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Maternal and Child
Survival Program

MCSP Mozambique Program Brief

Reproductive Health: Cervical Cancer Prevention and Family Planning

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Goal

The Maternal and Child Survival Program's (MCSP's) support to Mozambique's Ministry of Health (MOH) on cervical cancer prevention (CECAP), breast health (BH), and family planning (FP) built on earlier technical assistance funded through USAID's predecessor flagship, the Maternal and Child Health Integrated Program (MCHIP). MCSP worked to increase demand, access, and utilization of high-quality FP, CECAP, and BH services in 23 districts in Nampula province and 11 districts in Sofala province and provided facilitation support to Provincial Health Directorates and PEPFAR care and treatment partners to train health workers in CECAP in all 11 provinces of Mozambique.



A nurse holds an education session ("palestra") on family planning. Nampula, Mozambique. Photo: Kate Holt/MCSP.

Program Approaches

According to the Global Cancer Observatory (GLOBOCAN) 2018 Report, cervical cancer is the most common cancer in adult women in Mozambique. Cervical cancer accounts for 30% of all new cancers in women, with an estimated 4,291 new cases of cervical cancer and 3,376 deaths from cervical cancer in 2018, based on population estimates and most recent incidence rates. Approximately 6% of new cancer cases diagnosed in women are breast cancers, with an estimated 1,364 new cases and 770 deaths due to breast cancer in 2018 in Mozambique. In 2009, the MOH created the Cervical Cancer Prevention (CECAP) and Breast Health program to ensure a coordinated response to these priority reproductive health issues. The program includes clinic-based breast exams and education for women on breast self-examination for early detection of breast lesions/nodules. The CECAP program also focuses on improving access to screening for precancerous cervical lesions using visual inspection with acetic acid (VIA), and immediate cryotherapy treatment for eligible women with a positive VIA result. Referral services include colposcopy, biopsy, and Loop Electrosurgical Excision Procedure (LEEP) to remove abnormal cells from the cervix.

The modern contraceptive prevalence rate in Mozambique increased significantly in recent years, from 11.3% in 2011¹ to 25% in 2015². While declining from 5.9 children per woman in 2011 to 5.2 in 2015, fertility in Mozambique remains high. Nearly one quarter (23%) of married women and 29.5% of unmarried women want to space or limit pregnancies, but do not use modern contraceptive methods.

¹ Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.

² Ministério da Saúde (MISAU), Instituto Nacional de Estatística (INE), e ICF, 2015. *Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique 2015*. Maputo, Moçambique. Rockville, Maryland, EUA: INS, INE, e ICF.

The MOH committed to reaching a 34% modern contraceptive prevalence rate by 2020³ and is operationalizing its *Acceleration Plan to Increase the Utilization of FP Services and Modern Methods of Contraception*, as well as the *National Guidelines for Integration of FP into Other Health Facility Services* to achieve this goal.

MCSP used the following approaches to support the MOH's efforts to prevent and treat cervical and breast cancer, and expand access to FP:

