 2019 accounting for just over 50% of the total costs (in terms of percent expenditure) before reverting to

under 40% in 2020. Promotion and communication costs were at their highest in 2020, accounting for 27% of SRHR expenditure and 31% of SMC expenditure.

Some of the key drivers and enabling factors of the Tem+ program to meet the majority of the targets, as per interview results with the Provincial and district health authorities and PSI staff include: i) availability of contracted and dedicated Nurses working at health facilities clinics and mobile units; ii) availability of motivated Community Health Promoters, locally recruited and paid on a performance basis, performing the critical role of community mobilization and demand creation at community level and reference to Tem+ clinics and mobile units, and; iii) PSI investment in capacity building and training, not only for the recruited nurses working at Tem + clinics but including joint training sessions including nurses and other personnel from the public sector health facilities. These key drivers and enabling factors of the Tem+ program were noted as being the principal enabling factors which created a favorable environment that allowed young women seeking FP services and methods to encounter friendly and knowledgeable health providers, capable of advising and administering the multiple FP options.

On the job capacity building and supervision is acknowledged as another contributing factor for the Tem+ program enhanced performance and improvement to data quality. Training of recruited nurses for Tem+ clinics on primary data sources registration, availability of designated staff performing data quality supervision and introduction of electronic data management tools was reported as a value added activity to performance improvement from programmatic and managerial perspectives. Improvements on the completeness of clients' vital data registration and timely management of program requirements (including supply chain) based on data generated in the Tem+ clinics were also referred as programmatic and operational gains driven by the Tem+ Program. .

PSI is also commended by local authorities, at provincial and district level (including at health facility level) for their systematic approach to SBCC, including the provision of multiple SBCC tools and sources of information, implementation of community campaigns, interpersonal communication leading to an increased demand for FP services at Tem+ clinics.

Coordination and collaboration with Provincial Health authorities, forums of NGOs operating in SRH and FP at provincial and district level, was reported to be essential to avoid overlap in geographic area coverage, complementarity for demand creation, improvement in data quality and management, and leverage on training sessions to cover more nurses and health personnel. EKN willingness to engage in programmatic dialog, beyond financing, enabled PSI to scale up the initiative, adjusting and improving the approaches aiming to increase the program reach. PSI personnel valued EKN's flexibility which made it possible to adjust and improve the course of the interventions based on lessons learned. More specifically, staff reported several lessons learned, especially related to MMP and demand generation.

Impact

The Tem+ Program contributed to increasing access to quality, FP services in Mozambique and PSI interventions progressed consistently towards the goals established in the results framework, substantially contributing to nationally defined

milestones. Besides specific indicators performance data, Tem+ contributed to reverting negative trends in the implementation districts and provinces, increasing the number of FP users, and advancing new standards of service quality for patients.

Trends in the estimated demographic and health impacts in absolute numeric terms, indicate demographic impacts as showing the largest impacts, specifically averting unintended pregnancies estimated at 94,693 in 2020 having steadily increased from an estimated 77,338 in 2017. At the national level, the trend in unintended pregnancies averted due to the use of modern contraceptive methods has been on the incline since 2012, increasing by 34% between 2017 and 2020. PSI's contribution to decreasing unintended pregnancies is estimated to range between 9% to 10% between 2017 and 2020. The estimated impact of PSI's services increased by 22% from 2017 to 2020.

FP2020 estimates of country level maternal deaths averted due to the use of modern methods of contraception, show a steady incline from 2012 to 2020. PSI's estimated contribution to averting maternal deaths shows a fluctuating overall constant trend. The national level trend in maternal deaths averted increased by 38% between 2017 and 2020, compared to a 0.4% increase for PSI's estimated impact for the same period. PSI's percent contribution to national maternal deaths averted is estimated from 15% in 2017 to 11% in 2020.

The maternal mortality ratio for the period 2000 to 2017 for the country shows a declining trend in the maternal mortality ratio (per 100,000 live births) with a rate of 289 deaths per 100,000 live births in 2017. Contraceptive prevalence rates of modern methods among women 15 to 49 years in Mozambique show an upward trend over time, notwithstanding the slight decline in the contraceptive prevalence rate estimated in the 2003 DHS (14.2%) and the 2011 DHS rate (12.1%). The FP2020 contraceptive prevalence rates show a rate of 36.4% in 2020 which indicates that the PSI 2020 contraceptive prevalence rate target of 34% was attained.

In the absence of the 2020 national CYPs total in the FP2020 Core Indicator Summary Sheet – PSI's contribution to national CYPs ranges from 8% in 2019 to 15% in 2017. CYPs in 2017 are relatively higher than in the other two years. SRHR CYPs are also relatively higher than CYPs from SMC showing the higher contribution of TEM+ network to national reproductive health indicators. The percent contribution of PSI's new users of modern methods is 5% and less of the total reported new users of modern methods. The trend in new users shows a steady though small increase from 1% in 2017 to 5% in 2020.

Tem+ services and activities have demonstrated an important health impact on the population, the skills and confidence of nurses, and relieved different human resource and economic pressures on the current health system.

