



A HOLISTIC & COORDINATED APPROACH TO COMMUNITY-BASED FAMILY PLANNING ACROSS PROJECTS IN MOZAMBIQUE

TECHNICAL HIGHLIGHT

March 2014

Pathfinder International implements two distinct projects in Mozambique with components that focus on community-based family planning: the Strengthening Communities through Integrated Programming (SCIP) project (2009–2014) and the Extending Service Delivery–Family Planning Initiative (FPI) project (2010–2014). Although their scopes differ, the two projects share a strong focus on expanding access to contraception at the community level, the flexibility to respond to local needs, and collaborative partnerships with communities and policymakers to foster sustainability. The following technical highlight provides a concise overview of salient, shared project components that bolster both supply and demand for community-based family planning (FP).

BARRIERS TO CONTRACEPTIVE USE

While many of its neighbors have witnessed a decline in fertility over the past decade, Mozambique has seen a rising total fertility rate—climbing slightly from 5.5 in 2003 to 5.9 in 2011.¹ Although knowledge of modern contraceptive methods is nearly universal, only 11.3 percent of married or in union women aged 15–49 currently use a modern method.² Moreover, 28.5 percent of women in this age group experience an unmet need for contraception.³

Of the numerous barriers impeding Mozambican women from accessing contraceptives and fully exercising their reproductive rights, distance to services is most commonly cited.⁴ Structural barriers are compounded by sociocultural ones, such as perceived side effects of modern methods and insufficient male involvement in reproductive health. Bringing contraceptive services to the community level is a recognized high-impact practice for mitigating the access barrier,⁵ and complementary, community-based demand creation activities hold promise for alleviating behavioral barriers.

PATHFINDER'S APPROACH

The Mozambican government has demonstrated a commitment to enhancing availability and uptake of FP, and has set an ambitious goal to reach a contraceptive prevalence rate of 34 percent by 2020.⁶ Pathfinder—a key partner in these endeavors—implements projects that serve to build the experience base for expanding community-based family planning and for integrating contraceptive services into existing service delivery points. For example, in 2010, FPI project staff collaborated with the government to create the country's first curriculum for integrating FP into primary health care and HIV care and treatment services.* Likewise, Mozambique's guidelines for community-based distribution of contraceptives (currently under development) reference the SCIP and FPI models extensively.

At the core of both the SCIP and FPI models lies a recognition that many variables impact a woman's ability to realize her reproductive intentions. Therefore, generating demand for contraceptive services without addressing supply is inadequate. Similarly, making contraceptives available to women and couples but ignoring barriers

to uptake is insufficient. Pathfinder recognizes the interdependence of a robust supply chain and growing demand, and supports both elements in a coordinated manner. Figure 1 illustrates the approach and its components are discussed below.

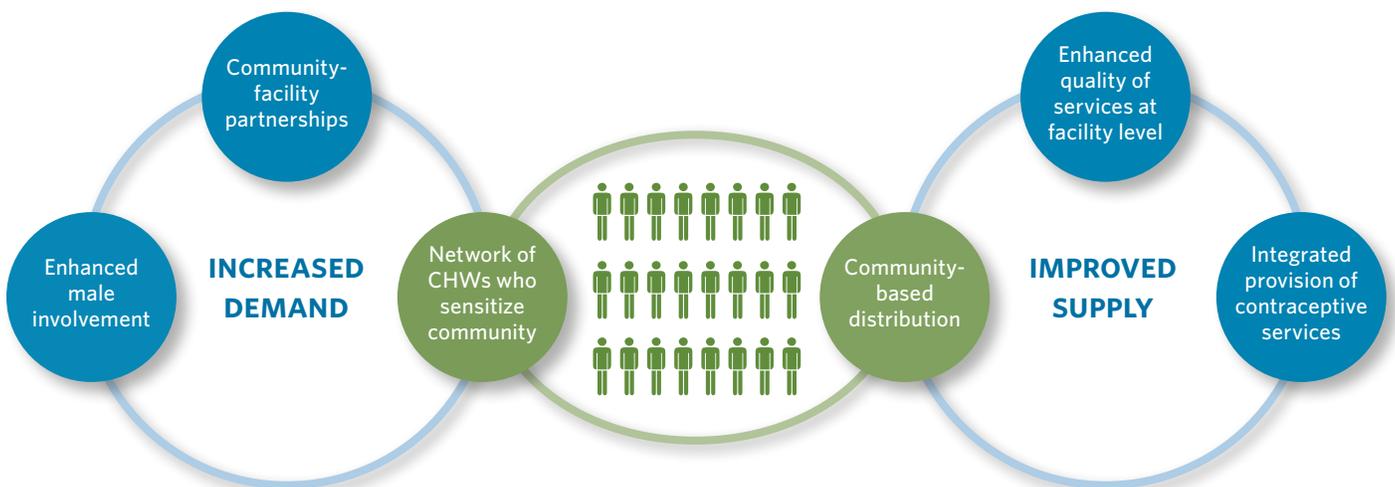
GENERATING DEMAND FOR CONTRACEPTION

SCIP and FPI employ three common strategies to generate demand for contraceptives at community level and create an enabling environment for uptake.

