



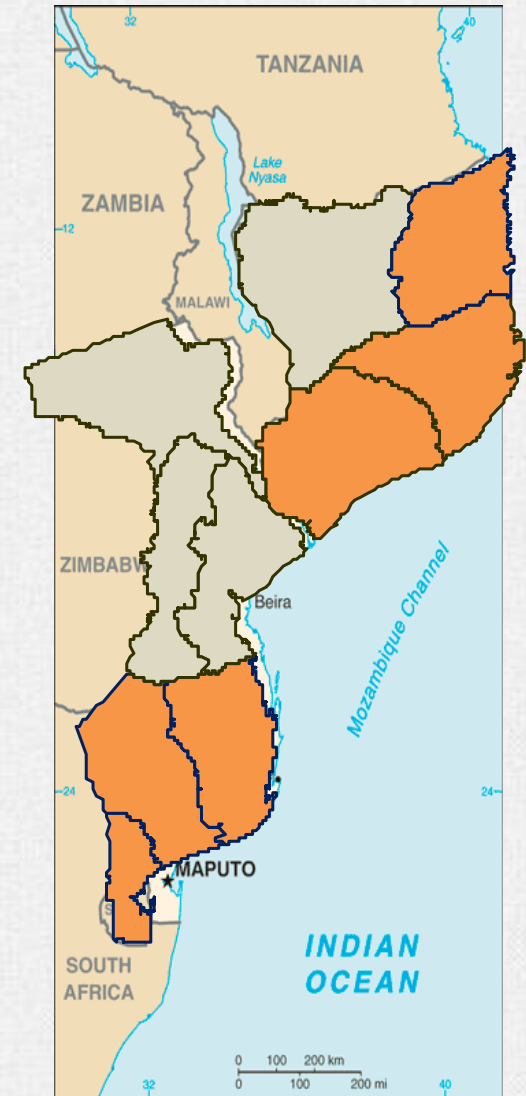
# A safety and feasibility study of community-based distribution of DMPA in Cabo Delgado, Mozambique

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# MOZAMBIQUE

Total fertility	5.9 children per woman
Unmet need	28.5 % (nationally)
CPR	11.3% (nationally)
Maternal mortality	408 deaths / 100,000 live births
Population	Urban Population: 32% Rural: 68%



# PATHFINDER INTERNATIONAL IN MOZAMBIQUE

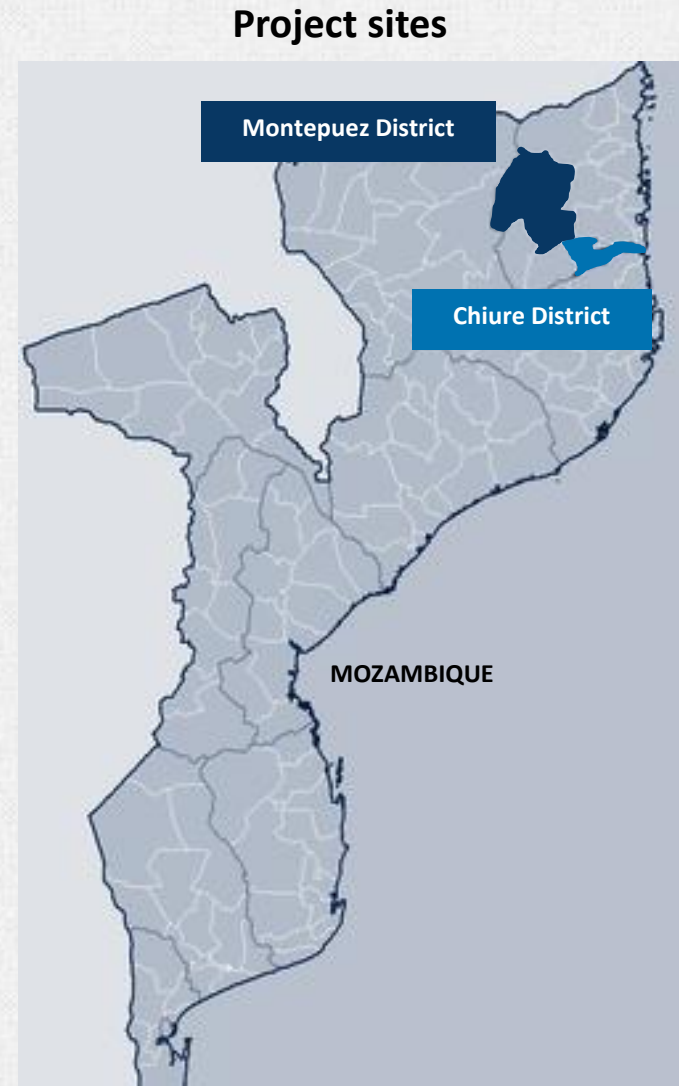
- Pathfinder presence since 1997
- Working in all provinces with offices in five
- Diverse SRH portfolio, including:
  - Contraception
  - HIV and AIDS
  - Maternal Health
  - Gender Based Violence
  - AYSRH
- Work with Government (MOH, MOE, MOJ) and local partners

