Associate Award Brief—Mozambique

Selected Health and Demographic Data for Mozambique	
GDP per capita (USD)	565
Total population	22.9 million
Maternal mortality rate (deaths /100,000 live births)	408
Skilled birth attendant coverage	54.3
Antenatal care, 4+ visits	53.1
Neonatal mortality rate (deaths/1,000 live births)	30
Infant mortality rate (deaths/1,000 live births)	64
Under-five mortality (deaths/1,000 live births)	97
Treatment for acute respiratory infection	50.2
Oral rehydration therapy for treatment of diarrhea	61.5
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	76.2
Modern contraceptive prevalence rate	12.1
Total fertility rate	5.9
Total health expenditure per capita (USD)	37

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

Major Activities

- **Model Maternities Initiative** (MMI)/integrated maternal, newborn, and child health (MNCH) package:
  - Antenatal care, **malaria in pregnancy**, **prevention of mother-to-child transmission of HIV**
  - Essential obstetric and newborn care and **basic emergency obstetric and newborn care** skills
  - Helping Babies Breathe and Kangaroo Mother Care
  - Postnatal care/**postpartum family planning**
  - Humanization of care
- **Integrated family planning**
- **Cervical and breast cancer prevention**
- **Quality improvement**
- Community mobilization in support of MMI and the Cervical Cancer Prevention Program (**CECAP**)
- Integration of services
- Health Management Information System

Program Dates	April 12, 2011–March 13, 2015					
Mission Funding to Date	Redacted [redacted]					
Geographic Coverage	No. (%) of provinces	11 (100%) National	No. of districts	66	No. of facilities	128
MCHIP In-Country Contacts	Eric Ramirez-Ferrero, Chief of Party: Eric.Ramirez-Ferrero@jhpiego.org; Maria da Luz Vaz, Technical Director: Maria.Vaz@jhpiego.org; Kathryn Boryc Smock, Senior Program Manager: Kathryn.Smock@jhpiego.org; Débora Bossemeyer, Country Director: Debora.Bossemeyer@jhpiego.org.					
MCHIP Partners	Jhpiego (prime): MNH, FP, CECAP Save the Children: Newborn Health, Community Mobilization					

Acronyms and Abbreviations

AA	Associate Award
CECAP	Cervical Cancer Prevention Program
FY	Fiscal Year
FP	Family Planning
FP/RH	Family Planning and Reproductive Health
ISCISA	Higher Health Science Institute
M&E	Monitoring and Evaluation
MMI	Model Maternities Initiative
MNCH	Maternal, Newborn, and Child Health
MOH	Ministry of Health
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPH	Postpartum Hemorrhage
QHC	Quality and Humanization of Care
RH	Reproductive Health
SBM-R®	Standards-Based Management and Recognition
TOT	Training of Trainers

Background

With one in 37 women at a lifetime risk of maternal death, and with 42 newborn deaths per 1,000 live births, Mozambique faces serious challenges in meeting Millennium Development Goals 4 and 5 (Save the Children 2011). Drivers of the persistence of maternal and neonatal mortality in Mozambique include poor availability of essential services and low quality of care. A 2011 quality of care survey conducted by MCHIP and the Mozambican Ministry of Health (MOH) revealed that addressing health worker shortages; increasing competencies through on-the-job training and low-dose, high-frequency supportive supervision; and ensuring simple material and infrastructural improvements were necessary to improve the quality of care.

The goal of the MCHIP Associate Award (AA), which began in Mozambique in April 2011 and will continue through March 2015, is to reduce maternal, newborn, and child mortality through the scale-up of high-impact interventions and increased use of maternal, newborn and child health (MNCH), family planning and reproductive health (FP/RH), and HIV services. Building on the first phase of MCHIP support in Mozambique (2009–2010), the Associate Award supports scale-up of MNCH interventions by consolidating services in existing Model Maternities and expanding the Model Maternities Initiative (MMI) to new sites.

