Strategy for increasing use of Contraception/Family Planning

- Technical and logistic support to DPS/DDS for improved anticipation of needs (link with the central level is critical)
- **Improvement of quality of the FP/maternity consult**
- **Inclusion in the Prevention Strategy: BCC** *(Theater groups, radio campaigns, posters in waiting rooms, community discussions, capacity building sessions with community leaders, home visits, HCT-C…)*
- Sustained by the strategy of community involvement
  - Begins with capacity building of CLL to CLC (community level)
  - Support and development of community networks (home visits, community-based distribution (CBD))
  - Community level counseling and references to the HF for the first FP consult

Integrating FP and Community Development including PHC

Where do we work on sensitization for FP?

1. HTC – specific quarterly targets for each Counselor/ methods demonstration + specific Flyer (IEC material)
2. Positive Prevention –HTC counselors and the Animadoras offer the PP package to PLWHA, which is included as one of the 7 fundamental messages the FP.
3. Theatre Groups – Each of the 14 groups have specific plays for FP awareness
4. Community Radios – Specific radio spots to raise awareness on the importance of uptake for FP
5. IEC material – flyers (description of methods), Poster for HF with description of methods, FP awareness for birth spacing and post partum uptake of methods.

Where do we work on sensitization for FP:

6. Small groups debates – divided by sex and age to discuss the importance of uptake of FP, taking into account gender issues
7. Hot Topics trainings for Community Leaders facilitated by the health provider – during 5 afternoons the community leaders participate in lessons to improve understanding of RH and the importance of proper uptake of FP – "Pathways for Change" (4,021 CL trained during Y2 – 64% male; 8,900 CL trained in Y3 – 63% male)
8. Home Based Visits - Voluntárias and Animadoras perform HBV to their community families in order to sensitize and raise awareness of the FP uptake. (17,250 HBV for FP in Y2, 244,989 HBV for FP in Y3)
9. YFCs – Peer educators work with peers on sexual reproductive health for youngsters – including FP. YFC also receive frequent visits of the HTC counselor, addressing HIV prevention, delayed pregnancy and contraception.

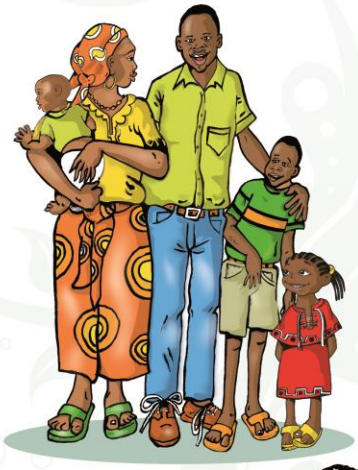
Key messages of the YFCs

1. Delay the first sexual contact as much as possible.
2. Delay the first pregnancy until maturity (18 years). Before, more susceptible to serious complications during the pregnancy and during delivery for both the mother and child.
3. Must use condoms during any sexual relations to avoid unplanned pregnancy and STIs.
4. Condom use is for individual protection – to protect fertility
5. Introduce methods of FP (oral contraceptives, injectable, IUD, condoms, tubal ligation, vasectomy, implants)
6. Consult the CHW and HF in your community for more information.

Key messages for Water Committees: Benefits of Family Planning

- Improved health of the mother and baby
- Men and women can plan the arrival of their children at the right time.
- Families can choose the number of children they want
- Healthy spacing between children

SAIBA MAIS ACERCA DOS MÉTODOS DO PLANEAMENTO FAMILIAR



Escolha o melhor para si e sua família

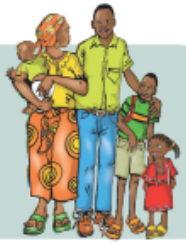
Planeamento Familiar no Pós-Parto

Através do planeamento familiar, homens e mulheres podem planificar o nascimento dos seus filhos, no momento ideal.

Que métodos estão disponíveis?

Pode iniciar o Planeamento Familiar depois do bebé nascer ou a partir de 4 semanas após o parto.

