Mozambique PY4 Summary & Results

Geographic Implementation Areas

Provinces

- 3/11 (27%)—Nampula, Sofala, Zambezia

Districts

- 48/154 (31% total)
- Nampula 23/23 (100%), Sofala 11/13 (85%), Zambezia 14/22 (64%)

Facilities

- Nampula 81/222 (36%), Sofala 30/159 (19%), Zambezia 58/246 (24%)

Population

Country

- 28.9 million

MCSP-supported areas

- Nampula: 1,994,619
- Sofala: 724,987
- Zambezia: 3,710,300

Technical Areas

Program Dates

October 1, 2015–March 31, 2019
Malaria: March 1, 2016–September 30, 2018

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)[1]	408
NMR (per 1,000 live births)[1]	30
U5MR (per 1,000 live births)[1]	97
TFR[2]	5.3
CPR (modern methods)[2]	25%
ANC 4+[2]	54.6%
SBA[2]	73%
IPTp2[2]	34.2%
IPTp3	22.4%
DPT3[2]	81.6%
Care seeking for fever in children U5[2]	57%
Stunting (height for age < 5)[1]	36%

Sources: [1] Mozambique DHS 2011, [2] IMASIDA 2015.

Strategic Objectives

Maternal and Child Survival

- Strengthen leadership and management capacity of the MOH to deliver high-quality RMNCAH programs.
- Increase access to and demand for quality reproductive health and FP interventions.
- Improve access to and demand for quality gender-transformative MNH interventions, including integration of FP, malaria, nutrition, and WASH.
- Increase access to and demand for child health interventions, including integration of FP, immunization, malaria, nutrition, and WASH.

Malaria

- Strengthen provincial and district health systems to improve overall performance of malaria prevention and treatment efforts.
- Increase access to quality fever case management to align with national malaria treatment guidelines.
- Expand access and quality of MiP activities in targeted districts.

Key Accomplishment Highlights

- With support from MCSP for training and mentoring health workers and community nutrition activists, 72% of the children with acute malnutrition recovered.
- With support from MCSP for microplanning, training, and mentoring, 129,737 children ages < 12 months received their third dose of diphtheria-pertussis-tetanus vaccine (DPT3) in MCSP-supported areas.
- Both MCSP-supported provinces surpassed their targets for pregnant women who attended 4 or more ANC visits.

Figure 1. Children < 12 months who received DPT3/Penta3 vaccine

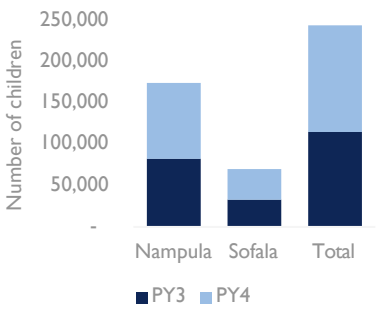
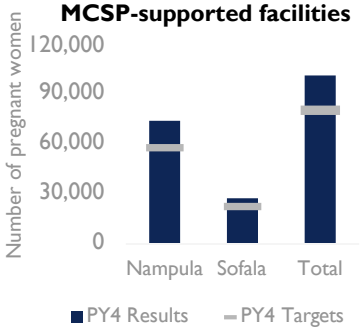


Figure 2. Number of pregnant women who attended 4+ ANC visits at MCSP-supported facilities



