

Health Sector (SO8) Overview

**Briefing Book
November, 2006**

Mozambique's Health Situation at a Glance

Despite having one of the world's highest economic growth rates, nearly 70% of Mozambique's population lives in extreme poverty, and the access to health and education services is limited. The illiteracy rate, 60%, is high, especially among females (male 39.4%; female 71.3%).

Much of the health infrastructure was destroyed during the long civil war and less than 50% of the population currently lives within 5 km of fixed health services. The country also has a severe shortage of trained professionals, particularly in the health sector. The majority of health sector expenditures are financed by external sources, with USAID currently providing the largest share of funds for the sector.

The national HIV prevalence rate is 13.6 % (2002), placing Mozambique in the ten most affected countries. In children under 5 years, the major causes of morbidity and mortality are malaria, diarrheal disease, acute respiratory diseases and malnutrition. The next greatest killers of children are measles (due to degradation in immunization services) and AIDS. In adults, although malaria is still an important cause of morbidity, the major causes of mortality are tuberculosis and AIDS. The total fertility rate of 5.5 births per woman (DHS 2003) is not as high as some African countries and has been gradually decreasing in the past 15 years. Prenatal and safe delivery services are poor and maternal mortality is a crisis, estimated at 408 maternal deaths per 100,000 live births (DHS 2003).

Progress in establishing a rural primary health care network and management system is limited by various factors, including high rates of infectious disease and malnutrition; growing prevalence of HIV/AIDS; inadequate access to potable water; limited numbers of trained health personnel; and decreasing funds for basic health care delivery annually. USAID's child survival and disease assistance is increasing immunization coverage and preventing and treating major vaccine preventable-diseases. Overall, the health status of the Mozambican population is lower than average for African countries and far below international standards.

Mozambique

Health Statistics

Population:	18,972,396 million (INE 1999)
Annual population growth rate:	2.4% (INE 1999)
Population density:	22/km ² (INE 2000)
Percentage of population Urban:	40.2% (World Bank 2000 est.)
Life expectancy [men/women]:	45.3[43.4/47.2] (INE 2002)
Adult Illiteracy [men/women]:	56.7% [40.3%/71.2%] (INE 2001)
Infant Mortality Rate:	101 deaths/1000 live births (DHS 2003)
Under-five mortality rate:	153 deaths/1000 live births (DHS 2003)
Maternal Mortality Ratio:	408 deaths/100000 live births (DHS 2003)
Total Fertility Rate [urban/rural]:	5.5[6.1/4.4] (DHS 2003)
Fertility Preferences (women):	
Want to delay next child by at least 24 months:	31% (DHS 2003)
Do not want another child	24% (DHS 2003)
Ideal number of children (all women):	5.3 (DHS2003)
Births after at least one pre-natal consultation:	76% (QUIBB 2001)
Births at home:	51% (DHS 2003)
Births at health facility:	48% (DHS 2003)
Family Planning	
Currently using a modern method (all women)	12% (DHS 2003)
<i>Unmet need for family planning</i>	<i>18% (DHS 2003)</i>
Reproductive Health:	
Mean age of first sexual experience male/female:	17.8/16.1 (DHS 2003)
Men/Women who had sex before age 15:	29%/20% (INJAD 2001)
Men/Women used condoms in last sexual contact	12%/6% (DHS 2003)
Men/Women Knowledge of AIDS	98%/96% (DHS 2003)
Last birth was unintended (unmarried females):	63% (INJAD 2001)
Know where to get HIV test men/women:	38%/22% (INJAD 2001)
Maternal Health:	
Antenatal care from a health professional	85% (DHS 2003)
TT 2 vaccination	57.2% (DHS 2003)
Children 12-23 months who received immunizations:	
Polio (three doses)	70% (DHS 2003)
Measles	77% (DHS 2003)
All vaccines	63% (DHS 2003)
Breastfeeding and nutrition	
Stunting in children 6 – 59 months old	41% (DHS 2003)
Underweight in Children 6-59 months old	24% (DHS 2003)
Children exclusively breast feed	13.7% (DHS 2003)
Percentage of children who were breastfed:	94.8% (DHS 1997)
Mean duration of breastfeeding:	22.4 months (DHS 1997)
Vit A Supplementation in children 6-59 months	50% (DHS 2003)
Vit. A Supplementation in post partum women	21% (DHS 2003)
Percentage of children under three years who:	
Had diarrhea in two weeks before the survey:	14.1% (DHS 2003)
Had cough with short rapid breathing in two weeks before the survey:	8% (DHS 2003)
Had fever in two weeks before the survey:	27% (DHS 2003)

