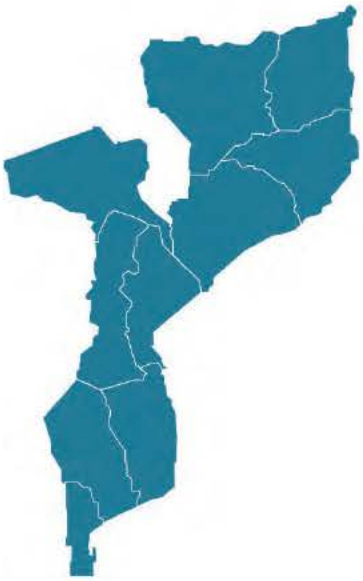
MCHIP Country Brief: Mozambique



Selected Health and Demographic Data for Mozambique	
Maternal mortality ratio (deaths/100,000 live births)	408
Neonatal mortality rate (deaths/1,000 live births)	30
Under-5 mortality rate (deaths/1,000 live births)	97
Infant mortality rate (deaths/1,000 live births)	64
Contraceptive prevalence rate	12.1
Total fertility rate	5.9
Skilled birth attendant coverage	54.3%
Antenatal care,4+ visits	53.1%

Sources: World Bank; Instituto Nacional de Estatistica Web site, 2010 projection; Mozambique 2011 Demographic and Health Survey; Mozambique Multiple Indicators Cluster Survey 2008; Population Reference Bureau 2011 World Population Data Sheet; WHO; UNICEF.

Health Areas:

- Maternal Health
- Child Health
- Newborn Health
- Family Planning
- Cervical and Breast Cancer Prevention and Control Program
- Condom Social Marketing (CSM)

Program Dates	MNCH: May 2009–January 2011 CSM: March 2011–June 2012					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of provinces	100%	No. of districts	N/A	No. of facilities	N/A
Country and HQ Contacts	Débora Bossemeyer, Jim Ricca, Iulian Circo, Koki Agarwal, Jeff Smith, Connie Lee, Edgar Necochea, Veronica Reis, Mary Drake					

[1] MNCH: $3,115,947
CSM: $2,250,000

MATERNAL, NEWBORN AND CHILD HEALTH/FAMILY PLANNING

INTRODUCTION

Since 2001, the expansion of emergency obstetric and neonatal care (EmONC) has been one of the main national strategies to reduce maternal and neonatal mortality in Mozambique. Coverage, however, remains low, with a little more than half of births in institutions nationwide, and the quality of those services has not been verified externally on a consistent basis. In 2008, the Government of Mozambique (GOM) disseminated the Integrated National Plan to Achieve Millennium Development Goals (MDGs) 4 and 5, proposing nine priority areas for intervention:

1. Implementing intervention packages based on evidence of impact for: reducing maternal, neonatal, and child morbidity and mortality, including the expansion of EmONC; prevention of mother-to-child transmission of HIV (PMTCT); intermittent preventive treatment of malaria (IPT); integrated management of childhood illness (IMCI); and a school health package, as well as integrating services for adolescents; improving nutritional status of women, children, and adolescents; and expanding the "reach every district" strategy
2. Updating and implementing national norms and protocols of care and treatment, based on international and national standards
3. Strengthening transport, communication, and reference systems
4. Improving health infrastructure
5. Strengthening safety and availability of commodities for maternal, newborn, and child health (MNCH)
6. Increasing availability of skilled professionals by training and updating providers' skills
7. Increasing community awareness about, demand for, and provision of basic community-based services
8. Strengthening supervision, and monitoring and evaluation (M&E) of MNCH services
9. Carrying out operations research and disseminating best practices

The Maternal and Child Health Integrated Program (MCHIP) began field-supported activities in Mozambique in May 2009. The program was designed to contribute to achievement of priorities 1, 2, 6, and 8 of the above national MDG strategy. The original field-funded award continued until January 2011. Starting in 2011, these activities initiated with field support funds through the Global MCHIP award were scaled up through an Associate Award, and contributed in additional areas.

