Rethinking Strategies to Address Micronutrient Deficiencies in Children Under 5 in Mozambique

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Mozambique faces high rates of child anemia & stunting and some reduction in wasting

- Only ~15% meet criteria for minimum acceptable diet
- 64% of children are anemic
- 69% have Vitamin A deficiency

Background: Nampula & Sofala Provinces

- **Nampula:** MCSP supported 81 of 222 (36%) facilities and 636 communities
- **Sofala:** MCSP supported 30 of 159 (19%) facilities and 178 communities
- Preventive and curative nutrition interventions targeting mothers and children were integrated in RMNCH services

Figure 1. Geographical distribution of stunting in Mozambique. Source: SETSAN based on DHS 2011
Policy Environment – Multisectoral Engagement for Addressing Micronutrient Deficiencies


- Vitamin A supplementation
- Micronutrient powders
- Deworming
- Complementary feeding
- Food fortification
Key Interventions to Address Micronutrient Deficiencies Within Health Programming

• Objective: Case study on micronutrient deficiency interventions targeting children under 5
• Three interventions:
  • Twice-yearly, Vitamin A supplementation
  • Point-of-use fortification - micronutrient powders
  • Promotion of dietary diversity

Photo Credit: Kate Holt/MCSP
Achievements: Vitamin A Supplementation (VAS)

Delivery model of VAS in Mozambique, 1999-2018

- 1999-2001: VAS delivered through national immunization days
- 2002-2007: VAS integrated in routine child health services helped reduce the high cost of campaigns
- 2008-2015: Twice-yearly “national health weeks” delivered routine VAS
- 2016-2018: Transition from twice yearly to a yearly NHW campaign; launch of Planning Guide of Vitamin A Supplementation and Deworming Activities in Routine Health Services

Coverage of routine VAS

0% 20% 40% 60% 80% 100%
Challenges: Vitamin A Supplementation

- **Low demand**: Caregivers don’t return for VAS once immunization is completed.
- **Missed opportunities** for VAS during health facility at-risk and sick child visits.
- Low capacity for **reporting and analysing routine VAS data** from all delivery platforms.
- Localized **stock-outs** of supplements.
- Large VAS campaigns made **demotivate health workers** to provide Vitamin A during routine services.
- **Low quality microplanning** and lack of implementation of outreach activities for hard-to-reach children.
Achievements and Challenges: Micronutrient Powders (MNPs)

**ACHIEVEMENTS**

• Developed a Strategy for the Implementation of Home Fortification with MNPs—2015
• Developed SBCC materials for promotion of MNP
• Availability of MNPs through free or subsidized distribution in select areas
• Inclusion of MNPs in child health cards and registers

**CHALLENGES**

• Cost and funding for commodities are limitations
• Lack of SBCC strategies to guide implementation and limited caregivers’ acceptance of MNP
• Limited use of vouchers resulted in low coverage of MNPs in subsidized model
• Top-down commodity distribution limited efficiency of supply chain
Achievements and Challenges:
Promotion of Dietary Diversity

**ACHIEVEMENTS**

- Since 1994, enriched porridges promoted via nutrition education & cooking demonstrations
- In 2014, MOH adapted the generic UNICEF IYCF community counselling package to the Mozambican context

**CHALLENGES**

- Complementary feeding counselling focused on “enriched porridges,” not on community needs & cultural beliefs
- Slow roll out of community counselling package
- No parallel integration of adequate IYCF counselling in child health services at the facility level
Recommendations for the Way Forward: Sustainability and Scale up

• **Periodically monitor and evaluate** the prevalence of micronutrient deficiencies in the target population to understand extent of nutrient deficiencies

• **Generate evidence** on micronutrient deficiency reduction interventions’ cost-effectiveness, feasibility, and acceptability

• **Roll out guidelines** (including the planning guide for VAS and deworming and the RED/REC guide)
Recommendations for the Way Forward: Sustainability and Scale up

• **Plan and forecast resources** and supplies to meet needs in an equitable manner

• **Scale up demand generation** activities (songs, theatre, cooking demonstrations, group talks, and home visits)

• **Develop a cohesive national strategy** for the prevention and control of micronutrient malnutrition to ensure coordinated, harmonized and cost-effective efforts
Thank you!
For more information, please visit

www.mcsprogram.org

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