- **Strengthened policy environment and planning for CECAP:** MCSP provided technical assistance to the MOH to develop the “Plan for Consolidation and Expansion of the National Program for Prevention and Control of Cervical and Breast Cancer, 2016–2021”, which established the framework for consolidating and expanding the national program. The plan promotes the shift from opportunistic screening (waiting for women to come to the service to offer screening) to organized screening (targeting all eligible women for screening at least once in a lifetime, if not at regular intervals). MCSP also helped the MOH address the lack of necessary CECAP materials and supplies that hampered quality improvement (QI) efforts at facilities providing CECAP services. To address this key bottleneck, MCSP supported the MOH in identifying national equipment and supply needs and advocated for increased funding for such materials with partners and the MOH.
- **Increased availability of quality basic and referral CECAP services:** Through training in all 11 provinces, MCSP supported the MOH in building the capacity of 555 health workers to provide clinical breast examination and cervical cancer screening to women 30-55 years of age, including HIV positive women (starting at 25 years), using VIA and by treating precancerous lesions with cryotherapy at primary health care facilities. MCSP also trained health workers to provide treatment with LEEP for management of advanced lesions at referral sites. In addition to the training, MCSP provided regular mentoring in Nampula and Sofala and supported the creation of QI teams in 37 health facilities providing CECAP services. QI teams assessed quality quarterly using performance standards, and MCSP provided technical assistance to develop action plans addressing areas needing improvement.
- **Integrated family planning into maternal and child health (MCH) services and supported FP quality improvement efforts:** Since 2015, MCSP supported the MOH in its efforts to integrate FP into other MCH services, with the objective of reducing missed opportunities for providing contraceptive methods to women with unmet needs. To increase provincial capacity for rolling out training on the integration of FP into other MCH services, MCSP trained 59 trainers in Sofala and Nampula. MCSP also trained 183 health workers and managers from 86 program-supported facilities in this approach and provided follow-up support to reinforce the application of new knowledge and counseling skills. Similar to the QI process for CECAP, the Program supported the creation of QI teams for FP in 86 facilities in Nampula and Sofala provinces and provided technical assistance to conduct quarterly measurements and develop action plans. MCSP coordinated closely with the USAID-funded Integrated Family Planning Project (IFPP) to ensure that FP training and supervision activities were aligned with priorities identified through the QI process.
- **Increased capacity to provide postpartum family planning (PPFP) with maternal and newborn health (MNH) services.** MCSP built the capacity of health providers at 86 health facilities in Nampula and Sofala through on-the-job training and mentoring on healthy timing and spacing of pregnancies and the various contraceptive methods available for postpartum women, including exclusive breastfeeding/lactational amenorrhea and short- and long-acting and reversible contraceptives (including postpartum implants and IUDs). MCSP reinforced high-quality FP counseling during antenatal care and the immediate postpartum period, including the healthy timing



A maternal and child health nurse counsels a client before providing cervical cancer screening services. Photo: MCSP/Kate Holt.

³ Family Planning 2020: Countries.

and spacing of pregnancies and the benefits of exclusive breastfeeding, emphasizing the need to transition to another family planning method at 6 months postpartum.

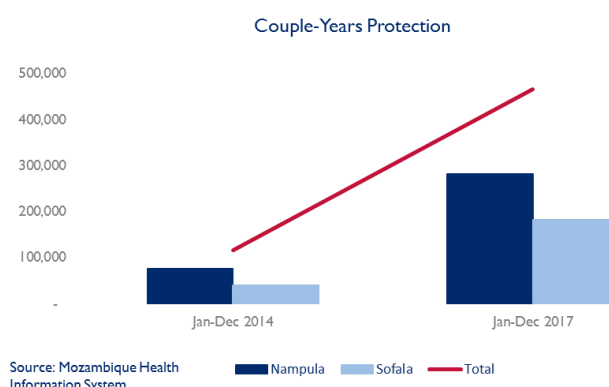
- **Strengthened providers' ability to engage men in reproductive, maternal, newborn and child health (RMNCH):** MCSP trained 1,358 health providers from 86 health facilities in Nampula and Sofala to engage men in antenatal care and FP services. MCSP mentored health workers to improve quality of couples counseling, address men's health needs as clients, and explain the benefits of healthy timing and spacing of pregnancies.
- **Built the capacity of community health workers in CECAP and FP:** MCSP integrated messaging on breast health and cervical cancer prevention into community education sessions including the importance of screening for women between the ages of 30 and 55. MCSP included FP messaging in its integrated health promotion activities to improve maternal health and reduce infant and child mortality, and supported the MOH in conducting mobile brigades to reach new and continuing FP clients in the community.

Key Results

During the life of the project, MCSP supported the MOH to increase the coverage and quality of clinical reproductive health services, including FP and basic and referral CECAP services. MCSP's community-level health promotion activities improved access to FP services and increased awareness of and demand for CECAP services. Together, these efforts resulted in improved screening coverage for cervical cancer and same-day treatment rates, and increased uptake of interval and postpartum FP methods in program-supported areas. This section highlights MCSP's key achievements in reproductive health.