BUCEN	U.S. Bureau of Census
DHS	Demographic and Health Survey
INE	Instituto Nacional de Estatística (GRM)
INJAD	Inquérito de Saúde Reprodutiva e Sexualidade do Adolescente e Jovem
QUIBB	Questionário de Indicadores Básicos de Bem-Estar

Strategic Objective No. 8: Integrated Health Services

The purpose of the project is to improve the health of Mozambican families so that they become stronger, more productive, less vulnerable to disease, and more effective participants in community health and development. SO8 has a combination of national and community-level interventions designed to strengthen the policy and management environment, increase access to proven and effective child survival and reproductive health (CS/RH) services, and increase community-level demand for these services by strengthening community participation in managing or influencing the quality of health care services. Through this project, SO 8 will strengthen the capacities of the Ministry of Health (MOH), PVO/NGO partners, as well as target communities to increase (i) utilization of, (ii) access to, (iii) demand for, and (iv) management of, child survival and reproductive health services at the central, district and community level.

A key premise of this activity is that *quality* of health services is an integral element of access, and services must meet a minimum quality standard before they are deemed to be available. Clients must understand, value, and seek out those services. By guaranteeing that these fundamental conditions are met, the program will stimulate communities to seek out and successfully use health services and health information, and subsequently achieve improved health status.

In addition to this service delivery component which focuses on demand and access, a management component strengthens the ability of the MOH to manage its large and comprehensive programs, establish new and improved CS/RH health and Malaria policies, and help ensure overall transparency and accountability. The activity includes a combination of interventions both at the central level and within the four province geographical focus area. The interventions is being implemented through an integrated program that will strengthen the policy and management environment, increase access to proven and effective primary health services, and increase community demand for and participation in managing and influencing the availability and quality of health care services. Improvements in these areas will lead to healthier, stronger families that are more productive, less vulnerable to disease, and will contribute more effectively to increased economic productivity. The SO and its three IRs are as follows:

SO8: Increased use of CS/RH services in target areas:-

- IR1: Increased access to quality CS/RH services in target areas;
- IR2: Increased demand at community level for CS/RH services in target areas; and
- IR3: More accountable policy and management.

The focus of the SO8 program at the provincial/district/community level is on selected districts in the four provinces (Nampula, Zambezia, Gaza and Maputo) whose combined population accounts for 40% of the total population in Mozambique. These provinces were selected due to the need to focus interventions to be able to achieve results and were based on the following criteria: (i) total number of the population in the province; (ii) health indicators; (iii) need to have interventions on all three regions of the country (North, Center and South); and (iv) other donor support in health service delivery. SO8-funded activities at the provincial/district/and community level will facilitate the use of proven and effective maternal child health (MCH)/RH services in selected priority districts in each province.

SO8: Operating Year Budget Levels

	Global Health (CSH)							TOTAL CSH	
	FP/RH	CSMH			Infectious Diseases				Total CS/ID
		Primary	Polio	Micro	Malaria	TB	Other		
FY 2003	3,242	386	-	-	800	-	-	1,186	4,428
FY 2004	4,600	3,000		500	1,500	-	230	5,230	9,830
FY 2005	4,600	4,000	-	500	2,100	1,000	230	7,830	12,430
FY 2006	6,536	3,757		494	6,259	989	446	11,945	18,481
FY 2007	4,767	4,000	100	500	17,000	1,000	412	23,012	27,779
<small>Final Planning level</small>									
FY 2008	7,000	9,750	-	-	16,400	1,500	-	27,650	15,400
<small>Mission Planning Level</small>									
FY 2009	4,000	4,500	-	-	16,400	900	-	21,800	15,400
TOTAL	34,745	29,393	100	1,994	60,459	5,389	1,318	98,653	133,398

Footnote: Actual obligated amounts to FY06. Planned levels from FY07

Strategic Objective 8
Increased use of CS & RH services in target areas
8.A % children receiving Vitamin A supplementation
8.B % children fully immunized
8.C % women using modern contraception
8.D % households using ITNs
8.E % of assisted deliveries

IR-8.1: Increased access to quality CSRH services in target areas
8.1.A % of communities with an IMCI and RH community health worker
8.1.B % of health centers meeting quality assurance standards
8.1.C % of women making at least 2 visits to an antenatal care facility

IR-8.2: Increased demand at community level for CSRH services
8.2.A % of women desiring to space or limit births
8.2.B % of CLCs with annual plans based on prioritized solutions to health problems