Fostering partnerships between communities and health facilities

Often, a gap exists between health facilities and the communities they serve. Recognizing the potential for improved collaboration, both SCIP and FPI enable community leaders and health providers to meaningfully exchange with one another, examine barriers to contraceptive uptake, and collectively address these barriers. For instance, under SCIP, health providers from the facility travel to the communities in their catchment area to train members of Community Leadership Councils on "hot topics" of interest (e.g. FP, HIV and AIDS, sexually transmitted infections, maternal and newborn health). Following the training, Council members become focal points, educating the community on these topics and generating demand for services. FPI emphasizes building the capacity of Community Health Committees to create awareness of health problems in the community and to devise action plans for tackling them.

FIGURE 1: SHARED PROJECT COMPONENTS TO INCREASE DEMAND AND IMPROVE SUPPLY



* See also: Pathfinder International, *Integrating Family Planning into Existing Primary Health Care and HIV Care and Treatment Services in Mozambique* (Watertown, MA: 2014).

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Supporting a network of community health workers

Both the SCIP and FPI projects rely on a network of community health workers (CHWs) to catalyze conversations about contraception and deconstruct myths about modern methods. Known locally as *activistas*, *animadoras*, *promotoras*, and *agentes polivalente elementars*, these CHWs play differing yet complementary roles in the community to maximize their coverage. During individual household visits, CHWs reinforce messages and allay specific concerns. Additionally, SCIP employs counselors who seek out especially vulnerable groups in the community, offer HIV testing and integrated contraceptive counseling, and sensitize them on relevant health topics.

Cultivating male involvement

Given the relationship between male involvement in reproductive health and acceptance of FP,⁷ SCIP and FPI incorporated a focus on male involvement into their approaches in the past year. FPI launched an innovative “couples strategy” wherein couples (primarily young couples) using contraception are trained on topics such as sexual and reproductive health, gender norms, STIs, and HIV. They are then given a curriculum for facilitating small group discussions with other young couples in their communities. SCIP has hosted a series of workshops to sensitize one member of each project-supported Community Leadership Council on male involvement, who then return to their communities and educate others.

IMPROVING SUPPLY OF CONTRACEPTIVES

SCIP and FPI’s three common approaches for improving supply and service delivery of contraceptives are outlined below.

Community-based distribution of contraceptives

SCIP and FPI have trained and equipped CHWs to directly supply oral contraceptives and male and female condoms to clients at the community level. After facilitating community conversations, CHWs counsel interested clients about the full range of contraceptive methods available. Depending on the client’s choice, the CHW either

shifts to the role of supplier (if the client opts for oral contraceptives and/or male or female condoms) or refers the client to the health facility for services (if the client chooses a long-acting, reversible contraceptive or a permanent method). Formidable barriers—such as distance to the facility, transport costs, stock-outs of commodities, CHWs’ reluctance to lose a client, and social norms—pose challenges to the referral process and demand innovative responses. CHWs from SCIP and FPI participated in a peer exchange to share these innovations and strategies for better serving clients in 2012.

Enhancing quality of services at facility level

Actual or perceived poor service quality deters women from seeking care at health facilities. SCIP and FPI work to humanize and enhance the quality of services at facilities in their target areas through on-the-job training and supportive supervision. Small teams of project-supported maternal and child health nurses from the provincial level travel to facilities once every four to six weeks to mentor providers. Additionally, the projects build these providers’ capacity to insert intrauterine devices and implants, thereby offering clients a more balanced contraceptive method mix.