Benefícios do Planeamento Familiar



- Permite aos casais tomarem decisões sobre:
  - O momento ideal para terem filhos
  - O número de filhos que desejam
  - O espaçamento saudável entre os nascimentos.
- Melhora a saúde da mãe e do bebé.

"Planear outra gravidez depois do seu filho completar pelo menos 2 anos."

Quando deve voltar para consulta pós-parto?

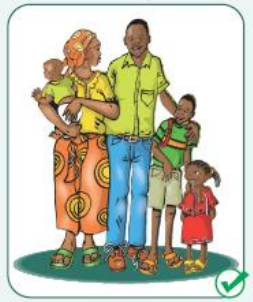
No 3º dia, 7º dia, 14º dia e 21º dia pós-parto.

Quando trouxer o seu bebé para o peso e vacinas não deixe de fazer a sua consulta de PF.

Converse com o seu parceiro e convide-o para vir à Unidade Sanitária!

Pathfinder | USAID | SCIP

Com intervalo de pelo menos 2 anos entre o nascimento de cada filho,
a mãe e as crianças ficam mais saudáveis



eamento Familiar

Família que faz o Planeamento Familiar

or dos filhos, da sua alimentação, dos seus
senvolvimento.

amiliar

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Pathfinder INTERNATIONAL

Technical support to DPS/DDS for **better planning of necessities**

Contraceptives	Used 2009	Needed 2011
# pill packs	158,987	460,933
# Depo	81,220	115,892
# of DIU	260	502
# condoms	7,023,500	10,535,610

Contraceptives	CYP Coverage 2009	Targeted CYP Coverage 2011
# pill packs	1,27 %	3,5 %
# Depo	2,4 %	3,3 %
# of DIU	0,109 %	0,2 %
# condoms	5,6 %	8 %

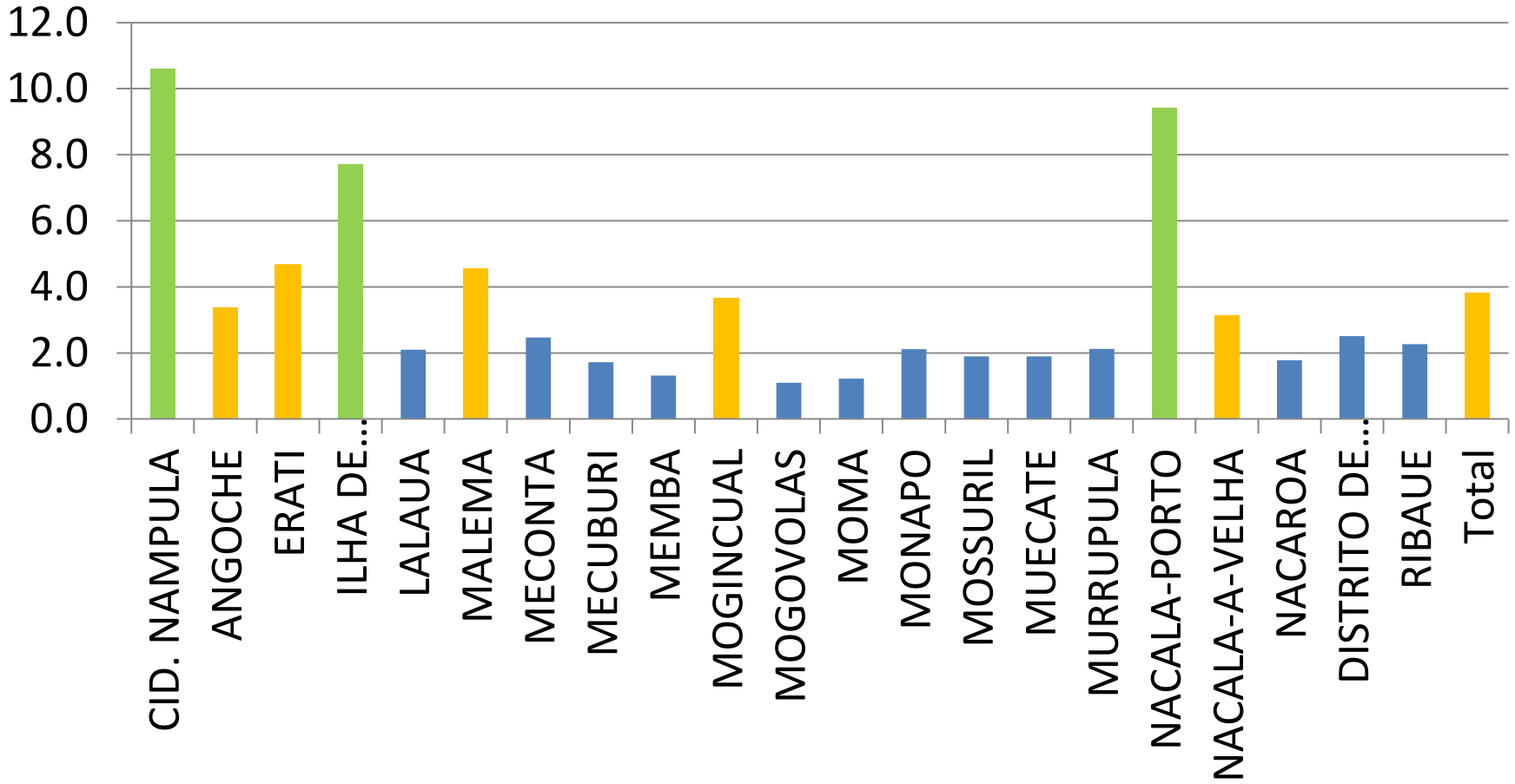
Integrated planning exercise of 2010 :