The MCHIP Associate Award focuses on building a supportive national policy environment while assisting the MOH to scale up MMI, which includes malaria in pregnancy and the prevention of mother-to-child transmission of HIV (PMTCT), and the Cervical and Breast Cancer Prevention/Control Program (CECAP). MCHIP also supports the provision of family planning (FP) services through the MMI and CECAP initiatives.

Activities

MCHIP AA support will focus on several key areas: expanding MMI and CECAP, increasing training, and supporting health systems strengthening.

In accordance with national expansion plans for the MMI and CECAP programs, MCHIP will support the MOH to expand the MMI to a total of 124 health facilities, covering more than half of institutional births nationwide, and to expand the CECAP program to a total of 106 health facilities by the end of the project. MCHIP will support all of these facilities through training in technical areas and quality improvement methods, as well as through assisting the Provincial Health Directorates in their supportive supervision. Of these health facilities, 34 MMI sites and 33 CECAP sites were chosen in consultation with the MOH National Directorate of Public Health for intensive support (i.e., supervision linked to Standards-Based Management and Recognition [SBM-R®] standards, data collection, infrastructure improvement, and community activities) over the life of the project. MCHIP's goal is to help the MOH certify 22 of these as Model Maternities by the end of the project. Model Maternity sites are those that reach a sustained pattern of 80% achievement of all quality standards; those reaching this goal will be recognized for this achievement through an MOH-defined process for accreditation.

As part of MMI, MCHIP is focusing on increasing uptake of postpartum FP in MMI facilities and strengthening the integration of CECAP into reproductive health (RH) services. MCHIP gives special attention to the introduction of long-acting reversible contraceptives, namely postpartum IUDs and implants. The Lactational Amenorrhea Method is also strengthened in the MMI health facilities, as is the range of MOH-approved FP methods at integrated RH sites.

MCHIP is also supporting the MOH in its rollout of Integrated Training and Service Packages—modular, integrated training materials for MNCH and FP/RH that address the continuum of care throughout the life cycle, as well as the different levels of health care and provider cadres.

Finally, MCHIP provides technical assistance in strengthening the health system more generally at the national, provincial, facility, and community levels. MCHIP supports policy and strategy development; health information system strengthening, including updating and rolling out national registers; human resource development through training, especially with the new Integrated Training and Services Packages; and strengthening of the quality improvement process based on the SBM-R approach. MCHIP also contributes to the harmonization and coordination of efforts through strengthening partnerships and technical leadership of the US Government and other implementing partners for MNCH and FP/RH.

Results

Improved enabling environment

- **High-Level Planning:** MCHIP provided technical assistance to the MOH, in collaboration with Mozambican Association of Obstetricians and Gynecologists (AMOG) and the Maternal and Neonatal Health working group, to develop a national strategy for the prevention and management of postpartum hemorrhage (PPH), as well as a rollout plan, which will serve as the basis for implementation of misoprostol initiatives. The strategy includes a costed operational plan and was submitted to the MOH for approval at the end of fiscal year (FY) 2013.
- **Strengthening Information Systems:** MMI and CECAP indicators are now included in the National Health Information System, which has been used since January 2012. In addition, the following new indicators are also included:

- Number of women who received IUD insertion in the immediate postpartum period (new indicator in register books and monthly summary forms)
- Number of Depo-Provera doses dispensed to clients (now included in monthly summary form)
- Number of women who had a postpartum visit within first 48 hours after delivery
- Prenatal and postpartum care monthly summaries are now done by cohort to avoid double-counting of women in PMTCT and other interventions
- Number of women who received misoprostol in prenatal care (for prevention of PPH in births that take place in the community)
- Number of newborns successfully resuscitated