IR-8.1.1: Primary health services strengthened at the facility level
8.2.1.A % of primary health care facilities fully implementing IMCI
8.2.1.B % of counseling sessions with FP clients in which all methods are discussed
8.2.1.C % of children diagnosed with malaria who are prescribed correct

IR-8.1.2: Community health services established and expanded
8.1.2.A % of communities having established CBD system
8.1.2.B % of children < 5 appropriately referred to health facility
8.1.2.C % of pregnant women seen by TBAs who are referred to health facility for delivery

IR-8.2.1: Health knowledge increased and attitudes improved
8.2.1.A % of adults who can name at least one warning sign of maternal complications of pregnancy
8.2.1.B % of adults who can name at least two danger signs for children < 5
8.2.1.C % of women in target areas exclusively breastfeeding for 6

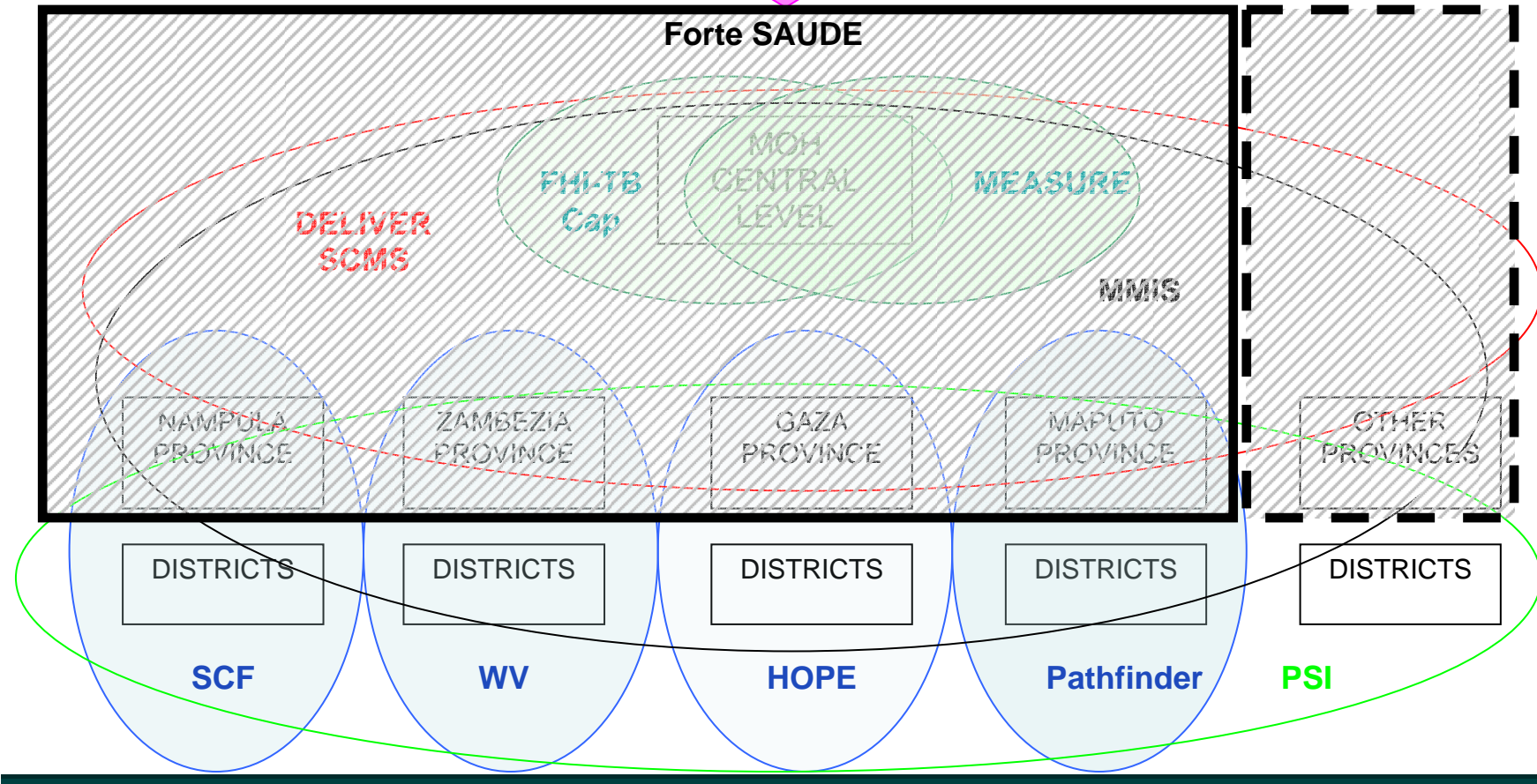
IR-8.2.2: Awareness of available services increased through promotion
8.2.2.A % of adults who know where to go for child vaccinations
8.2.2.B % of adults who know where to go for family planning services