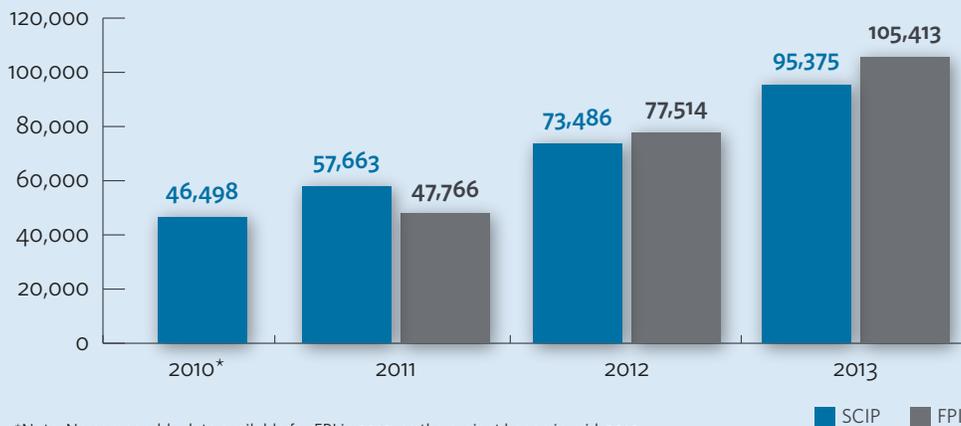
Integrating contraceptives into existing service delivery points

To expand access, both projects integrate contraceptive services and counseling into a number of preexisting service delivery points. FPI introduced contraceptive services and counseling into traditionally siloed HIV care and treatment services. Cognizant that the underlying social determinants of health are interrelated, SCIP’s multisectoral approach integrates contraception into a range of health services, such as HIV counseling and testing, and maternal and child health visits. “Mobile brigades” are another important mode of integrated service delivery at community level. The brigades comprise health workers who travel to hard-to-reach areas to directly deliver services, and have historically focused on vaccination campaigns and primary health care. SCIP and FPI have successfully integrated contraceptives into the package of services provided by these brigades.

PERFORMANCE

Through the SCIP and FPI projects, Pathfinder has employed a coordinated approach to generating demand and improving contraceptive services and supply. As a result, the projects have contributed to a growing number of couple years of protection (an indicator of the amount of time a couple will be protected against unintended pregnancy), as illustrated by Figure 2.

FIGURE 2: COUPLE YEARS OF PROTECTION PROVIDED BY SCIP AND FPI, 2010–2013



*Note: No comparable data available for FPI in 2010, as the project began in mid-2010.

NEXT STEPS

Pathfinder continues to build the experience base and inform policies centering on expanded access to contraceptives at the community level. Currently, FPI is testing the safety, quality, and effectiveness of expanding CHWs' method mix to include injectable contraceptives in two districts of Cabo Delgado. Additionally, Pathfinder is implementing a UNFPA/DFID-funded study that will yield empirical evidence on the impact and effectiveness of community-based distribution of contraceptives in non SCIP-supported areas in Nampula. In collaboration with the Ministry of Health, Pathfinder will use results from both studies

to provide evidence-based recommendations for nationwide scale-up.

ENDNOTES

(1-4) Ministerio da Saude (MISAU), *Instituto Nacional de Estatística (INE) and ICF International, Mozambique Demographic and Health Survey (DHS), 2011* (Calverton, MD: MISAU/INE/ICF, 2012). (5) "Community Health Workers: Bringing Family Planning Services to Where People Live and Work" *Family Planning High Impact Practices-HIP Briefs* (USAID, 2012). (6) L. Curtin, A. Kantner, P. Alleman and N. Thatte, *USAID/Mozambique: Family Planning Assessment* (USAID/GH Tech Bridge II Project, 2012). (7) E. Ramirez-Ferrero and M. Lusti-Narasimhan, "The Role of Men as Partners and Fathers in the Prevention of Mother-to-Child Transmission of HIV and in the Promotion of Sexual and Reproductive Health" *Reproductive Health Matters* 20, 39 Suppl (2012):103-9.

ABOUT THE PROGRAMS: The Strengthening Communities through Integrated Programming (SCIP) Project (2009–2014) is funded by PEPFAR and USAID. With a budget of over US\$ 47 million, SCIP is implemented by a consortium led by Pathfinder International in partnership with Population Services International, CARE, World Relief, and the Cooperative League of the USA, and in close collaboration with the government of Mozambique. SCIP is active in Nampula province and aims to improve quality of life and economic viability at the household and community levels.

The Extending Service Delivery–Family Planning Initiative (ESD-FPI) project is a four-year (2010–2014), USAID-funded project that aims to integrate family planning into existing primary health care and HIV care and treatment service delivery points. It operates with a US\$ 12 million budget and is implemented in Maputo, Gaza, Inhambane, and Cabo Delgado provinces.

COVER

Community health worker educates a couple on contraception in Nampula (SCIP)

PHOTO: Sala Lewis

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