Mozambique Maternal and Child Survival and Malaria

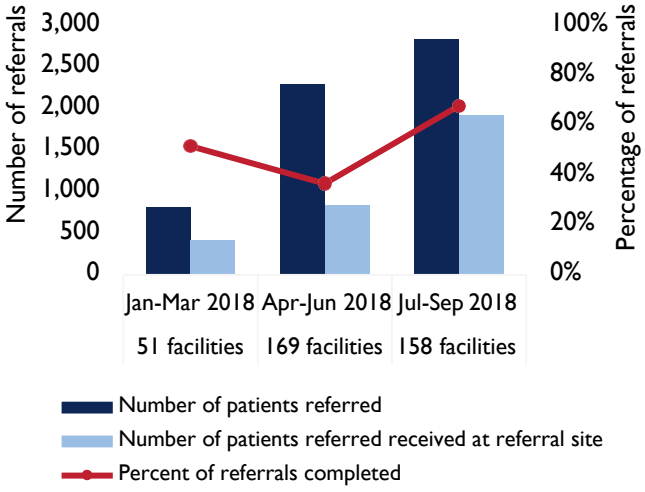
Key Accomplishments

In PY4, MCSP strengthened the household-to-hospital continuum of care by implementing an integrated health care and referral network in collaboration with the Nampula Provincial Health Directorate. MCSP helped the MOH institutionalize QI approaches for RMNCH, nutrition, and WASH, including improved measurement of quality indicators. MCSP led the integration of gender into RMNCH through advocacy and technical support for policy changes and strengthened service delivery approaches at community and facility levels, in Nampula and Sofala, to engage men in family health. MCSP completed malaria activities in Nampula, Sofala, and Zambezia Provinces; finished cervical cancer prevention (CECAP) activities; and closed out all integrated health activities in Sofala Province by year's end. As part of the closeout process, MCSP transitioned activities to the Zambezia and Sofala Provincial Health Directorates, district health directorates, and implementing partners, including the Integrated Malaria Program, the Integrated FP Program, and care and treatment partners of United States President's Emergency Plan for AIDS Relief.

Integrated Care and Referral Networks in Nampula

In Nampula Province, MCSP strengthened eight integrated health care and referral networks, comprising 214 health facilities, through an iterative learning cycle where networks identified and tested strategies to improve their efficiency and effectiveness, discussed results with each other, and made adjustments as needed. During PY4, 5,985 patients were referred from a peripheral health facility. Percentage of patients who followed through on their referrals improved from 52% in Q2 to 68% in Q4. Of the patients who arrived at their referred facility for services, 63% were counterreferred to the origin health facility in Q2, compared to 85% in Q4. MCSP mentored 380 community health committees to develop village community banks to generate funds for fuel and maintaining motorcycle ambulances. During PY4, 4,612 community members in MCSP-supported communities arrived at health facilities using the community emergency transportation system.

Figure 3. Patients referred by health facilities who completed the referral



Policy Changes to Address Gender Inequities

In the second National Gender Strategy for the Health Sector, 2018–2023, MCSP supported the MOH to create a time-bound action plan to ensure that women and men receive high-quality health services at all levels of care, with an emphasis on primary health care. MCSP worked with MOH to mobilize financial support to hire technical staff for the Gender Cabinet and launch the strategy. Key to this effort was strengthening the following: 1) capacity of the Cabinet to integrate gender into the Sector Annual Plan that guides annual priorities and activities and 2) developing terms of reference for the Cabinet, MOH Gender TWG, and Gender Focal Points at the central, provincial and district levels.

Availability of Routine Child Health Data through the National HIS

MCSP significantly helped finalize registers for routine child data collection, including well-child and sick-child registers, and integrate routine child health indicators into the DHIS2. In PY4, MCSP supported the use of registers at pilot health facilities in Nampula and Sofala. MCSP helped update training materials and participated in a planning and budgeting exercise with the MOH to nationally roll out the new registers. Also during this year, MCSP developed draft registers for pediatric inpatient care and KMC, which will facilitate

the data collection process and improvement of child health indicators within the National HIS. These new inpatient registers, which fill a critical gap in the system, were submitted to the MOH for approval and are expected to be rolled out in 2019.

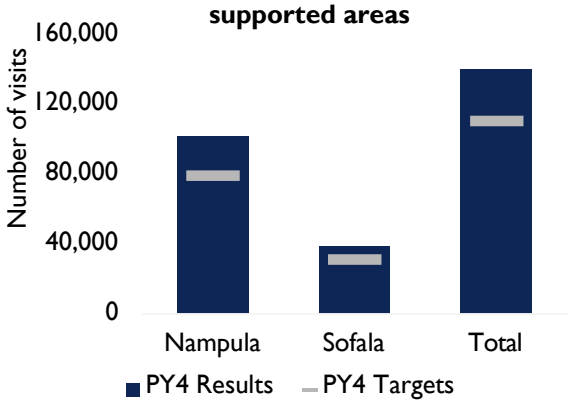
Immunization Microplanning Process Strengthening

