Repositioning Family Planning Program within integrated Sexual Health and Maternal and Child Health Services - The National FP Strategy

Mozambique

Senegal, 29 November – 02 December 2011
Presentation Outline

- Country Profile: Main Demographic & Health Indicators.
- Background.
- National FP strategy for repositioning FP in Mozambique.
- Major Results Achieved.
- Challenges in the implementation of FP services integrated into other RH services.
- Lessons Learned.
Background: Main Demographic & Health Indicators (1)

- Total population 20.5 million (2007 census)
- Average Life Expectancy: 47.9 Years (2010 INE)
- Maternal Mortality Ratio: 500 per 100,000 LB (MICS, 2008)
- Average Age at 1st Sexual Intercourse: Women – 16.1, Men – 17.7 (INSIDA, 2009)
- HIV Prevalence (15-49 Years): 11.5% (INSIDA, 2009)
- Access to Health Care: 63% (HIS, 2010)
FP services started in 1977 as part of the national MCH program.

In 1980 FP became a national program with the following objectives:

- “Improve the health of women particularly those with high risk for reproductive health problems, to reduce maternal morbidity and mortality rates”;
- “Improve the health of children by promoting spacing of birth by 2 years”.

Background: FP in Mozambique (2)
Modern Contraceptive Prevalence – 1997, 2003 and 2008 Mozambique (3)

- 6.1 Ferlility rate (MICS 2008)
- 12.2% contraceptive rate (MICS 2008)
Prevalence of modern contraceptives, rural and urban areas - 1997, 2003 and 2008, Mozambique

Contraceptive Prevalence Rate, by rural and urban residence areas

Rural e Urbana

<table>
<thead>
<tr>
<th>Year</th>
<th>1997</th>
<th>2003</th>
<th>2008</th>
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<tr>
<td>Rural</td>
<td>3.0%</td>
<td>12.0%</td>
<td>8.0%</td>
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<tr>
<td>Urbano</td>
<td>18.0%</td>
<td>29.0%</td>
<td>21.6%</td>
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National FP program:
Why repositioning FP in Mozambique

- Low prevalence and slow progress in the trends of the main FP indicators in the last 10 years (6% in 1997, 14% in 2003 and 15% in 2008).

- High rates of Unmet Need for FP Services: 53% (Rural 60% & Urban 41% - DHS 2003)

- High maternal and child mortality rates

- High HIV prevalence rates (Adults and Children)
Strategy for Family Planning and Contraception
– Officially Launched in October 2010

Program Goals:

- Increase Modern Contraceptive Prevalence Rate from 14% in 2003 to 25% in 2014;
- Increase the New User rate for modern FP methods from 12.5% in 2008 to 19% in 2014
Strategy for Family Planning and Contraception
– Launched in October 2010

Program Objectives:

- Increase availability and quality of family planning services and contraception;
- Increase demand for family planning services and contraception;
- Strengthen the System for Logistics Management and Monitoring and Evaluation of contraception and family planning services;
- Increase/strengthen commitment, resource mobilization, and coordination.
Integrated packages for training and service delivery for MNCH/SRH:

- New policy on including FP, STI/HIV, cervical and breast cancer screening developed and disseminated.
- Nursing curricula for pre-service training updated and guidelines for training and service delivery being developed.

Clinical and management/logistics guidelines and standards for performance improvement on SRH/FP-contraceptive services reviewed and printed.

IEC materials on FP produced and distributed in health facilities and communities.
National FP Program - Main Achievements (2):

- Reviewed information and monitoring log books and forms (client files, register books as well as monthly and annual report files for both basic and referral sites) for FP, STI-HIV, Cervical and breast cancer etc.

- The national FP campaign was started with the support of the First Lady Office: Slogan “Nós fazemos Planeamento Familiar. E Você?”

  ✓ Advocacy activities among civil society, government, community and other groups

  ✓ Conducted health fairs

  ✓ Counseling activities and follow-up for community-based distribution of pills and condoms
National FP Program - Main Achievements (3):

- 1279 health workers were trained in all provinces (Oct 2010 – Sept 2011)

- 177 (13.8%) trained as trainers and supervisors (Oct 2010 – Sept 2011)
Clients are offered integrated SRH services (FP, STIs, HIV, ART, and Cervical Cancer Screening, Infertility and other RH conditions):

- Counseling for STIs, including screening and immediate treatment and partner management
- Counseling and testing for HIV and referral for HIV/AIDS care, including PPE
- Clinical examination and referral for breast cancer
- Immediate VIA screening for cervical cancer; cryotherapy if precancerous lesions; follow-up and referral
- Management or refer of other gynecological conditions (ex.: infertility, fibroids, cysts)
Trends in use of modern contraceptives (Pills, IUD and DMPA), 2008-2010 Mozambique (5)

Source: Modulo Básico – MCH and RH/FP
National FP Program – Coordination

At **COORDINATION LEVEL**: The Reproductive Health Commodity Security Task Force was revitalized under the direction of the MOH. The RHCSTF operates at central level and is composed of representatives from the MOH and main FP partners. It now has regular quarterly meetings and addock meetings if needed.

The main task of the RHCSTF is to support the logistic system, mainly on needs forecasting & distribution.
National FP Program – Financing

Already, the new policy has increased the capture of resources for FP and improved results for end-users.

Stock-outs of contraceptives at central level were addressed in 2010 with $7.5 million from UNFPA and USAID and a four year resource plan.
Challenges in implementing integrated FP/SRH services

- Integration of services still in the initial stage:
  - Implementation model still being developed; training is just beginning
  - Need for additional resources in support of FP

- Need for more coherent national strategy to address male involvement as well as harmful beliefs and practices; however, low literacy rate limits the level of uptake of information and knowledge about family planning
Lessons Learned

- Since 2009, Family Planning has become one of the main priorities of the Mozambican Government’s national health agenda. Donors are now more willing to support FP activities.

- Conducting FP campaigns as well as integrating FP issues into national MCH campaigns has increased the visibility and acceptance of FP methods.

- Community based mechanisms and campaigns can help reach those not reached by outpatient services.
Thank you!

Muito obrigado!