- **Learning:** MCHIP completed the study "Health Facility Survey for Quality and Humanization of Care (QHC) in Mozambique's Model Maternity Facilities." Findings were used by the MOH and MCHIP to highlight successes (e.g., almost universal use of oxytocin) and prioritize urgent needs for improvement (e.g., use of the partograph, readiness for emergencies such as neonatal resuscitation). This study included a component to validate self-reports on care received by women giving birth in public health facilities in Mozambique. In FY12, MCHIP implemented this component of the study. In May 2013, the results of this study were published in a peer-reviewed paper in PLOS ONE entitled "Measuring Coverage in MNCH: Testing the Validity of Women's Self-Report of Key Maternal and Newborn Health Interventions during the Peripartum Period in Mozambique."
- **Creating Champions:** MCHIP provided technical and financial support to the MOH and the First Lady of the Republic of Mozambique's Cabinet to host the 7th Stop Cervical Cancer in Africa International Conference in July 2013. Nearly 2,000 participants attended the conference, including the President of the Republic of Mozambique, the First Lady of Mozambique, the Minister of Health of Mozambique, 10 African First Ladies, representatives of other First Ladies and Ministers of Health, parliamentarians, donor and UN representatives, health workers, and civil society representatives. During the conference, the President, the First Lady and the Minister of Health of Mozambique reaffirmed their commitment to support cervical cancer prevention in Mozambique and in Africa in general. The First Lady of Mozambique was named as the New Chairperson of the Forum of African First Ladies Against Breast and Cervical Cancer and Co–Convener of the World Forum of First Ladies and Women Leaders.

Scale-up of the Model Maternities Initiative and Integrated Cervical Cancer Prevention and FP/RH services

- Between April 2011 and September 2013, the MMI expanded from 34 to 102 health facilities, with MCHIP providing direct support in the form of training (771 health care workers trained in MNCH and 358 national trainers), supportive supervision and technical assistance, and materials and supplies to facilities. Since the beginning of the project, 376,035 deliveries have been assisted by a skilled birth attendant at USAID/MCHIP-supported Model Maternities.
- As part of its participation in the scale-up of MMI, MCHIP supported various trainings and supervisions, including the following:
  - District-level malaria case management courses in FY12 and FY13, resulting in training a total of 1,306 health care workers.
  - Regional meetings to introduce the Mozambique National Plan for Elimination of PMTCT (2012–2015), discuss the rollout of Option B+, and provide technical assistance

to revise the provincial plans, targets, and indicators in order to align them with the national plan. As a result of these meetings, all provinces have a road map to work toward the nation's goals of eliminating vertical transmission and saving the lives of mothers and children.

- Supportive supervision to 95 MMI facilities in FY13.
- Training of Trainers (TOT) in Helping Babies Breathe. Forty trainers were trained from all 11 provinces, including maternal and newborn health nurses and pediatricians from the provincial health services, provincial training institutions, the Higher Health Science Institute (ISCISA), and the Health Sciences Institute.

- Two hundred sixteen Health Committees have been created or revitalized and, through implementation of the Community Action Cycle, have developed action plans that include steps to improve MNCH indicators in their communities, such as addressing emergency transport, the creation of support groups for pregnant women and new mothers; and home-based visits for the identification of pregnant women, newborns, and postpartum women demonstrating danger signs/signs of complications, and promoting birth-preparedness planning.
- The number of health facilities offering integrated RH services, which includes CECAP Program activities, has increased from 17 in 2011 to 95 in September 2013; 72,818 women have been screened for cervical cancer lesions since the beginning of the project. MCHIP's support has included training (483 health care workers trained in integrated CECAP and RH/FP) and supportive supervision to Provincial Health Directorates and health facilities.

Integrated In-Service Training

- Finalization of the Integrated In-Service Training Packages in MNCH/FP/RH, and the first National TOT in the methodology for utilization, testing, and validation of the Integrated In-Service Training Packages was conducted with 49 health professionals from all provinces. These activities included representatives from the provincial health directorates, training institutes, health facilities, MOH central level, USAID, WHO, and MCHIP; and 31 members of partner organizations.
- MCHIP continued its support of strengthening pre-service education in MNCH/FP/RH; in partnership with higher education institutions, MCHIP provided support to ISCISA, Unilurio, UniZambeze, and Catolica to adopt performance standards to monitor the quality of education.1

Assist in the development, implementation, and management of FP/RH services for selected health facilities