IR-8.3: More accountable policy and management
8.3.A score for target policies in CS/FP drafted, approved, and implemented
8.3.B % of fixed facilities with no stock-outs in the past 3 months

IR-8.3.1: Policy development process strengthened within the MOH
8.3.1.A level of participation of stakeholders in policy process (score)
8.3.1.B extent to which policy formulation is based on sound technical evidence (score)

IR-8.3.2: Program resource management improved
8.3.2.A % of districts preparing yearly operational plans
8.3.2.B % of districts able to implement the new logistics system

PROCUREMENTS:
Malaria drugs, spraying & test kits;
contraceptives; ARVs;
ambulances; radios;
medical equip.



Activities under SO8

CENTRAL LEVEL ACTIVITIES

Contraceptive & Condom Procurements

Target areas: National

Budgeted: \$6,8 million (contraceptives only)

Duration: LOP (7 years)

USAID/Mozambique is the major donor procuring contraceptives (75%) on behalf on the MOH, through a central mechanism. UNFPA is a partner in procuring contraceptives but has recently re-negotiating its continued support with MOH making it conditional that MOH increase its procurement contribution.

Although condom procurement is a PEPFAR funded activity, SO8 manages and coordinates the activity due to strong links with the MOH and synergy with the on-going logistical system strengthening.

Drug Shipments due between September to December, 2006

COARTEM	\$500,000 - by November (pending concurrence of IL1 sent to MOH 8/21) Details: 437,167 treatments = \$494,795.52
CONDOMS	26,862,200 units = \$1,343,110.00
CONTRACEPTIVES	Depo-Provera - 145,200 units = \$150,000.00 Orals (Lo-Femenal) - 361,200 cycles = \$90,300.00
ARVs:	nothing is expected. Deliver plan for ARVs was completed in July
TOTAL VALUE:	\$2,078,205

Malaria Commodities

Target areas: National

Budgeted: \$3.2 million in FY06

Duration: 1 year but to increase with PMI

Once the PERSUAP is amended the team will procure IRS equipment and chemicals and other malaria items to the value of \$3.2 million to comply with FY06 earmarks.

Forte SAUDE

Target areas: Central Level

Budgeted: \$8,6 million

Duration: November, 2005 – August, 2010. (5 years)

The goal of this five-year activity is to assist the central MOH to improve MCH/RH, malaria and nutrition policies and implementation to improve quality and efficiency of services to improve health status. In addition, because Mozambique is especially vulnerable to epidemics such as cholera and meningitis the other focus is emergency

preparedness. A wide variety of activities are anticipated including TA, training, ICT support, provision of equipment, supplies and materials, capacity building, policy dialogue, monitoring and evaluation, development of tools and job aids, BCC/Community Participation strategies, and operational research. The aim is to strengthen MOH and PVO/NGO partners' capacities to increase utilization of, access to, demand for, and management of MCH/RH services at provincial, district and community levels.

DELIVER

Target areas: Central/Provincial Level

Budgeted: \$ 4.9 mil

Duration: July 04 – Sep 06

The project goal is to build the capacity within CMAM and the MOH to strengthen the forecasting, procurement, storage and distribution of essential drugs, contraceptives and HIV/AIDS commodities in Mozambique. The achievement of the project goal and objectives will lead to increased availability of essential drugs, contraceptives and HIV/AIDS commodities at service delivery points.

The following activities have been implemented or are expected to be performed during FY06:

- Completion of the development and installation of an Integrated Drug Management System (Sistema Integrado de Gestão de Medicamentos – SIGM) which was lived in April at MOH Central Medical Stores HQ and in May at MOH Central Warehouses in Maputo and Beira. SIGM integrates the MOH drug planning, procurement, warehousing and distribution management functions and will be consolidated at central level in 2006 and rolled out to all Provincial Warehouses and Central Hospitals in 2007.
- Procurement of \$ 1.5 M worth 2nd line and pediatric ARVs (PEPFAR COP05 funding)
- Feasibility study (Requirement Analysis) for development of a Central Warehouse for drugs and medical supplies and products in Nacala, Mozambique
- In November there were a total of 27.4 million condoms stored at MOH warehouses. At the request of MOH, DELIVER conducted a Condom Quality Test.