- **CECAP commodities and equipment supply improved:** MCSP conducted advocacy and needs forecasting based on the national CECAP plan. In 2017, the MOH procured USD 417,000 worth of essential materials and equipment for cervical cancer prevention, including 40 cryotherapy units for treating eligible lesions at public health facilities. The program expects that the MOH will continue to take an increased lead in forecasting and procurement of CECAP materials and equipment.
- **Improved coverage and quality of CECAP services:** By June 2018, 51% of program-supported HF's improved their performance on CECAP performance standards by at least 50% compared with baseline (between June and December 2016). From October 2015 to June 2018, health care providers at program-supported facilities in Nampula and Sofala provided cervical cancer screening services to 109,206 women (48% cumulative, with an increase in screening coverage from 38% in Year 1 to 65% in Year 3) and provided cryotherapy immediately to 74% of eligible women with VIA positive results.
- **Improved quality of interval FP services:** Average attainment of FP performance standards at first measurement (June-December 2016) in 86 health facilities was 46.5%. By December 2017, when MCSP transitioned the QI process for FP to IFPP, the average attainment of standards at these facilities was 70%, with 55% of all facilities improving their performance by at least 50% compared with baseline. The couple-years of protection (CYP) in program-supported health facilities showed a steady increase during this period, from 115,304 at baseline in 2014 to 465,547 in 2017. See Figure 1.

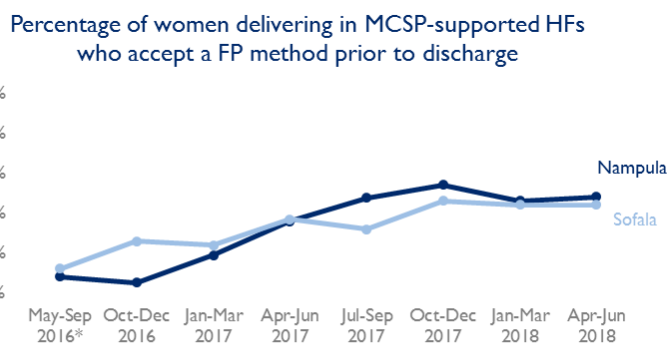
Figure 1.



- **Increased uptake of PPF methods:** The uptake of PPF prior to discharge after delivery at 86 MCSP-supported facilities increased to 24% in quarter 3 of the Program (April-June 2018), compared with 5% in Year 1 of the Program (May-September 2016). See Figure 2.

- **More men engaged in RMNCH:** By quarter 3 (April-June 2018) of Year 3 of the Program, 75% of pregnant women’s male partners (203,533) participated in at least one ANC visit and received counseling on the importance of PPF for their family’s health.

Figure 2.



Source: Mozambique Health Information System
* 53 health facilities

- **Increased community-level FP coverage:** Community health workers (CHWs) from MCSP-supported community health committees provided contraceptive methods to 96,363 new FP users in Nampula and Sofala, including Sayana Press (25,515), oral contraceptives (5,605), and female (2,240) and male condoms (63,003) from May 2016-June 2018. CHWs also provided replacement cycles of oral contraceptives to 26,072 continuing FP users and male condoms to 17,345 individuals.

Recommendations

- Despite the recognized progress of Mozambique’s national CECAP program, concentrated efforts are required to consolidate the program and to ensure the achievement of its goal. Creating a sustainable cervical cancer and breast health program takes time and demands ongoing efforts from the MOH and partners. Continued investment is necessary to improve screening coverage and treat identified lesions, which will in turn reduce the mortality rate. The goal is to screen about 80% of women; despite recent improvements, Mozambique’s national screening coverage is only around 15%. It is therefore necessary for the MOH and implementing partners to move from the opportunistic screening to organized screenings outlined in the new policy to ensure screening, treatment and automatic referral.
- To increase screening coverage and expand treatment for precancerous lesions, it is important for the MOH and donors to invest in new technologies such as the introduction of other reliable methods for screening and treatment, including human papilloma virus self-testing, thermo-coagulation, and using social media to disseminate messages on cervical cancer prevention.
- Adherence to CECAP performance standards and service quality was impacted by shortages in essential materials and equipment during an 18-month period (January 2017–June 2018). During this time, the percentage of eligible women screened for cervical cancer who received immediate treatment with cryotherapy decreased from 80% to 43% because of broken equipment and lack of spare parts. It is important that the MOH ensures the availability of key materials by regularly updating procurement plans and coordinating with partners who may have funding to complement state-purchased materials.
- High-level political engagement and commitment to QI efforts by the MOH, from central to facility levels, resulted in increased FP uptake in Nampula and Sofala provinces. Managers and district and provincial health authorities should recognize facility-based champions to sustain their motivation to continuously improve the quality of FP services.

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