- MCHIP provided technical support to the MOH to revise and update the National Family Planning Norms and Guidelines, the final draft of which was sent to the Minister of Health for approval. MCHIP has also supported the drafting and finalization of the National Supervision Guidelines for Family Planning Services, which includes sections related to contraceptive logistics management at facility, district, and provincial levels.
- MCHIP has regularly provided intensive technical support to the national-level Reproductive Health Commodity Security Task Force on the following: 1) quarterly revision

[1] In FY13, MCHIP supported a TOT for 18 ISCISA faculty in the area of MNCH and provided technical assistance to ISCISA to conduct a revision of the Maternal Health and Hospital Administration curricula. The first phase of revision was completed during this quarter, and the second phase of revision was scheduled to be completed by December 2013. MCHIP also provided support to higher education institutions (ISCISA, Unilurio, UniZambeze, Catolica) to adopt performance standards to monitor the quality of education in MNCH.

of provincial contraceptives requests; 2) quarterly provincial needs forecast and distribution plans (adjusting the requests made by provinces); and 3) national and provincial needs forecasting and distribution plans for syphilis tests.

- In July 2013, MCHIP was elected as co-chair of the FP Technical Working Group. Since then, MCHIP has been providing technical guidance to the group on the development of other important documents and guidelines, such as the Terms of Reference for a consultancy to develop a FP Communication and Advocacy Strategy, National Guidelines for Community Distribution of Contraceptives, and the FP Acceleration Plan.
- In FY12, MCHIP supported the MOH to conduct a national-level postpartum IUD TOT course with 13 MOH participants (and three participants from MCHIP), as well as three regional trainings in implants for 69 health professionals. In FY13, MCHIP supported the MOH to conduct three regional postpartum IUD trainings in collaboration with Pathfinder International, resulting in the training of a total of 57 health professionals.

Pilot neonatal circumcision

- In the draft National Male Circumcision Strategy developed in 2012, the MOH stated that neonatal male circumcision is not a priority for the next five years. MCHIP continued to work with the MOH on advocacy and to further explore the design of a pilot.

Leadership in quality improvement

- In November 2012, MCHIP supported the MOH to hold the National Quality and Humanization of Care (QHC) Meeting, presided over by the Minister of Health. Approximately 250 participants attended the meeting, including members of QHC Committees from the health facility, district, provincial, and national levels. The meeting demonstrated active participation by all attendees, including religious leaders, community leaders, traditional medicine practitioners, representatives from the League of Human Rights, health workers, and partners. During the meeting, participants shared and exchanged progress, experiences, innovations, and major challenges in the area of quality and humanization of care.
- MCHIP has supported the MOH to develop/update and finalize performance standards in the areas of MMI (including malaria, PMTCT, TB in pregnancy, and newborn care), CECAP, and FP. Alongside the MOH and Pathfinder, MCHIP supported the testing of the CECAP and FP standards and is currently working to incorporate the findings and recommendations from this testing exercise into the performance standards. In addition, MCHIP supported the development of draft performance standards for integrated management of childhood illness, nutrition, TB, and malaria and submitted them to the MOH for review and revision.

Next Steps

Looking ahead, MCHIP will focus on the following:

- Strengthening the role of quality improvement teams within health facilities and promoting benchmarking visits.
- Strengthening health managers' skills to articulate/coordinate, supervise, monitor, and evaluate health initiatives for health and quality improvement.