Deliver Follow-on

Target areas: Central/Provincial Level

Budgeted: \$5,4 mil

Duration: October, 2006 – September, 2010 (4 years)

The purpose of this new contract will be to design, develop and strengthen operate safe, reliable, and sustainable supply systems that provide a range of affordable, quality essential health commodities including drugs, diagnostics and supplies to clients in country programs. While family planning and reproductive health remain a priority in the field and for this contract, this contract will thus seek to strengthen supply systems for **all essential health commodities** and create environments that are conducive to their sustainability

FHI – TB Cap

Target areas: Central

Budgeted: \$4.6 mil

Duration: 3 years

The aim of this activity is to build and expand upon USAID's previous tuberculosis prevention and control efforts. The focus of the activity is to decrease TB morbidity and mortality through improving case detection and treatment success. The goals of the activity are to: increase political commitment for DOTS; strengthen and expand DOTS programs; increase and strengthen TB and HIV/AIDS coordination; and improve human and institutional capacity for TB related programs.

ARV Procurements

Target areas: National

This is a PEPFAR funded activity managed by the Health Team due to its experience in forecasting contraceptive procurement and its support to the MOH commodities logistical system.

Supply Chain Management System (SCMS)

Target areas: Central/National

Budgeted: \$ 7.8 mil (COP06)

Duration: Mar 06 – Sept 09

This is a PEPFAR funded activity managed by the Health Team due to its experience in forecasting contraceptive procurement and its management of logistical systems support to the MOH.

SCMS will strengthen or establish secure, reliable, cost-effective and sustainable supply chains to meet the care and treatment needs of PLWHA. A SCMS team came in Mozambique in March and June 2006 to perform preliminary assessment and work planning. The project will assist MOH CMAM (Central Medical Stores) through five major interventions:

- ARV quantification and procurement (\$ 6.3 M in COP06)
- ARV logistics system development
- Laboratory logistics system development
- Other HIV/AIDS related commodities logistics strengthening
- Logistics information system implementation (SIGM; see below)

Making Medical Injections Safer (MMIS)

Target areas: Quelimane, Nampula and Xai-Xai cities, plus Mavalane hospital in Maputo City.

Duration: October, 2004 – September, 2009 (5 years)

This is a PEPFAR funded activity managed by the Health Team due to its links with the Ministry of Health. The aim of the activity is to develop a 5 year high-impact medical-injection safety intervention, by effectively addressing the problem of unsafe injections and waste disposal. The strategy is suitable as a first step to develop a National Injection Safety Program and includes: i) behavior change of health care workers to ensure safe

injection practices; ii) develop and implement an advocacy strategy in order to ensure availability of equipment and supplies of automatically disposable syringes and related products; and iii) to manage sharp waste in a safe and appropriate way.

PROVINCIAL/DISTRICT LEVEL ACTIVITIES

World Vision

Target areas: Zambezia Province.

Subgrantees: ADRA, JHU/CCP

Budgeted: \$5.7 million

Duration: February, 2005 – January, 2008. (3 years with possible extensions)

COACH will improve the health status of under-5s and women of reproductive age by increasing the provision and use of quality CS/RH services at the community level in 14 districts. The main objectives of COACH are to: incorporate quality assessment and improve activities into routine health systems management; upgrade knowledge and skills of health workers and community-based volunteers; establishment of community-based RH/FP education and distribution systems; and increased availability, efficiency and coordination of mobile brigades and bicycle ambulance systems at the community level.

SCF

Target areas: Nampula Province.

Subgrantees: CARE

Budgeted: \$5.7 million

Duration: April, 2005 – January, 2008. (3 years with possible extensions)

Okumi (Macua for Health) will work in 14 focus districts and aim to strengthen community knowledge of good health practices, what to expect and demand in quality health services, and where to find it, coupled with an expanded base of competence and skills among service providers working with adequate and improved facilities. The project will address the high incidence of malaria through community awareness and education, and better referral and treatment.

Project HOPE

Target areas: Gaza Province.

Subgrantees: SCF

Budgeted: \$2.1 million

Duration: February, 2005 – January, 2008. (3 years with possible extensions)

This program will focus on 6 districts (including Xai-Xai city) which encompasses 86% of the Province's population. The primary aim will be to a) link communities to health services by emphasizing demand creation and encourage strong community involvement; b) facilitate delivery of up-to-date essential MCH/RH services by strengthening the capability of district health providers and local partners working at the community level; c) and promote and support key household hygiene behaviors and practices (e.g. frequent hand-washing by children to prevent diarrhea transmission); and e) improve planning and management of priority service delivery interventions by district and provincial level MOH staff.