The goal of USAID's MCHIP activities is to assist in scaling up evidence-based, high- impact maternal, newborn and child health (MNCH) interventions to contribute to significant reductions in maternal and child mortality The objective of the MCHIP Mozambique program was to assist the Ministry of Health (MOH) to increase service provision in maternal, newborn, child, school, and adolescent health with increased quality of care. MCHIP provided support to the MOH's Reproductive Health (RH) Program, which includes MNCH. The focus has been health service strengthening of MNCH/RH, focusing on the "Model Maternity" Initiative (MMI), cervical and breast cancer prevention (CECAP), and postpartum family planning (PPFP).

The "Model Maternity" Initiative promotes birthing practices that recognize a woman's preferences and needs and focuses on humanistic care and the scaling-up of high-impact interventions, including a strong focus on PMTCT. More than 270,000 women have received HIV counseling and testing for PMTCT and their test results at Model Maternity Initiative facilities. During the period April to June 2013, 95 percent of pregnant women presenting at their first antenatal care visit were tested for HIV.

Specifically, MCHIP provided technical assistance to improve the quality of maternal and child health (MCH) services with an emphasis on Essential Maternal and Newborn Care (EMNC) and basic EmONC, including malaria in pregnancy (MIP) and PPFP. MCHIP worked at the central level to advance MCH/RH policies, strategies, guidelines, and protocols and supported implementation in key facilities to improve the quality and efficiency of services of two MOH priority MNCH programs, MMI and CECAP. Each of MCHIP Mozambique's intermediate results contributed to USAID Mozambique's Strategic Objective 8 (SO8): "*Increased use of child survival and reproductive health services in target areas by directly strengthening and supporting health systems at the central level and lower levels.*"

KEY ACHIEVEMENTS

"By integrating these services, we simultaneously strengthened both the family planning program and the program for breast cancer and cervical cancer screening," remarked Nurse Carolina Eventina Rafael. "We missed no opportunities, and we didn't lose any clients."

The MCHIP/Mozambique team underpinned its work in supporting improved service delivery by also providing assistance to the MOH to develop, update, and disseminate RH/family planning (FP) and MCH policies, strategies, and plans. Participatory approaches were employed to guide and promote discussion with MOH staff and partners. MCHIP worked in conjunction with the MOH and partners to develop, update, and disseminate a total of 16 policies and strategies. These include: the National Plan for the Humanization of Healthcare (which includes the MMI); the Plan for Expansion and Strengthening of the National Cervical and Breast Cancer Screening and Treatment Program; the National Strategy and Guidelines for Family Planning; the Plan for Expansion and Strengthening of the National Cervical and Breast Cancer Screening and Treatment Program; Guidelines for Maternal and Neonatal Audit Committees; Guidelines for Integrated Supervision of MCH and RH/FP Services; Monitoring and Evaluation Guidelines for Model Maternities; and Technical Quality Standards to Improve the Quality of VIA [visual inspection with acetic acid], Cryotherapy, Colposcopy, and LEEP [Loop Electrosurgical Excision Procedure] Services.

Major Accomplishments in MNCH/FP included:

- Establishment and institutionalization of the MMI in 34 of the country's largest EmONC facilities, covering 21% percent of all institutional births nationwide. Services are delivered by 416 skilled birth attendants trained in EMNC, Basic EmONC, PPFP, and quality improvement methodology. MMI has increased both quantity and quality of maternal and neonatal health services. The MCHIP Associate Award continued to support health facilities in EMNC and EmONC service provision and clinical training.