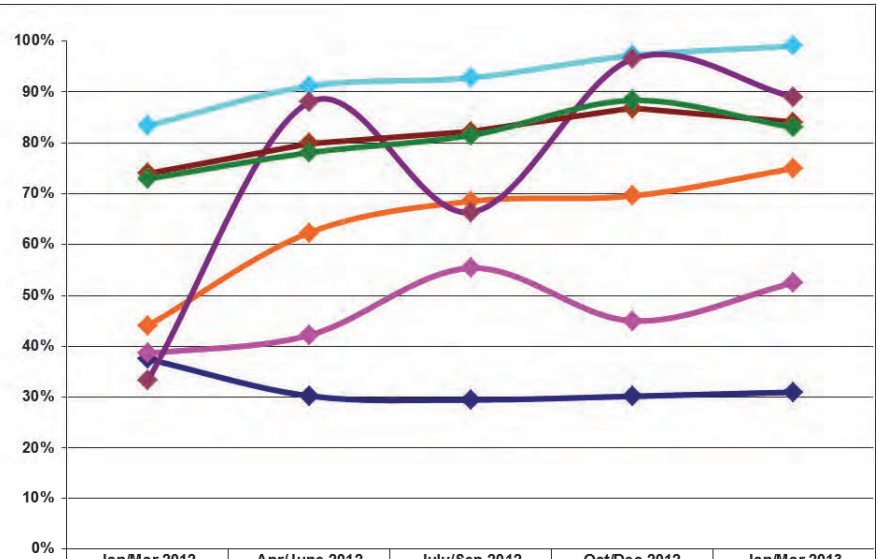
- Promoting harmonization and implementation of recognition and reward mechanisms at all levels.
- Strengthening MOH capacity to document and share lessons learned from interventions.

MCHIP Mozambique: Challenges and the Way Forward

CHALLENGE	WAY FORWARD
Shortage/retention of qualified staff at health facilities Frequent rotation of trained personnel	MCHIP is supporting the MOH to mitigate the negative effects of turnover by ensuring that maternity staff are trained on the job through the Modular In-Service Training Packages. Similarly, MCHIP is also training MNCH nurses on the job to increase the number of trained personnel providing FP/CECAP services. MCHIP is working with the Elizabeth Glaser Pediatric Aids Foundation to pilot a Performance-Based Incentives Program for Model Maternities Facilities.
Weak health information system and monitoring and evaluation (M&E)	MCHIP is helping the MOH to address the weakness of the health information system, providing: ▪ Technical support to revise all MNCH registers books and monthly summary forms, as well as on-site technical assistance at the provincial level to improve data collection and reporting ▪ Financial and technical support to supervisors located at Provincial Health Directorates who will also assist facilities in data collection and the quarterly measurement of quality standards
Poor logistics management system *(with shortage of several commodities and consumables)*	MCHIP, with other partners, is supporting the MOH, providing: ▪ Technical assistance on forecasting and distribution of sexual and reproductive health commodities (such as syphilis tests, oxytocin, magnesium sulfate, family planning methods) ▪ A kit of material, equipment, and consumables for Model Maternities ▪ CECAP equipment and consumables
Inconsistent use of data to improve quality	MCHIP, with other partners, is assisting the MOH to: ▪ Institute a graded incentive scheme for attainment of standards ▪ Give technical and financial assistance to establish facility-community co-management committees to motivate improvement ▪ Establish district, provincial, and national quality and humanization committees to review data and monitor improvement plans ▪ Improve the central MOH M&E Unit and establish a national quality standards database
Inadequate and poor maintenance of infrastructure *(Significant infrastructure improvements are needed at health facilities to bring them to "Model Maternity" status)*	MCHIP is supporting the MOH by: ▪ Re-engineering space and doing small-scale infrastructure improvements in selected Model Maternities ▪ Undertaking advocacy efforts with USAID for additional funds
Minimal participation of communities in demand for services	MCHIP has added a community component to selected MMI sites, in order to improve community-facility linkages and demand for services.

Figures – Key Results

Trends of MMI Selected Indicators: January 2012–September 2013



	Jan/Mar 2012	Apr/June 2012	July/Sep 2012	Oct/Dec 2012	Jan/Mar 2013
% of Deliveries in Vertical or semi-vertical positions	38%	30%	29%	30%	31%
% of Deliveries with companion	39%	42%	55%	45%	53%
% of Deliveries with a partogram completed filled in	44%	62%	69%	70%	75%
% of deliveries with the active management of the third stage of labour	83%	91%	93%	97%	99%
% of Pre-Eclampsia & Eclampsia treated with Magnesium Sulfate	33%	88%	66%	96%	89%
% of new-born with immediate skin-to-skin contact with the mother	74%	80%	82%	87%	84%
% of new-born breastfeed within the first hour	73%	78%	81%	88%	83%