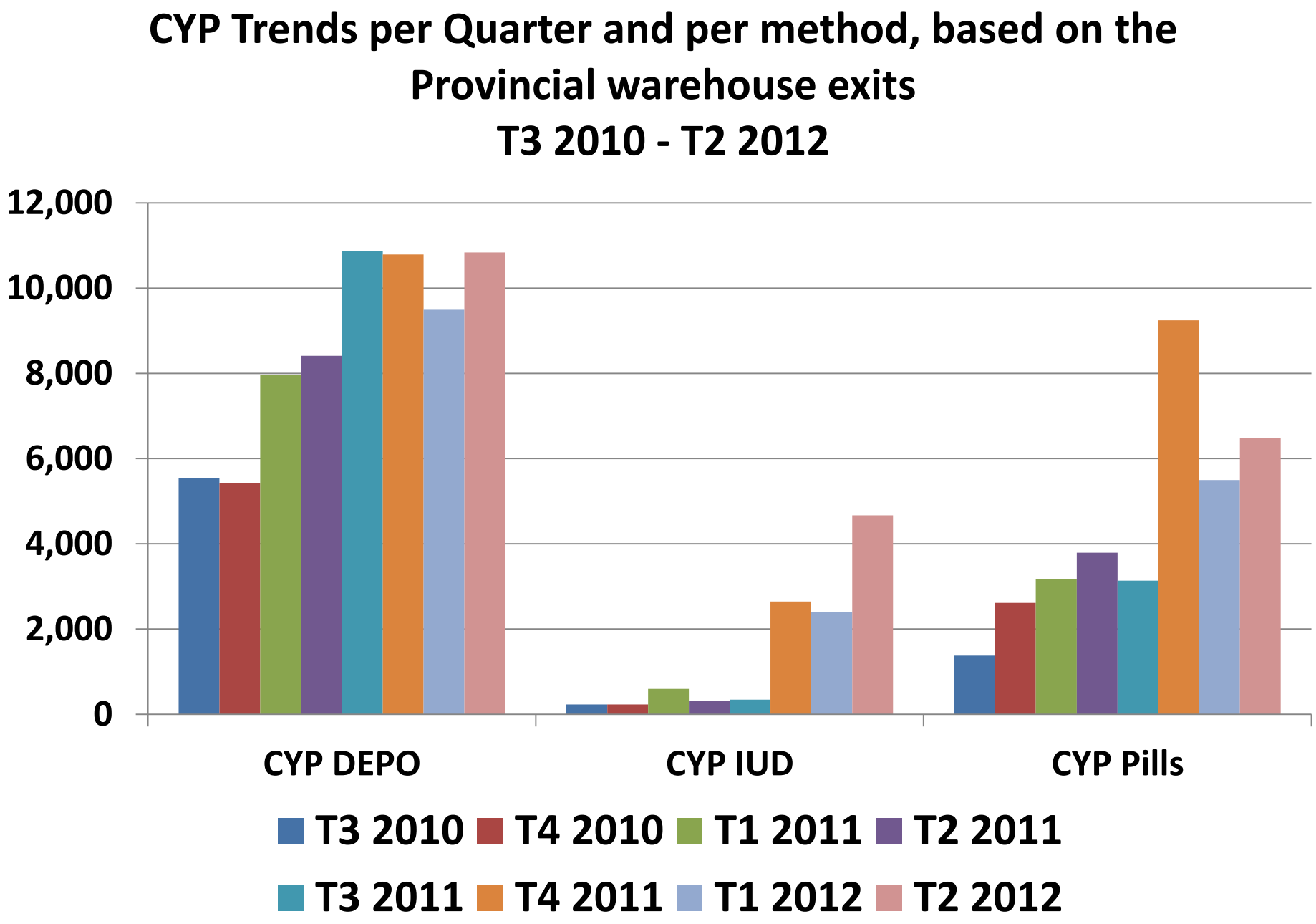
Calculation of Couple Years Protected (CYP) by method, reached in 2009 and respective coverage