- Establishment of the country's first nationwide cancer prevention program (for cervical and breast cancer) in December 2009. These services are integrated with FP and RH services. Seventy-four health professionals working in 17 health facilities provide services using visual inspection with acetic acid (VIA) and cryotherapy. Six of these facilities are referral hospitals and also provide colposcopy, biopsy, and treatment with the loop electrosurgical excision procedure (LEEP). As of the end of 2010, more than 8,500 women had received breast and cervical cancer screening nationwide.
- National launch of a set of seven new data collection and reporting tools (logbooks and forms) for facility-based MNCH services, adapted to fit the MOH's concept of integrated and evidence-based MNCH service provision. Training was rolled out nationally at the end of 2010 and the system is currently being implemented in 19 of the 34 Model Maternity sites.
- Assistance in the development of 16 national MNCH strategies, norms, standards, and guidelines. Chief among these is the overarching strategy document for integrated RH/FP/MCH services and in-service training packages, approved by the Minister of Health in December 2010.
- Incorporation of a client-centered (humanized) approach to the care of laboring/delivering women and their newborns in the training curricula for health professionals; 30 trainers from 11 training institutes were trained in EMNC, EmONC, PPFP, and quality improvement methodology using a client-centered approach.
- Dissemination of experiences in MCHIP/Mozambique to a wider audience, through presentations at four international conferences.

KEY OUTCOMES IN FACILITIES SUPPORTED BY MCHIP			
Indicator	**Baseline**	**Target**	**Achieved**
MMI (34 facilities)*			
% of births with partograph complete and correct	0	50%	37.9%
% of births with use of active management of the third stage of labor (AMTSL)	0	50%	78.4%
% of women with pre-eclampsia/eclampsia (PE/E) treated with magnesium sulfate	<20%	50%	70.0%
% of newborns with skin-to-skin contact	0	50%	76.8%
% of newborns breastfed within 1 hour of birth	0	50%	77.3%
CECAP Program (17 facilities)			
No. of women screened for cervical cancer	0	3,000	8,506
% of women VIA+ treated same day (SVA rate)	0	N/A	63.8%
No. of women screened for breast cancer	0	N/A	8,086

** Endline figures are for last quarter of 2010 for the 27 facilities reporting.*

WAY FORWARD

The lessons learned that informed the way forward in Mozambique (including the Associate Award) are:

- Progress in the MMI and CECAP requires a comprehensive approach that includes strengthening the leadership capacity of the MOH, partner organizations, and other development organizations in practical training experiences for health care providers, in donation of key equipment and supplies, and in improvement of the supervision system.
- Balanced improvement along the continuum of preventive and curative services is essential. In the Associate Award, MMI expanded activities to include community-based interventions and CECAP, which increased facility capacity.
- Supportive supervision is a critical component in all programming to ensure measurement of progress and ongoing improvement. As the MMI and CECAP initiatives expand, maintaining and improving the strength of the supervisory system are critical. Hiring key points of contact in each province will strengthen the supervisory system.
- Of the targets for quality service delivery, use of the partograph is the only target not met. A plan for improvement was developed for the Associate Award.
- To improve the humanization of labor and delivery care, the infrastructure of some maternities is a limiting factor, and improvements in key facilities will be made under the Associate Award.
- To ensure continued progress, gains made already must be maintained. This is illustrated by the need for preventive maintenance of equipment for cryotherapy, colposcopy, and LEEP. The process of training provincial technicians in maintenance/repair of equipment began in the CECAP program and will be critical during the MOH's expansion to additional sites.
- To institutionalize progress, a supportive national system for both pre-service and in-service training is required. Progress was slow for pre-service training because of the need to fit with the schedule for curriculum review and the academic year. The Associate Award continued to focus in this area.

MOZAMBIQUE CONDOM SOCIAL MARKETING PROGRAM

INTRODUCTION

Mozambique faces a generalized HIV epidemic with nationwide HIV prevalence estimated at 11.5 of the adult population.[2] Adults over the age of 25 comprise the majority (68%) of heterosexual HIV transmission.[3] Multiple concurrent partnerships (MCP), relatively low condom use, and low male circumcision (MC) prevalence in some areas are key drivers of the epidemic in Mozambique. As part of Mozambique's comprehensive approach to HIV prevention and family planning programming, USAID has been supporting the social marketing and free distribution of condoms to improve condom availability and use among most at risk behavior groups. While consistent exposure to condom social marketing (CSM) has influenced positive behavior change, condom demand and use in Mozambique continues to be lower than in some other countries in the Southern Africa region. This highlights the need to maintain CSM activities to increase correct and consistent condom use to reduce HIV prevalence.