PMTCT

PMTCT Selected Indicators, FY13

PMTCT (DATA FROM 95 MATERNITIES)					
Data/Indicator	October–December 2012	January–March 2013	April–June 2013	July–September 2013	October 2012–September 2013
No. of pregnant women with unknown HIV status at maternity entrance	13,539	14,283	17,600	16,175	61,597
No. of pregnant women with known HIV+ status at maternity entrance	6,231	7,139	8,541	7,718	29,629
Total no. of pregnant women tested for HIV at the maternity entrance	16,462	17,379	18,321	18,178	70,340
No. of HIV+ women identified in the maternity	568	556	567	472	2,163
Percentage of women tested HIV + in the maternity	3.0	3.0	3.1	2.6	3.1
No. of pregnant women HIV+ who started antiretroviral (ARV) prophylaxis in antenatal care	5,194	6,262	6,838	6,071	24,365
Percentage of HIV+ pregnant women who received ARV in ANC	83.0%	88.0%	80.1%	78.7%	82.2%
No. of pregnant women who received monoprophylaxis in the maternity	288	501	433	120	1342
No. of pregnant women who received biprophylaxis in the maternity	497	229	336	192	1,254
No. of pregnant women who received triprophylaxis in the maternity	4,153	5,097	4,889	3,251	17,390
No. of pregnant women in triple antiretroviral therapy	1,958	2,248	3,058	4,469	11,733
Total no. of pregnant women who received ARV at delivery	6,896	8,075	8,716	8,032	31,719
Percentage of pregnant women HIV + who received ARV at delivery	97.0	105	96.0	98.1	99.8

