This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Mozambique in collaboration with the FP2020 Secretariat and other partners during the Anglophone Africa Focal Point Workshop in Kampala, Uganda in April 2016. FP2020’s focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country’s family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

OPPORTUNITIES

- **Expanded method mix**: Emergency contraception, Sayana Press available
- **Enabling Environment**
  - The First Lady of Mozambique is supporting maternal and child health, including family planning (FP)
  - FP is a priority in the five-year government plan and in the MOH strategic health sector plan for 2014-2019
  - Some FP2020 indicators are incorporated into plan above, including national expenditures on commodities, mCPR,
  - Donor interest in FP is increasing; the MOU of the health sector common fund is under revision and FP/sexual and reproductive health and rights is specified as a priority area
- **Service Delivery/Training**
  - Adoption of community-based FP approach; CHW curriculum has been revised, providing FP counseling and condoms, pills and Sayana Press. By the end of June, 3,650 CHWs will be providing these services
  - Since 2012, has been massive training of health care providers with a focus on long-term methods
- **Commodity Security**
  - The technical FP working group and the reproductive health commodity security working group are much more coordinated and social marketing organizations have also joined
  - Testing new LMIS to measure stock levels at health facility level

CHALLENGES

- Capacity building around implant removal and other LARC service delivery
- No available data on private sector contributions and need for better integration of data from community-based organizations on the health management information system
- Integration of family planning in other services
- Donor dependency of FP programming; for example, no national expenditure on FP commodities in 2015
- Frequent stock outs resulting from weak supply chain management systems
- Cultural constraints that limit male involvement
- Resistance from health providers to community-based health workers
- Reaching youth in and outside school
PRIORITY

1. Ensure GFF Investment Case has a strong FP component
2. Dissemination and use of FP2020 and the HMIS data, including analyzing provincial differences
3. Ensure coordination with the CHW program to ensure that the formative supervision and monitoring of the CHWs takes place across the country
4. Improve availability of contraceptives: Work toward goal of 50% facilities with no stock outs (23% in 2014)
5. Integration of FP services in 157 healthcare facilities (a harmonized version, aiming for disaggregated data and reporting)
6. Ensuring FP is well addressed in the Adolescents/Youth SRH Strategy, which includes a revitalization of youth-friendly services