[2] Instituto Nacional de Saúde (INS), Instituto Nacional de Estatística (INE), e ICF Macro. 2010. Inquérito Nacional de Prevalência, Riscos Comportamentais e Informação sobre o HIV e SIDA em Moçambique 2009. Calverton, Maryland, EUA: INS, INE e ICF Macro

[3] Analysis of HIV Prevention Response and Modes of HIV Transmission, UNAIDS Mozambique, 2009.

MCHIP's vision and focus is to accelerate the reduction of maternal, newborn, and child mortality in 20 priority countries by increasing the use of a focused set of high impact maternal, newborn, and child health (MNCH) interventions that address the major causes of death among mothers, newborns, and children under five. Delivery strategies will address barriers to access and use of these interventions along an MNCH continuum of care that links communities, first-level facilities, and hospitals. One of the main goals of the MCHIP Program is to contribute to the reduction of the under-five mortality rate and maternal mortality ratio (MMR) by 25% in high mortality-burden countries.

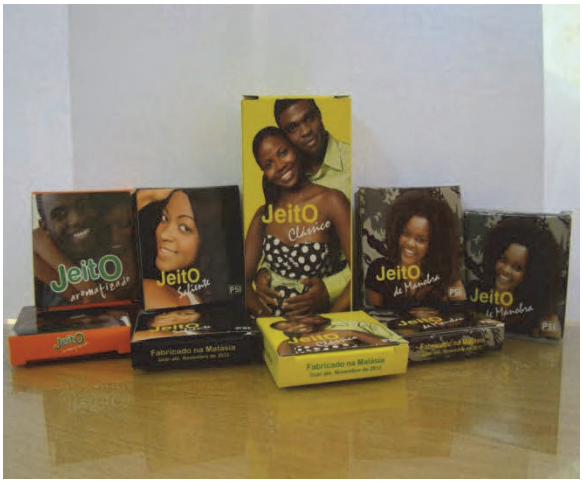
The goal of this MCHIP program in Mozambique is to reduce HIV prevalence and the number of unwanted pregnancies through increased sales and distribution of condoms. The CSM program was a continuation of condom social marketing and targeted BCC interventions and integrated three broad complementary objectives to achieve this goal.

Objective 1: Increase sales of subsidized branded condoms and increase distribution of free non-branded condoms to targeted groups and in targeted areas.

Objective 2: Implement effective information, education, and communication (IEC) campaigns promoting HIV prevention, changed behaviors, and increased condom use.

Objective 3: Qualitative and quantitative research to track sales and assess changes in attitudes towards condoms.

Specifically, MCHIP supported Population Services International (PSI) to work with both the public and subsidized private sector to increase condom demand and use in Mozambique. USAID and UNFPA provide free, generic (branded and non-branded) condoms for distribution through the public sector. Despite the increase in the number of condoms procured, weaknesses in supply chain management capacity meant that significantly fewer condoms reached end users than were procured. This MCHIP program provided funds to PSI to help improve the public sector's capacity for condom and contraceptive distribution. To increase demand and use of condoms distributed through the subsidized private sector, MCHIP provided support to PSI to conduct a series of in depth interviews to better understand condom use, with the purpose of creating in depth profiles of segments of the target audience that will not "compete" with the public or private sectors but will increase total condom use nationally. PSI in Mozambique is a national provider of subsidized condoms through the private sector. PSI launched the ***JeitO*** brand condom in 1994. ***JeitO*** has gained significant brand awareness and recognition. However, the structure of the market has changed recently and some consumer segments, including urban youth, have more choice and exposure to condom-related communications while other segments have been less targeted.



PSI launched the JeitO brand condom in 1994 and has gained significant brand awareness and recognition

The program used a Total Market Approach (TMA) to increase condom use. TMA is a way to make markets work for the poor. It aims for all segments of society to be reached with high quality products and services according to their ability to pay. In a balanced market, the poorest access products and services through free distribution, those who are somewhat better off have access through subsidized products and services, and those with greater ability to pay use the commercial sector. In a

total market approach, social marketing organizations are essential to growing the overall market by attracting new users through mid-priced brands and opening up new markets, particularly in rural areas. In this way, social marketing grows the overall market so there is greater scale and consumer willingness to pay, which results in a more conducive environment for the commercial sector.