Pathfinder

Target areas: Maputo Province.

Budgeted: \$1.4 million

Duration: February, 2005 – January, 2008. (3 years with possible extensions)

This program will provide support to the Gaza Provincial and Manhica District Health authorities and key NGO, CBO or associated partners whose reach includes Manhica district. All efforts will be linked to allow the public sector to play an appropriate role in supporting community-based health interventions, such that building demand and improving access to quality services to become integrated, mutually reinforcing activities. Pathfinder has placed capacity building and sustainability at the forefront. Care will be taken to ensure that the activities supported are not isolated, short-term efforts, but rather, that they become building blocks for continued, quality CS/RH programming.

PSI (cross-cutting with HIV/AIDS team)

Target areas: National with focus on Zambezia Province.

Budgeted: \$6 million (SO8 \$4.1 & SO9 \$1.9)

Duration: May, 2006 – April, 2009.

Cross-sector cooperation already exists among these two SOs and synergy in achieving results has been explored.

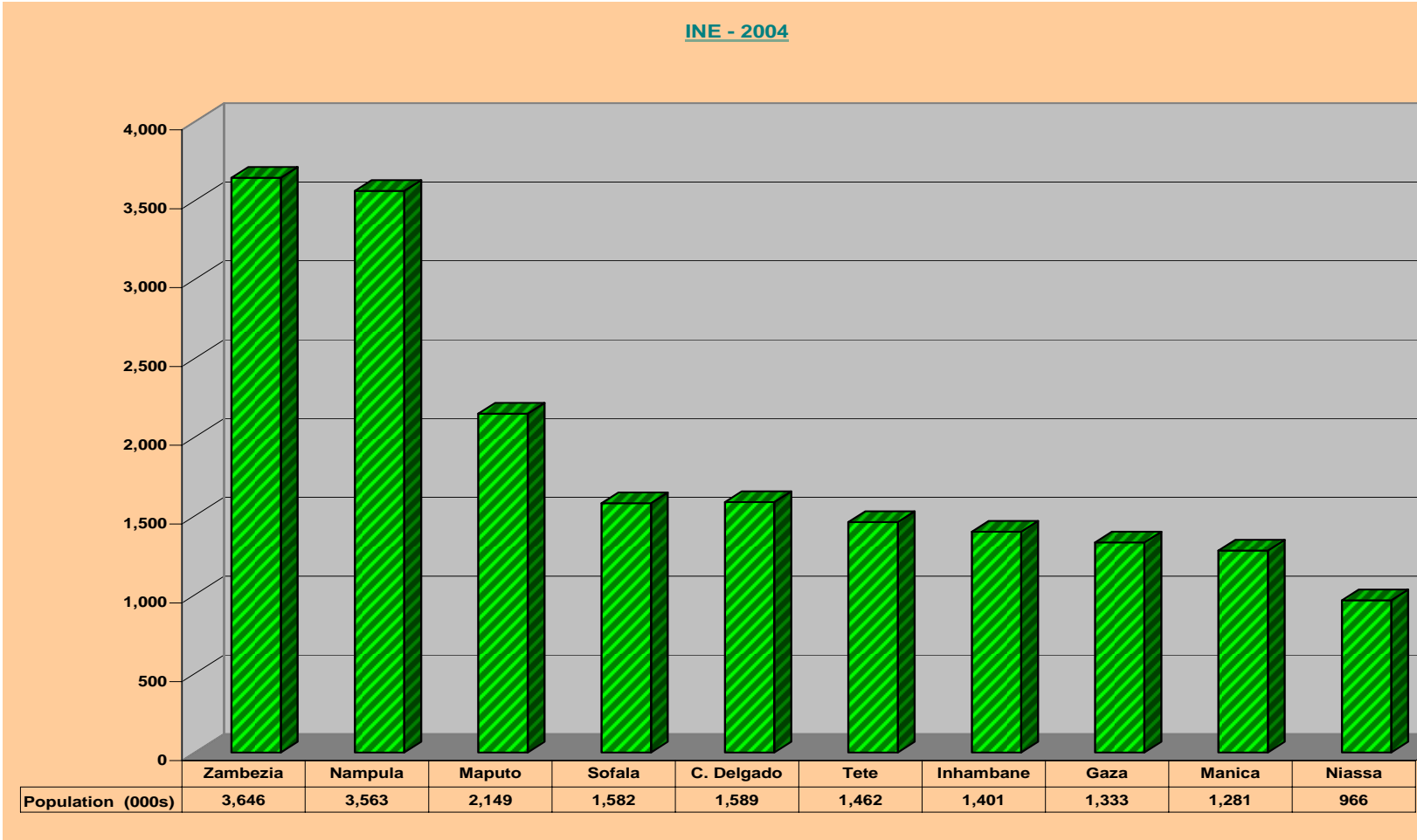
The goal of this activity is to reduce the economic and health burden of malaria and diarrhea in target areas of Mozambique through the increased use of (a) Long-lasting insecticide treated nets (LLINs) and insecticide treated mosquito nets (ITNs), (b) home water treatment known as safe water systems (SWS). PSI aim to generate demand for these health products through a variety of communications strategies and to satisfy the demand created through a three-tiered distribution strategy. PSI will implement marketing and educational campaigns based on research within the target population and using the appropriate channel and language for each group to increase understanding of disease transmission, vulnerable groups, and the importance of healthy preventative behavior. PSI will leverage existing commercial infrastructure to make the SWS available in urban and peri-urban markets, collaborating with partner NGO activists to reach rural communities with LLINs and SWS, and to target free delivery of SWS and LLINs to PLWHAs and OVCs through existing USAID-funded programs.