RED/REC strategy improves immunization coverage and addresses related inequities by helping to identify and reach underserved populations. MCSP worked with the EPI to adapt the 2017 RED/REC guide, prepared by WHO's Regional Office for Africa, for use in Mozambique and, working with the MOH and UNICEF, supported implementation of the RED/REC strategy in seven districts with low immunization coverage. During PY4, MCSP supported 255 mobile brigades through improved microplanning and logistical support, contributing to 129,737 children, aged less than 12 months, receiving Penta3 in MCSP-supported areas. Dropout rate for Penta3 vaccine at the 14 health facilities implementing the REC strategy in Nampula and Sofala, before and after microplanning process training (eight and six health facilities, respectively), declined by 43% in Nampula and by 52% in Sofala.

Quality of Care for MNH Improvements

To address the major causes of death among pregnant women, MCSP assisted 86 health facilities to scale up high-impact interventions through on-the-job training and mentoring. By September 2018, 91% of health facilities improved their performance on MNH standards by at least 50%, compared to baseline. Performance on quality standards correlated with improved performance on key quality indicators. Over 137,000 women gave birth with an SBA at program-supported facilities between October 2017 and September 2018. The percentage of deliveries with a partograph completely filled improved from 78% in Q4 of PY3 to 83% in Q4 of PY4. MCSP-supported facilities continued to increase the percentage of mothers and newborns who received a postnatal care visit within 2 days of birth, from 79% in Q4 of PY3 to 84% in Q4 of PY4.

Figure 4. Postpartum/postnatal care visits within 2 days of birth in MCSP-supported areas



Service QIs through Co-management and Humanization Committees

MCSP strengthened 82 Co-management and Humanization Committees to investigate, plan, and act together to improve the quality of services at health facilities, facility-to-community linkages, provider-client relations, and referral networks. Using the community scorecard approach, Co-management and Humanization Committees developed 49 action plans and began to address gaps in care including poor patient-client dialog, long wait times, lack of privacy, nonfamily-friendly maternities, poor sanitation at health facilities, and drug shortages. Improvements included tighter controls on the delivery and receipt of medications to reduce the quantity of medications sold outside the health system, promote greater acceptance of referrals to health facilities made by CHWs to reduce home births, and promote acceptance of male attendance at ANC consultations to increase adherence to ANC guidance.

Scale-Up of Coverage of Nutrition Interventions to Reach Nearly 2.7 Million Children under 5

MCSP supported the MOH to conduct nutrition education sessions, vitamin A supplementation, and cooking demonstrations to improve maternal, infant, and young child nutrition practices at facility and community levels in Nampula and Sofala. This nutrition effort reached 2,695,876 children aged 0–59 months over the course of the year. To ensure adequate treatment of acute malnutrition at the community level and to prevent relapse, MCSP helped strengthen referral and counterreferral systems that enabled community volunteers to conduct household visits and hold support group sessions for caregivers of children with moderate or severe acute malnutrition. This effort strengthened continuum of care and enabled community health activists to find malnourished children whose treatment had lapsed and ensure their return to treatment. As a result of these coordinated activities, the percentage of children who recuperated from acute malnutrition increased from 59% in PY3 to 72% in PY4.

Figure 5. Children under 5 years reached by MCSP-supported nutrition programs

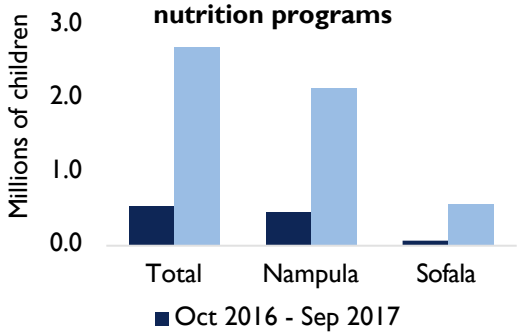
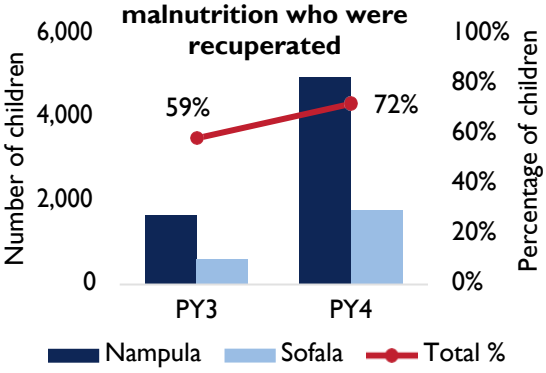