Sustainability

Regarding sustainability, due to the high cost of PSI program interventions, there is uncertainty about the ability of the MoH to fully absorb, scale up or replicate (in full or partially), program interventions due to financial limitations under which the Public Sector operates. During the midterm review (Burke, 2019) it was recommended to PSI to make more efforts on making Tem+ a cost-effective approach that works

appropriately within the context. Our review advance mixed interpretation of Tem+ program sustainability, highlighting the most and/or less sustainable program component interventions.

On demand creation component, community health workers (*Promotoras*) gained a set of skills to effectively implement demand creation interventions during the PSI program life cycle, but there is no clarity on how the community health workers (*Promotoras*) will be supported / absorbed by the national health system to continue with mobilizing communities, identifying potential clients for FP services and directing them to access community or health facility based services. From the reviewers' point of view, the expectation of creating a consortium of CBOs or NGOs to apply for small grants, or even integrate the Promotoras into the Community Health Councils is unrealistic and not substantiated in specific experience or funding mechanism.

PSI's approach on community mobilization and mobile unit is commended for its ability to reach underserved communities with a comprehensive package of FP services delivered within a community setting, by a team of well-trained health providers using well equipped vehicles. Unfortunately, the set of interventions provided by a PSI Mobile Unit are considered to have high running costs that the public sector, under the current financial landscape, is not in a position to incorporate into their routine running costs.

On service delivery at facility level, fixed sites in public facilities have been -and remain - the largest service delivery channel for Tem+. The national health system, specifically at health facility level, has been accumulating knowledge and experience on how to manage Tem+ clinics. PSI provided the systems, tools and trained personnel from the public sector and, MoH is in a position to absorb part of the costs related to the service delivery aspects of Tem+, such as provision of commodities and consumable supplies, absorption of the costs of the nurses and maintenance of facility.

Benefiting from the implementation of "on the job training" initiative by PSI covering public sector nurses, the skill transfer and task handover to the public sector is likely to be successfully, bearing in mind that the nurses selected to take over the role of Tem+ nurses are well trained and were adequately exposed and experienced on Tem+ approach and interventions. Nevertheless, there is a risk of service quality deterioration and rapid regression to the historical situation prior to the introduction of Tem+ interventions, if the issue of high burden workload for the nurses is not addressed. Under these circumstances, shortage of human resource will remain a risk factor for quality and sustainability of the package of FP services provided at Tem+ clinics.

In an effort to make PSI's product portfolio more sustainable, PSI continued to 1) focus on outsourcing sales, strengthening the partnership with CICOTI and exploring opportunities to transfer or share sales and distribution costs that are still being borne by PSI; and 2) revise the pricing strategy with the goal to reduce the cost of goods to PSI and distribute more of that cost through the value chain.

Recommendations

The Ministry of Health and partners buy in, integration, replication and/or scale-up have been and remain the key challenges of PSI's Social Marketing of Public Health Commodities in Mozambique (2016-2021), especially in regard to the Tem+ program component, after the end of the EKN and other partners' financing cycles. Even though concerns on program sustainability post-funding were highlighted during the midterm review of the program, the quality of dialogue with the MoH and other stakeholders remains to be fully addressed, with partially shared phasing out plan amidst a late and delayed communication by PSI of program closure to the Ministry of Health (at the time of field visit completion).

The review recommendations are centered on key aspects essential for clarity on PSI's vision and approach to transition, phase out, handover and/or program closure. The recommendations were formulated based on opportunities identified by the evaluation team during site visits and interviews with MoH authorities and other stakeholders:

1. Further development / detailing of the Transition Plan

There is a need for PSI to further develop a detailed transition and sustainability plan containing a detailed explanation of the components of Tem+ that can be absorbed and integrated into the national Health System, interventions that can continue to be implemented by PSI at zero or low costs, and interventions that will require other stakeholder or donor's contribution. Currently there is a slide presentation of a roadmap for a transition plan, letters exchanged with Provincial and district health authorities, but no systematic approach to phase out that could be used as an advocacy tool to raise interest and commitment of relevant stakeholders.

2. Develop learning briefs

2.1. Implementation of Tem+ was heavily centered on meeting quantitative and qualitative targets. Analyzing the annual Program Reports, the review observed limited availability of information or data about program implementation processes and lessons learned by sites or countrywide. In order to safeguard institutional memory and the skill transfer process, it is recommended that PSI review the implementation process and elaborate learning and good practices briefs to inform potential scale up initiatives or program sustainability investments.

2.2. To ensure that Tem+ becomes a systematic learning model, it is useful to inform future perspectives and programs on the need to generate good practice documentation with detailed explanations of the driving factors, challenges and opportunities identified during the implementation of Tem+. Currently available data is largely presented in quantitative format with limited explanations on program implementation processes.

3. Overall, the successful implementation of **safe abortion** activities has demonstrated that the health authorities at the provincial and district levels have the skills required to deliver quality and comprehensive safe abortion services. A recommendation for future strengthening activities is to focus on providing technical assistance and operational support to scale up the services to peripheral health facilities, including regular re-training and technical support to sustain capacity and

improve skills and knowledge; Identify and train champions within the Ministries at different levels to ensure sustainability. Stakeholder engagement is key to strengthening routine data use and ownership.