Presidential Malaria Initiative (PMI)

USAID/Mozambique received \$6,259 million in FY06 earmarked to combat malaria, an increase of over \$4 million from previous years. In June, 2006 Washington announced that Mozambique had been named as a phase two PMI country. In preparation a PMI team comprising of USAID/W, CDC and WHO made two visit to Mozambique to collect data and basic information about malaria. The teams meet with the partners such as the WHO, UNICEF, World Bank, DIFID and MOH. The teams last visit in August was to elaborate, in conjunction with MOH and other partners, the first year implementation plan and the five year strategic plan which were both approved in October, 2006.

Work has already commenced to amend the PERSUAP to address spraying with insecticides.

Mozambique Population by Province



Geo-Focus Targeted Provinces & Districts

(according to population size)






Province	District	Population	Priority
Nampula Total Districts: 21 Previously Covered: 6 New Districts: 8 Total Covered: 14	Cidade de Nampula	378,280	Yes
	Moma	287,453	Yes
	Nacala Porto	269,928	Yes
	Angoche	264,844	Yes
	Monapo	260,043	Yes
	Erati	217,360	Yes
	Memba	214,052	Yes
	Mogovolas	184,100	Yes
	Nampula Rapale	158,641	Yes
	Malema	156,999	Yes
	Ribaue	154,134	Yes
	Meconta	154,099	Yes
	Mecuburi	142,425	Yes
	Nacala Velha	129,542	Yes
	Murrupula	113,624	No
	Mongicual	97,433	No
	Mossuril	94,388	No
	Nacaroa	86,277	No
	Muecate	81,244	No
	Lalaua	67,061	No
	Ilha de Moçambique	51,296	No
Total		3,563,223	
Zambezia - WV Total Districts: 17 Previously covered: 8 New Districts: 6 Total Covered: 14	Milange	423,946	Yes
	Morrumbala	311,623	Yes
	Mocuba	299,613	Yes
	Cidade de Quelimane	271,497	Yes
	Maganja da Costa	265,502	Yes
	Nicoadala	259,603	Yes
	Gurue	243,194	Yes
	Alto Molocue	238,177	Yes
	Ile	230,779	Yes
	Namacurra	202,540	Yes
	Gile	169,678	Yes
	Pebane	168,216	Yes
	Chinde	141,526	Yes
	Lugela	120,448	No
	Inhassunge	109,062	No
	Namarroi	102,558	Yes
	Mopeia	87,669	No
Total		3,645,631	

Province	District	Population	Priority
Gaza – Project Hope Total Districts: 12 Previously Covered: 5 New Districts: 1 Total Covered: 6	Chokwe	246,380	Yes
	Xai-xai	223,650	Yes
	Manjacaze	179,601	Yes
	Bilene Macia	170,876	Yes
	Chibuto	162,647	Yes
	Cidade de Xai-xai	160,394	Yes
	Guija	66,623	No
	Chicualacuala	39,358	No
	Mabalane	29,483	No
	Massingir	25,136	No
	Chigubo	15,148	No
	Massangena	14,242	No
	Total	1,333,538	
Província de Maputo Districts: Total Districts: 8 Previously Covered: 0 New District: 1 Total Covered: 1	Cidade da Matola	656,826	No
	Manhiça	140,716	Yes
	Boane	77,628	No
	Marracuene	48,994	No
	Namaacha	43,931	No
	Moamba	38,524	No
	Matutuine	37,189	No
	Magude	30,984	No
	Total	1,074,792	
Total population	9,617,184		