Fixation with DPS the desired coverage in 2011

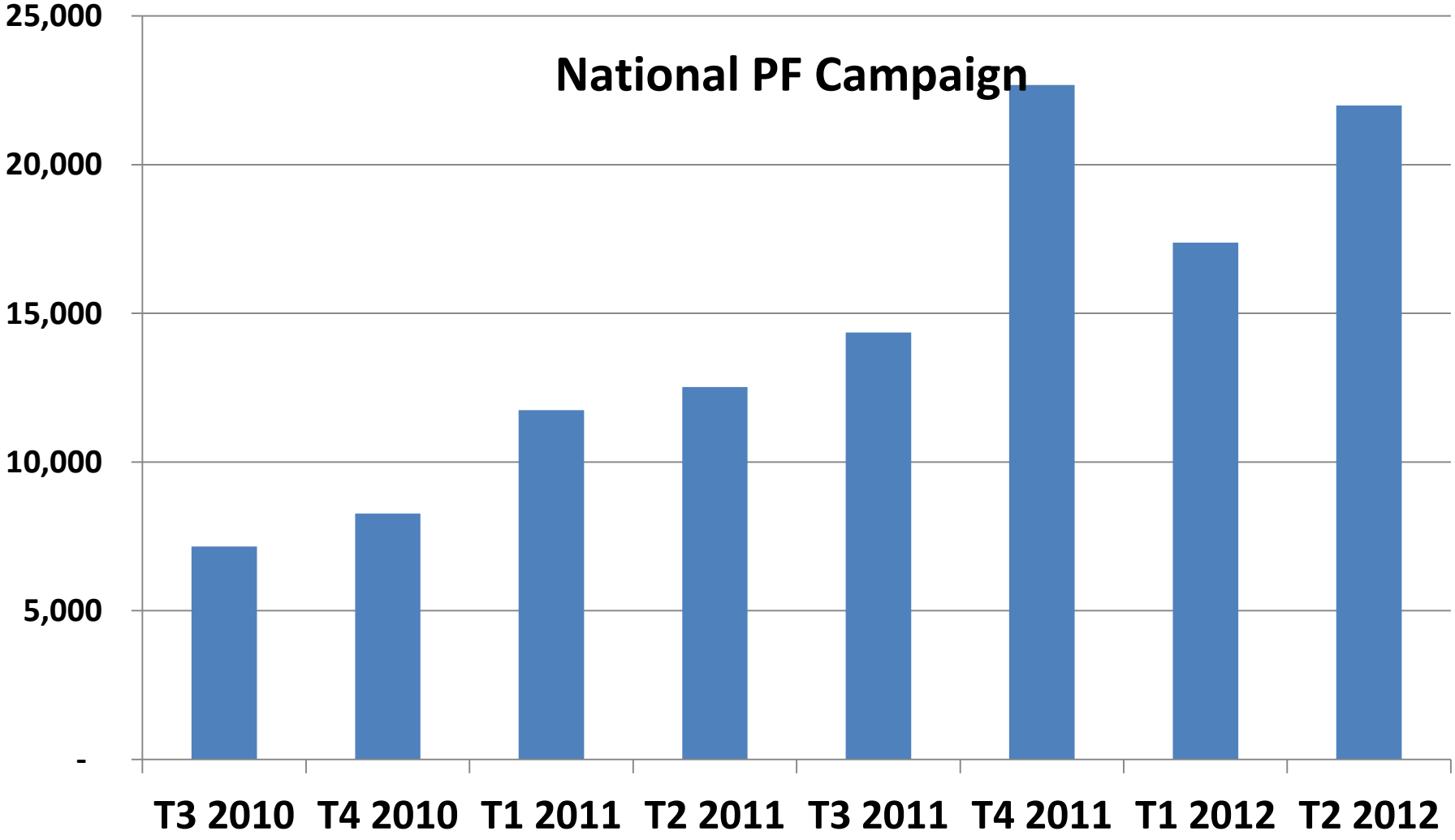
Calculation with DPS the necessary commodities for desired coverage, taking into account population growth