CECAP

CECAP Results Attained from 97 CECAP Health Facilities, FY13

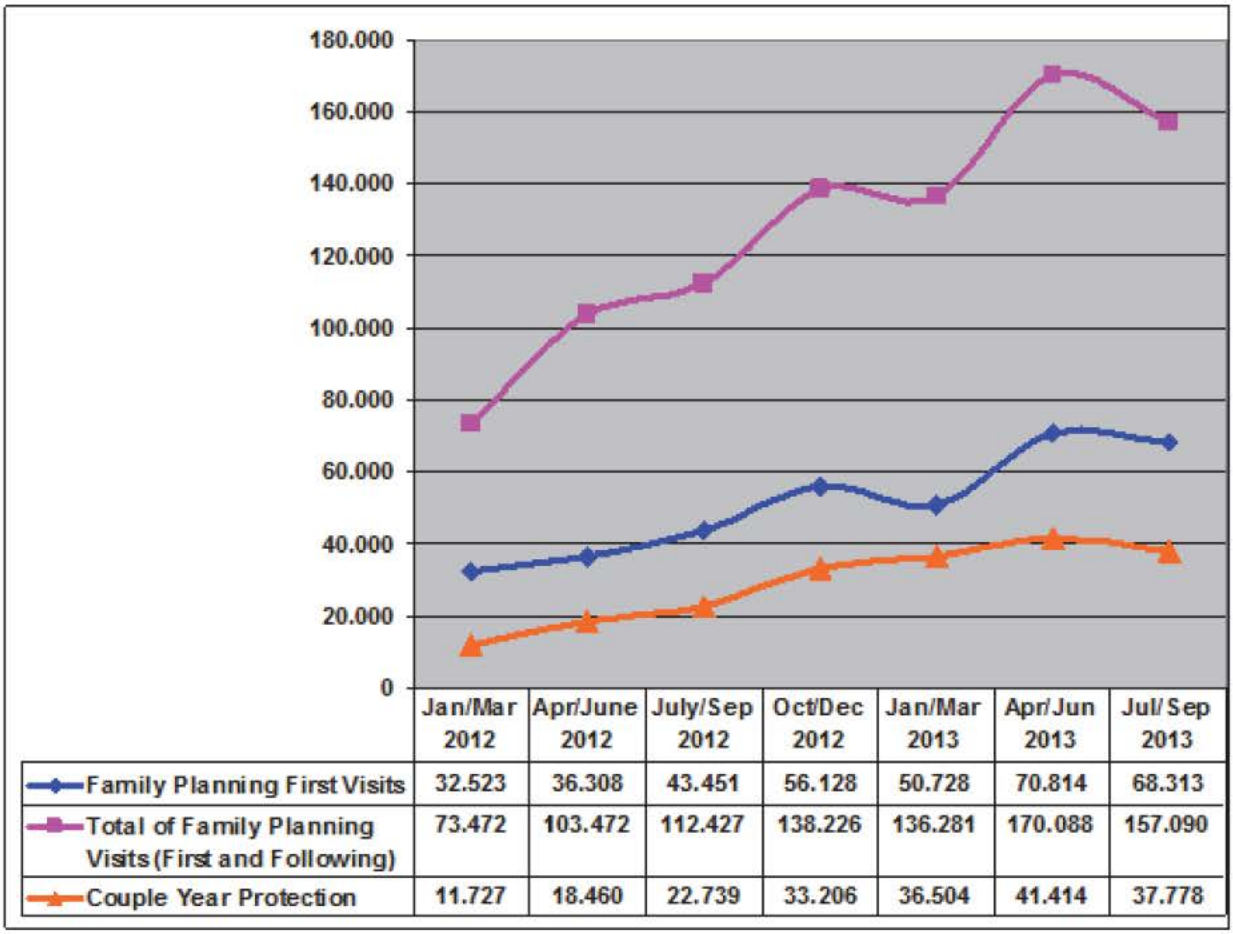
INDICATOR	OCTOBER–DECEMBER 2012	JANUARY–MARCH 2013	APRIL–JUNE 2013	*JULY–SEPTEMBER 2013	TOTALS FOR APRIL 2013 REPORTING PERIOD
General information on integrated CECAP/Family Planning services					
No. of women attending integrated cervical cancer/FP services (first and repeat visits)	125,097	108,282	133,207	**106,725**	473,311
No. of women attending integrated cervical cancer/FP services (first visits only aged >= 25 years)	23,333	21,319	25,723	22,118	92,493
Total no. of women with unknown HIV status	24,216	26,129	33,873	34,966	119,184
No. of women counseled and tested for HIV	17,368	17,842	22,683	20,881	78,774
No. of women who tested HIV+	869	1,043	1,512	1,257	4,681
Percentage of women who tested HIV+	5.0	5.8	6.7	6.0	5.9
Indicators for screening services using visual inspection with acetic acid (VIA)					
No. of women screened for cervical cancer with VIA	11,095	12,916	13,572	12,807	50,390
No. of women screened who were VIA+	655	654	1,017	1,004	3,330
Percentage of women screened who were VIA+	5.9	5.1	7.5	7.8	6.6
No. of VIA+ women who were HIV+	36	86	104	143	369
Percentage of VIA+ women who were HIV+	5.4	13.1	10.2	14.2	11.1
Indicators for treatment of precancerous lesions with cryotherapy					
Percentage of cryotherapy treatment performed in the same day of the screening	51.0	45.0	61.9	68.2	62.8
Percentage of VIA+ women treated with cryotherapy after the day of the screening	32.0	8.3	8.0	9.7	7.9

INDICATOR	OCTOBER–DECEMBER 2012	JANUARY–MARCH 2013	APRIL–JUNE 2013	*JULY–SEPTEMBER 2013	TOTALS FOR APRIL 2013 REPORTING PERIOD
Percentage of women referred for lesions > 75% or cervical cancer suspicion	17.0	29.0	19.0	20.7	16.5

*Data completeness for Q4 = 77.3% (75 health facilities)

FAMILY PLANNING

Evolution of Selected FP Indicators, January 2012–September 2013



	Jan/Mar 2012	Apr/June 2012	July/Sep 2012	Oct/Dec 2012	Jan/Mar 2013	Apr/Jun 2013	Jul/Sep 2013
Family Planning First Visits	32.523	36.308	43.451	56.128	50.728	70.814	68.313
Total of Family Planning Visits (First and Following)	73.472	103.472	112.427	138.226	136.281	170.088	157.090
Couple Year Protection	11.727	18.460	22.739	33.206	36.504	41.414	37.778