KEY ACHIEVEMENTS

- 5,309 new condom outlets opened (65% of outlets in high risk areas)
- 2,000 condom dispensers installed in different outlets such as Ministry buildings in Maputo, Zambezia and Nampula
- 250 vending machines installed in restaurants, night clubs and bars
- 28,198,424 male condoms sold
- 6,358,146 male and 518,811 female condoms distributed through free mechanisms
- HIV prevention-related theatre presentations reached 62,329 participants to create debates around HIV risk and encourage community based discussions around how best to reduce personal risk of HIV (via consistent condom use, staying out of sexual networks or cross generational sexual relationships and the importance of knowing one's HIV status)
- 420,631 individuals reached with individual and/or small group level interventions seeking to increase risk perception and self- efficacy around using condoms, partner reduction and the importance of HIV counseling and testing
- An agreement for condom distribution at night clubs and pubs signed with Too Sexy – a Mozambican company working on event promotion and online advertisement. Too Sexy is distributing Sedutor condoms, targeting young urban middle class people at locations where they are more exposed to high risk behaviors.

WAY FORWARD

Through other funding sources, PSI will continue to implement national level efforts to combat the spread of HIV/AIDS through condom social marketing.

Condom Distribution Data – March 2010 to June 2011

PROVINCE	MALE CONDOMS SOLD	FREE MALE CONDOMS	FEMALE CONDOMS	TOTAL
Maputo	7.280.57	2.317.52	366.7	7.647.36
Gaza	1.157.64	17.340	2.001	1.159.641
Inhambane	876.21	90	0	876.21
Sofala	3.709.36	756.50	13.08	3.722.44
Manica	2.076.40	675.71	8.509	2.084.91
Tete	1.967.76	0	0	1.967.76
Zambezia	3.299.83	459.69	38.42	3.338.25
Nampula	4.675.03	398.50	89.00	4.764.03
Niassa	1.550.78	96.000	0	1.550.78
Cabo Delgado	1.604.80	1.637.00	1.005	1.605.81
TOTAL	28.198.424	6.358.362	518.811	28.717.235

Lessons learned and the way forward:

1. **To better realize a Total Market Approach, JeitO needs to be repositioned to target market segments that are underserved by the current condom brands, while also striving to grow the total condom market without providing direct competition to any other product.** As a consequence, qualitative research was completed which informed a "market mapping" exercise aimed at identifying such market segments, defined by five different variables that define behavior (Who, Where, When, With Whom, Why). A target profile was defined and two possible positioning statements developed. PSI will finalize pre-tests to better define the final positioning statement, and the new JeitO will be re-launched.
2. **To improve targeting, increase working with existing large scale retailers and wholesalers rather than targeting each and every small outlet.** PSI continues to increase sales and expand geographic reach but working with wholesalers.
3. **Private partners can manage condom brands and promote condom use in a sustainable way and are willing to invest their own resources in growing the condom market.** PSI Mozambique transferred one of its brands *Sedutor* to a company called "Too Sexy", a young Mozambican company specializing in events management, online advertising and marketing, and has strong entrepreneurial spirit. Leveraging social media and other innovative, low cost strategies, Too Sexy started promoting this premium brand condom among middle class and affluent young adults in early 2011. *Sedutor* quickly become available in 42 premium, high visibility, high risk outlets and approximately 10,000 condoms had been distributed or sold through these outlets by the end of 2011.
4. **Local organizations can and should be trained to take over condom social marketing locally.** As part of the strategy to increase sustainability of interventions, PSI transferred CSM activities to ESTAMOS (a local organization).
5. **Community mobilization should be motivated through performance based financing.** PSI transitioned from working directly with community agents or CAs to contracting them as *Activistas* and paying them based on their performance and quality of their work.
6. **Local communities should be involved in the development of messages and mobilization efforts from the start.** PSI now involves the *Activistas* in creating the communications modules in their communities, in their own language.

PSI's support of a national level condom social marketing program will continue with funding from other donors.