CYP Coverage (%) per district in 2009 – 3 methods

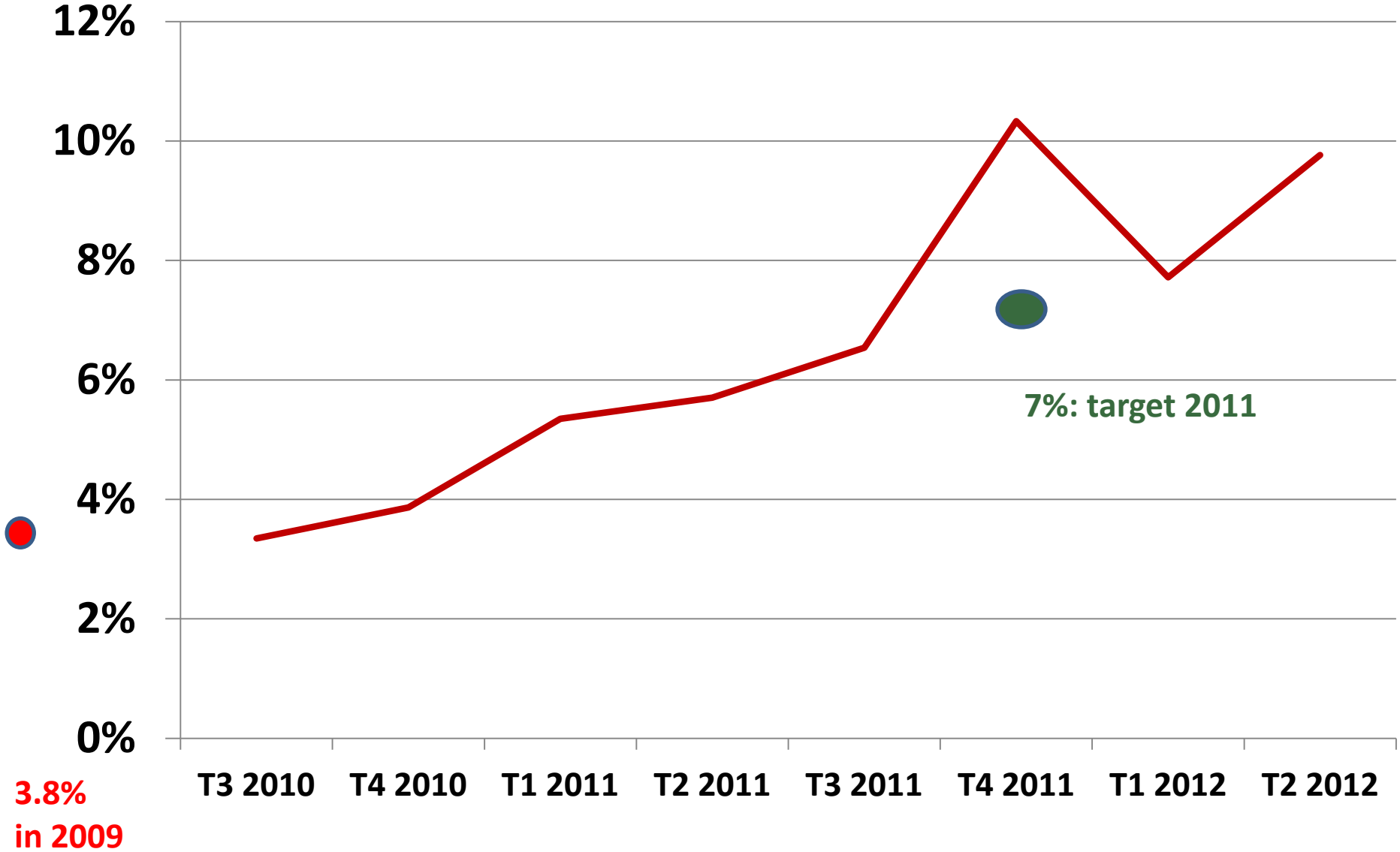



CYP Trends per Quarter and per method, based on the Provincial warehouse exits
T3 2010 - T2 2012
12,000
10,000
8,000
6,000
4,000
2,000
0
CYP DEPO
CYP IUD
CYP Pills
T3 2010
T4 2010
T1 2011
T2 2011
T3 2011
T4 2011
T1 2012
T2 2012

CYP 3 methods per Quarter - T3 2010 - T2 2012 based on provincial warehouse exits - Nampula Province



CYP 3 methods coverage per Quarter, based on provincial warehouse exit



Improving the quality of the FP consult/maternity

Tutória (24h) para a CPF / Maternidade a nível das US Periféricas (DIU / Aconselhamento PF / Partograma / COEB)

Padrões de qualidade De SMI e do Parto Humanizado

Integração progressiva do PF nas outras consultas *(Curativas, CCS, CCR, CPN)*

Suporte das enf SMI para as reuniões com as redes comunitárias (Animadores)

DBC

Retroinformação aos CLC via os Comité das US

Best Practices: Increasing uptake of IUDs

- Intra-uterine devices (IUDs) were reintroduced as one of the methods available for FP in Mozambique.
- The SCIP baseline study (March 2011) suggested that while 45.6% of women had heard of the IUD, only 1.4% were currently using or had ever used the IUD.

Best Practices: Increasing uptake of IUD

3 part strategy:

1. **Demand generation at the comm**
   "Hot Topics" with community lead
   value of FP and the specific benefits
   were also trained on SRH (including the ared
   this information during home visits.
2. **Strengthened link between community and HF:** Regular (at least trimestral) meetings between CHW and MCH nurse.
3. **Capacity building at the HF:** Practical training with MCH nurses on IUD insertion, promotion of use of IUD, logistical management of IUD.