Figure 6. Children 0–59 months with moderate or severe acute malnutrition who were recuperated



Capacity-Building in Malaria Case Management and Closed Out Activities in Zambezia

MCSP supported the MOH to revise the national malaria case management training package and trained 33 trainers in Zambezia and 31 trainers in Nampula. MCSP supported these trainers to conduct district-level training in case management for 3,602 health care providers (2,372 in Zambezia and 1,230 in Nampula). MCSP closed out all activities in Zambezia Province at the end of PY4 and conducted a meeting with its Provincial Health Directorate to share program results and lessons learned. MCSP also met with the Integrated Malaria Program to share project documentation, including tools and results on the QI approach that was successfully implemented in the province.

Way Forward

As MCSP enters its final 6 months in Mozambique, it will administer an endline household knowledge, practices, and coverage survey to assess changes in key RMNCH indicator data from baseline (November 2016). MCSP will conduct an equity analysis of baseline and endline knowledge, practices, and coverage data to determine improvements among those in the poorest quintiles, compared to the more well-off quintiles. MCSP will also conduct a gender analysis using baseline and endline knowledge, practices, and coverage, and qualitative data to determine improvements in women's participation in decision-making and selected desired health behaviors related to maternal health, nutrition, and FP.

During the closeout period, MCSP will advocate with provincial and district health directorates and implementing partners to dedicate resources to sustain MCSP legacies through budgetary commitments for key interventions. These include standardized capacity-building approaches for frontline health care workers through on-the-job training and mentoring, QI processes, support for improved data quality and use, supervision of CHWs, and joint facility-community meetings. MCSP will finalize program documentation and disseminate learning through a provincial referral networks meeting in Nampula, TWG meetings at national and provincial levels, closeout events in Nampula and Maputo, Community for Improved Health Outcomes database, and an MCSP legacy webpage dedicated to key publications.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Percentage of target communities that have a functional community health center	100% (target: 80%, >100% achieved)
Couple-years of protection	588,653 (target: 272,070, >100% achieved)
Percentage of women delivering in MCSP-supported health facilities who accept a method of FP before discharge	24% (no target defined)
Number and Percentage of pregnant women who attended 4 or more ANC visits at MCSP-supported health facility	101,083 (53%) (target: 80,106, >100% achieved)[1]
Percentage of pregnant women who received 90 iron folic-acid supplements	64% (target: 43%, >100% achieved)
Percentage of women with PE/E treated with magnesium sulfate per protocol	72% (target: 80%, 90% achieved)[2]
Percentage of deliveries with partograph completely filled as per protocol	82% (target: 85%, 96% achieved)
Percentage of women receiving a uterotonic in the third stage of labor	99.7% (target: 98%, >100% achieved)
Percentage of newborns not breathing/crying at birth who were successfully resuscitated in MCSP-supported areas	80% (target: 90%, 89% achieved)
Percentage of postpartum/postnatal care visits within 2 days of birth in MCSP-supported areas	83% (target: 81%, >100% achieved)
Number of children under 5 reached by US government-supported nutrition programs	2,695,876 (target: 367,126, >100% achieved)
Percentage of children 0–59 months with moderate acute or severe acute malnutrition who were recuperated	72% (63%, >100% achieved)
Number of children under 12 months old who received DPT3/Penta3 vaccine in MCSP-supported areas	129,737 (96,669, >100% achieved)
Dropout rates from DPT1 to 3	8% (≤ 8%, target achieved)

[1] Although MCSP surpassed the target number of women attending at least 4 ANC visits, the target percentage was not achieved, despite showing substantial progress from PY3 Q4 (42%) to PY4 Q4 (56%).
[2] There was an increase in the PE/E treatment results between Q1 (77%) and Q3 (80%), but there was a dip in Q4 (60%), which was attributed to discrepancies between the facility registers and monthly summaries.