# OVERVIEW OF THE EXTENDING SERVICE DELIVERY FAMILY PLANNING INITIATIVE (ESD/FPI)

- **Project Dates:** July 2010 to July 2014
- **Geographic Focus:** Cabo Delgado, Inhambane, Gaza, and Maputo provinces
- **Objectives:**
  1. Integration of the delivery of FP counseling and services into PHC and HIV and AIDS services in 157 health facilities (HFs).
  2. Increased availability and demand for FP and HIV and other sexually transmitted infection (STI) services for students, faculty, and staff in seven pre-service training institutions.
  3. Improved community capacity to increase the access to and quality of FP services.
  4. Greater access for youth to contraception and other SRH services through youth-friendly services (YFS)

## GOALS OF THE STUDY

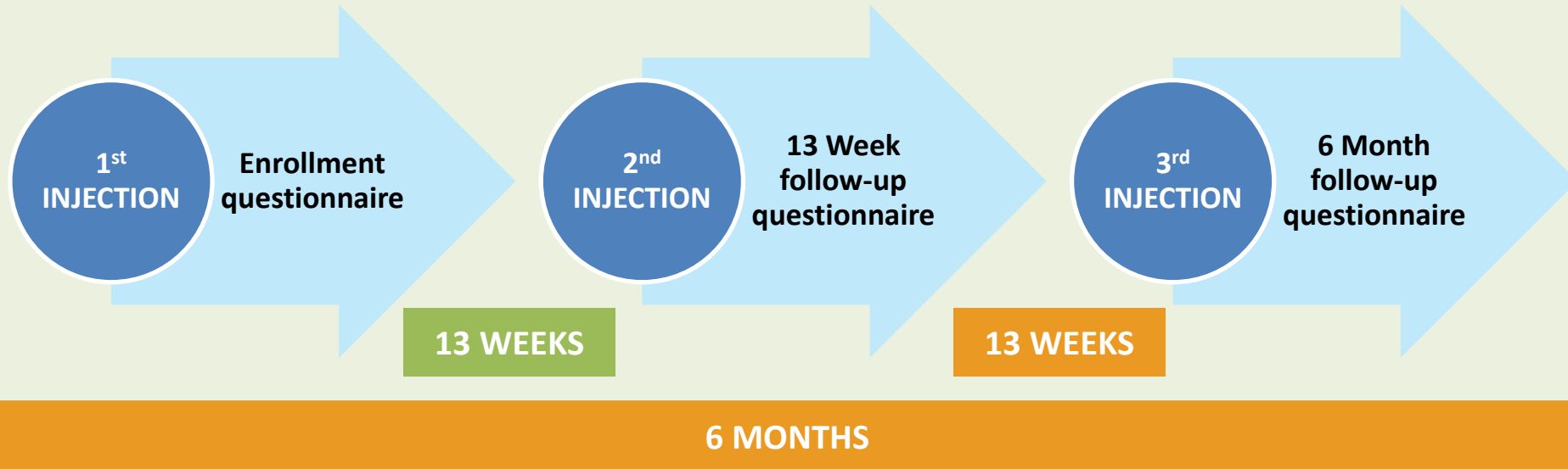
- Conduct a safety and feasibility assessment of a community-based distribution program of DMPA in two districts in Mozambique.
- Explore the effectiveness of training two groups of community-based agents - Agentes Polivalentes Elementares (APEs) and traditional birth attendants (TBAs) - to administer DMPA.



# STUDY DESIGN AND EXPECTED OUTCOMES

- Prospective non-randomized community intervention trial
- Field work: February 2014 to April 2015
- Expected Outcomes:
  - DMPA continuation rates (acceptance up to the third injection);
  - Client satisfaction rates with the provider and with the product;
  - Client knowledge on key information regarding DMPA (proxy for counseling received);
  - Incidence of side effects; and
  - Safety of injection administration.

# DATA COLLECTION



1,432 women between 18 and 49 years old were recruited in both districts, monitored for 12 months, and received at least 3 consecutive doses of DMPA

# TRAINING

- Training (class room and practicum) conducted in February 2014
- Training of 25 APEs in Chiure and 34 TBAs in Montepuez
- Internship of 1 week in the HF
- Training of 18 supervisors (1 nurse per HF in catchment areas) as a way to ensure the link between HF
- Refreshment training of supervisors in September 2014





# APE AND TBA RESPONSIBILITIES

- Obtain informed consent from the clients
- Complete the medical screening form to determine eligibility
- Assign the client an ID number so she can be tracked for the 13 week and 26 week follow-ups
- Complete the short enrollment questionnaire
- Administer DMPA



## SUPERVISOR NURSES RESPONSIBILITIES

- Hold monthly supervision and quarterly meetings with APEs and TBAs
- Interview women in their homes for the follow-up survey at 13 weeks after the second dose of DMPA and 26 weeks after the third dose of DMPA
- Ensure that questionnaire is complete, all questions were asked, and the responses are neatly and legibly recorded

# SUPERVISION SYSTEM

3 levels of supervision:

- Supervision by the **central level (study investigators)**
- Supervision by the **provincial study coordination team**
- Monthly supervision by **nurse supervisors** to the APEs and TBAs



## CONSTRAINTS

- Delay in the beginning of the implementation due to delays in obtaining CNBS approval
- Need for constant support to prevent stock outs (HF and study)
- High turnover of nurse supervisors in the last semester of study, especially in Chiure
- Difficult access to communities due to the rainy season



Crossing to HF Namogelia during the rainy season Jan/Feb

# THANK YOU!

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