58 Possible districts

19	Historical intervention districts:	4,522,666
16	New SO8 intervention districts:	3,061,950
35	Total SO8 intervention districts:	7,584,616

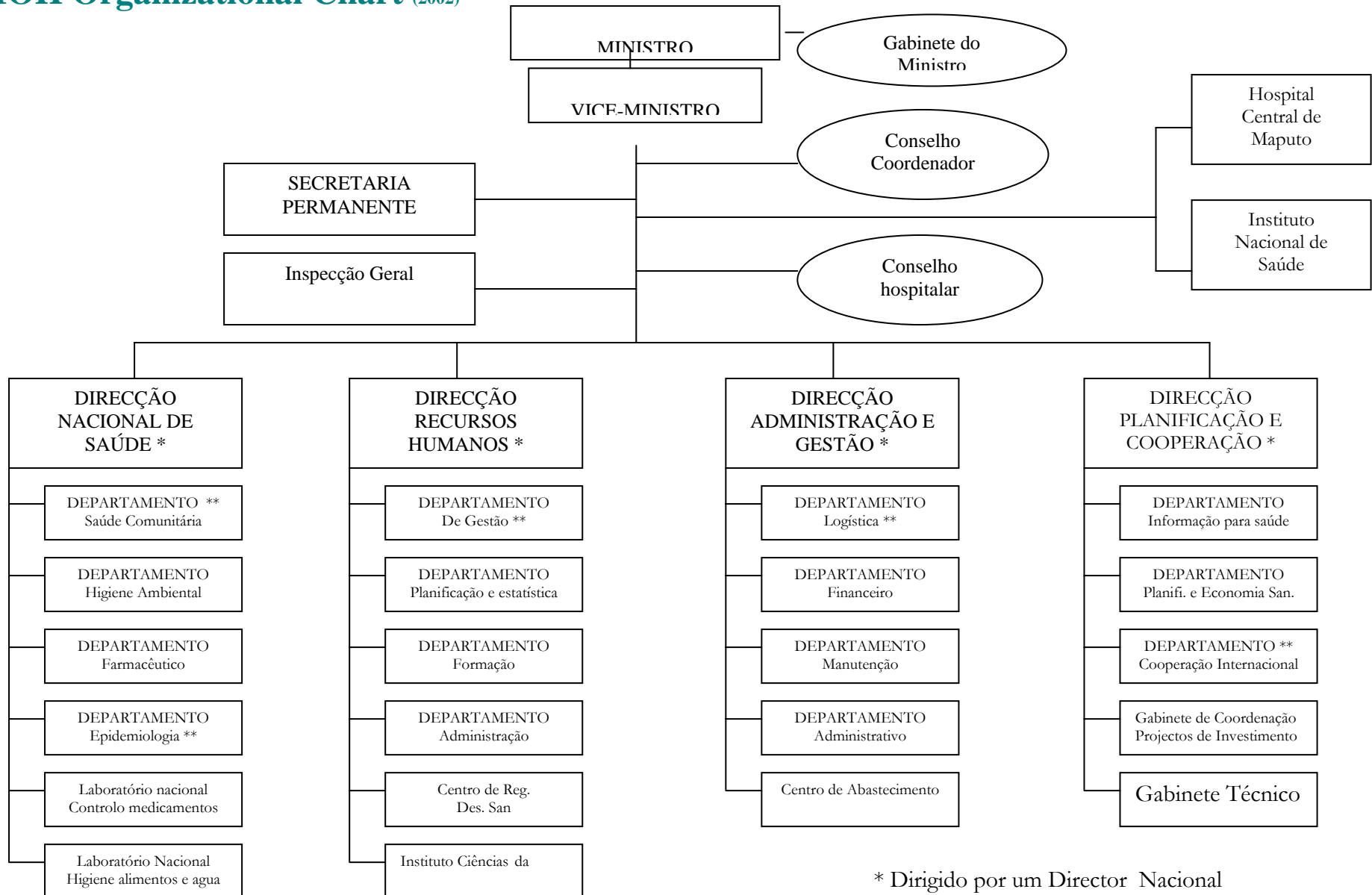
SO8 Team Members

				
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SO8 Support Team Members

				
Gastao Mendes Program Office		Marianne Teixeira Contracting Office		Domingas Buque Financial Office

MOH Organizational Chart (2002)



* Dirigido por um Director Nacional

** Dirigido por um Director Nacional Adjunto