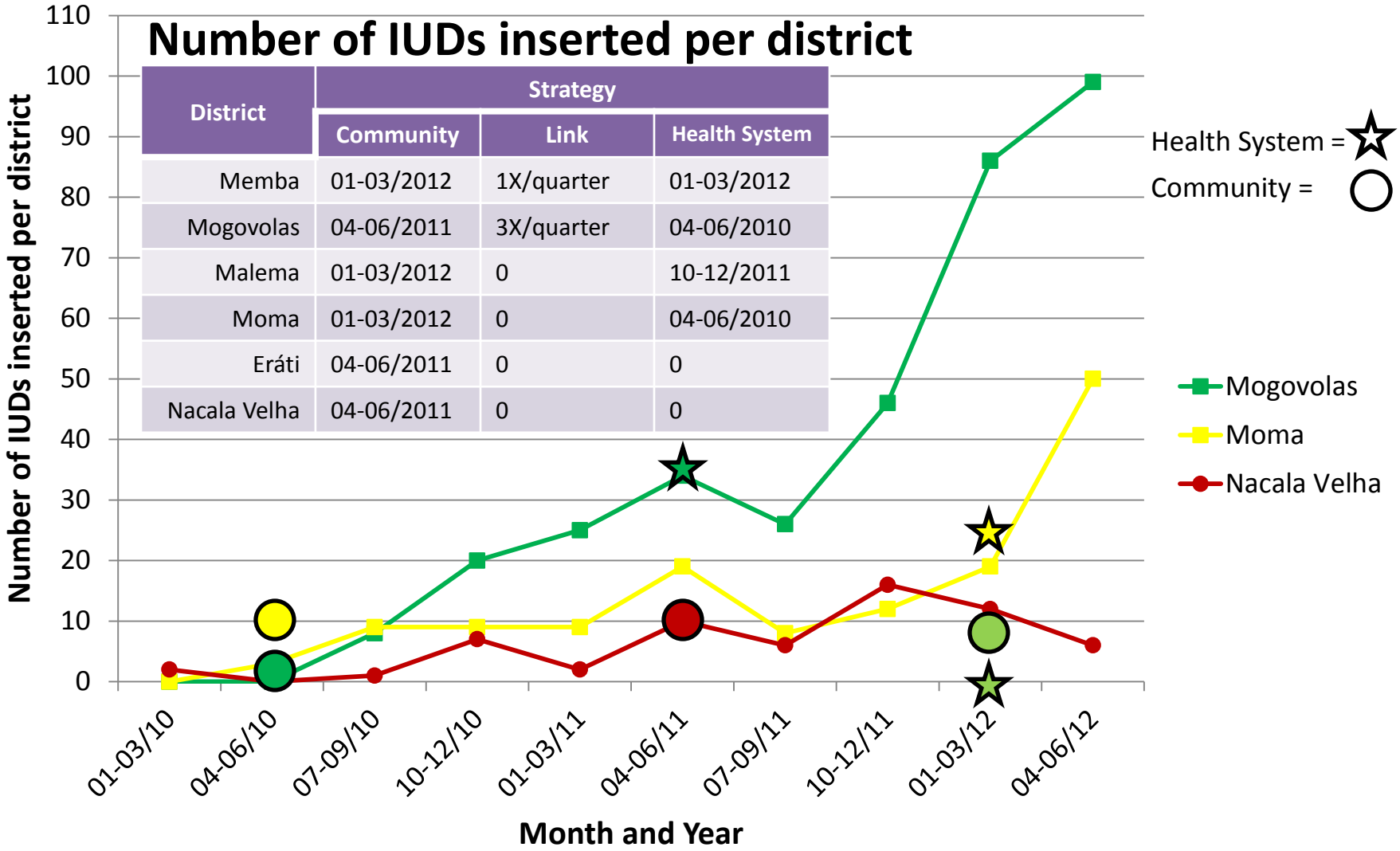
Strategy implemented with different levels of intensity/start times

Best Practices: Increasing uptake of IUDs

Methodology: Comparison between districts according to degree of implementation between Jan 2010 and June 2012

	Strategy		
District	Community	Link	Health System
Memba	01-03/2012	1X/quarter	01-03/2012
Mogovolas	04-06/2011	3X/quarter	04-06/2010
Malema	01-03/2012	0	10-12/2011
Moma	01-03/2012	0	04-06/2010
Eráti	04-06/2011	0	0
Nacala Velha	04-06/2011	0	0