References

#	Key Program Documents
1	PSI - Social Marketing for Health Program Request for Core Funding - Technical Proposal. Population Services International Mozambique (PSI/Mozambique). September 1, 2016.
2	PSI - Social Marketing for Health Program Request for Funding - October 2016 - September 2017. Technical Proposal. Population Services International Mozambique (PSI/Mozambique). September 1, 2016.
3	Program Appraisal Document. Social Marketing for Health Programme 2016-2020. Application number 29552.
4	Appraisal Document for Financial Adjustment of Activities. Social Marketing for Health Programme 2016-2021. Application number 29552.
5	ANNEX A: Logical Framework
6	Annex B: Annual Performance Framework
7	Annex C: PSI - 2015-2020 Illustrative Budget (All Donors)
8	Annex D - Organizational Risk Assessment and Management Plans 2016.
9	Annex E - Total Market Approach for Family Planning.
10	Annex F - Health Impact Effectiveness
11	PSI - Social Marketing for Health Program Request for Funding – January – December 2021 Concept Note: 1-year Cost Extension. 7 May 2019.
12	PSI - Social Marketing for Health Program Request for Funding – January – December 2021: 1-year Cost Extension. Budget Notes. 6 May 2019.
13	Performance Framework. 7 May 2019
14	Award number 29522 - 2017 REPORT. PSI Mozambique. 30 June 2018.
15	Award number 29522 - 2018 REPORT. PSI Mozambique. 30 June 2018.
16	Award number 29522 - 2019 REPORT. PSI Mozambique. 30 June 2020.
17	Award number 29522 - 2020 REPORT. PSI Mozambique. 30 July 2021.
18	Activity 29522 PSI Annual Budget Log frame 2018 Targets
19	Activity 29552 PSI Annual Plan and Budget 2019
20	Activity 29552 PSI Annual Plan 2020 Risk Matrix. 30 October.
21	Activity 29552 PSI Annual Plan Risk matrix 2021
22	Burke, Eva (2019)
23	PSI - Strengthening The Capacity Of The Ministry Of Health Of Mozambique To Use Quality Data. Learning Brief. Maputo, 2022
	Other Documents
24	MINISTÉRIO DA SAÚDE. Direcção de Planificação e Cooperação. Plano Estratégico do Sector da. Saúde. PESS 2014-2019. Maputo, 30 de Setembro de 2013.
25	MINISTÉRIO DA SAÚDE. Plano Nacional de Desenvolvimento de Recursos Humanos para a Saúde, 2016-2025
26	Burke, Eva (2019). A review of PSI's TEM+ approach for quality family planning information and services in Mozambique: A review of its results, impact and opportunities for effectively scaling up

Annex 1

Estimated annual impacts of TEM+ services provided from 2017 to 2020 (for cross-check purposes)

Please round figures when presenting

Total annual impacts	2017	2018	2019	2020
Demographic impacts				
<i>Unintended pregnancies averted</i>	22,696	40,193	54,397	74,804
<i>Live births averted</i>	12,704	22,498	30,450	41,873
<i>Abortions averted</i>	6,689	11,845	16,032	22,046
Health impacts				
<i>Maternal deaths averted</i>	70	116	147	188
<i>Child deaths averted*</i>	601	1,064	1,439	1,979
<i>Unsafe abortions averted</i>	5,099	9,029	12,220	16,805
DALYs and economic impacts				
<i>Maternal DALYs averted (mortality and morbidity)</i>	4,197	6,991	8,863	11,365
<i>Child DALYs averted (mortality)*</i>	50,777	89,922	121,702	167,357
<i>Total DALYs averted</i>	54,974	96,912	130,564	178,722
<i>Direct healthcare costs saved (2018 GBP)**</i>	1,256,657	2,225,417	3,011,917	4,141,818
Couple Years of Protection (CYPs)				
<i>Total CYPs (FP only)</i>	129,261	179,937	201,267	249,081

.Source: MSI's Impact 2 Model

Figure 4I: estimated impacts of Tem+ services provided (annual impacts)

Total annual impacts	2017	2018	2019
Demographic impacts			
<i>Unintended pregnancies averted</i>	22,956	38,673	44,088
<i>Live births averted</i>	12,850	21,648	24,679
<i>Abortions averted</i>	6,765	11,398	12,993
Health impacts			
<i>Maternal deaths averted</i>	70	111	119
<i>Child deaths averted*</i>	607	1,023	1,167
<i>Unsafe abortions averted</i>	5,157	8,688	9,904
DALYs and economic impacts			
<i>Maternal DALYs averted (mortality and morbidity)</i>	4,245	6,726	7,183
<i>Child DALYs averted (mortality)*</i>	51,359	86,522	98,636
<i>Total DALYs averted</i>	55,604	93,249	105,819
<i>Direct healthcare costs saved (2018 GBP)**</i>	1,271,041	2,141,289	2,441,075

Source: Burke (2019) review