Best Practices: Increasing uptake of IUDs



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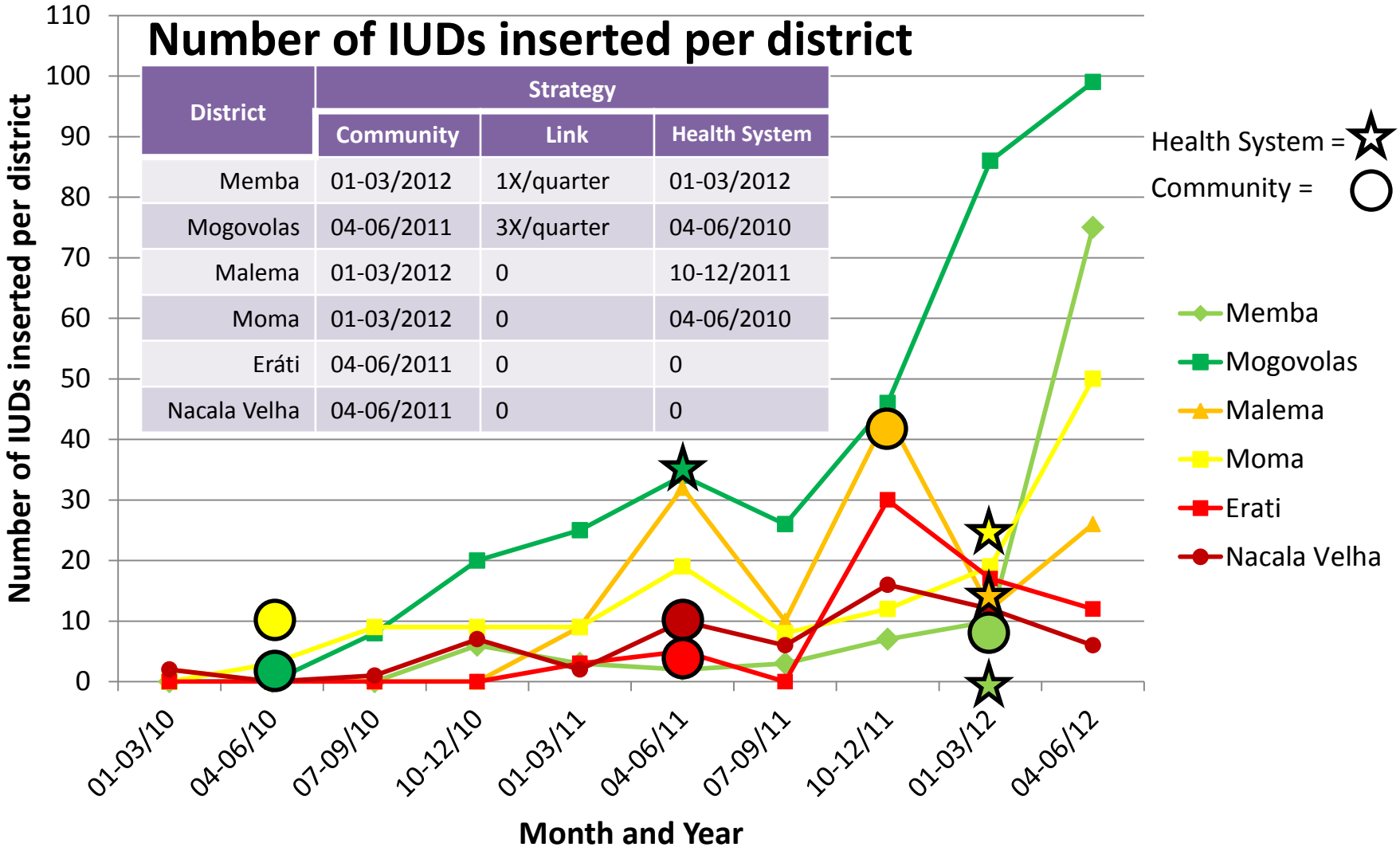
Moma	01-03/2012	0	04-06/2010
Eráti	04-06/2011	0	0
Nacala Velha	04-06/2011	0	0

Best Practices: Increasing uptake of IUDs



District	Strategy		
	Community	Link	Health System
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Mogovolas	04-06/2011	3X/quarter	04-06/2010
Malema	01-03/2012	0	10-12/2011
Moma	01-03/2012	0	04-06/2010
Eráti	04-06/2011	0	0
Nacala Velha	04-06/2011	0	0

Ideias simples “possivelmente” inovativas em Moçambique?

- 2 meses de buffer stock a nível da US periferica
- Treinamento dos APEs/PTs para poder distribuir/aplicar alguns dos métodos de PF (Pilulas, depo, implantes) na comunidade
- 1 livro para o registro das consultas de PF em cada gabinete de consulta (curativa ou preventivo) → integração do PF em todas as consultas.