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MCH PROGRAM DESCRIPTION

Mozambique



Overall MCH and health sector situation

Mozambique has a population of about 20 million people; 45 percent are below the age of 15, and about 30 percent live in urban areas. Annual health expenditures are \$50 per capita. Mozambique has benefited from being a stable democracy with rapid economic growth over the last decade. Nevertheless, a number of health threats limit its sustainability. Mozambique ranked 172 out of 177 countries on the 2007–2008 United Nations Human Development Index. Poverty affects 50 percent of the population, and chronic food insecurity affects 35 percent of the population. Adult HIV/AIDS prevalence is still very high – currently at 16 percent. Disease and poverty have substantially lowered life expectancy, which is currently about 40 years.

With MCH funding, there have been significant declines in U5MR, from 201 to 153 per 1,000 live births in the last decade – a 24 percent decline. Post-neonatal mortality remains relatively high at 64 per 1,000 live births, and this reflects the need to capitalize on primary care opportunities for children in the first year of

life. The MMR also remains high – currently at 408 per 100,000 live births. The TFR is now at 5.4 children per woman, but 18 percent of women have an unmet need for family planning. Disparities exist between provinces and between urban and rural areas. Many of these problems are linked at least in part to the limited reach of service delivery in rural areas at the community and household levels and the quality of those services that do reach them.

MCH interventions at the Mission level

Priority areas of intervention include access to potable water, vitamin A coverage, safe deliveries performed by a SBA, and access to contraception. Approximately 8 million people in Mozambique are reached with these interventions.

Delivery approaches and mechanisms supporting expanded coverage/use of interventions

Community-based mobilization is coupled with increased capacity at the district and provincial levels for planning and implementation of community-defined solutions. Social marketing plays a vital role in distribution of family planning commodities. The formal private sector is weak and provides services to a very small portion of the urban population.

Specific actions supported as part of the MCH approach

USAID's support in MCH is complemented by funding from PMI and PEPFAR. PMI and PEPFAR funding supports the increase in the number of providers and the efficiency of providers to provide basic health care as well as key HIV and malaria prevention and treatment for pregnant women and children. MCH priority interventions are also complemented by water and sanitation interventions.

The USAID program's geographic focus

The USAID MCH program includes a combination of interventions, both at the central and provincial levels, 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.

The geographic focus at the provincial, district, and community levels is in selected districts of four provinces (Nampula, Zambezia, Gaza, and Maputo) whose combined population accounts for 40 percent 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: 1) total number of the population in the province; 2) health indicators; 3) need to have interventions in all three regions of the country (north, center, and south); and 4) other donor support in health service delivery.

The Mission program's relationship to the country's health sector and development plans and strategies

The Mission has tailored its portfolio to build increased integration of its own activities and has worked with the MOH to support integration with the Government of Mozambique's national health plans. A 5-year Country Assistance Strategy is being developed to reflect a USG response to health and development in Mozambique.

Potential for linking Mission MCH resources with other health sector resources and initiatives

USG investments (e.g., PMI, PEPFAR, Title II, OFDA, water, etc.)

The USAID MCH program works closely with the PEPFAR and PMI programs in Mozambique. A large proportion of assistance to Mozambique is through PEPFAR, which has limited avenues for integration. Examples include the expansion of basic health care through the training of community health workers to support PEPFAR, PMI, and MCH activities.

Future activities to be solicited under a Mission RFA will complement other USAID/Mozambique activities, including those funded through PEPFAR, PMI, P.L. 480, Title II (Food For Peace), and other USAID-funded agricultural and health activities. Proposed activities will target potable water/sanitation and also fit within the context of the GRM's policies, strategies, and programs in health and agriculture, as well as its Action Plan for the Reduction of Absolute Poverty (PARPA II) and its Food and Nutrition Security Strategy.

Investments and initiatives of other donors and international organizations

Mozambique has adopted a sectorwide approach for health sector financing and coordination with nearly all donors using this mechanism. All donor activities support the MOH's National Health Strategy, and donors participate in yearly joint evaluations of the sector's performance. The Health Donor Group has 27 bilateral members. Mozambique has also received increased funds from Canada for Catalytic Initiative for MCH.

Planned results for the Mission's MCH investments over the next 5 years

Planned results are reductions in maternal and U5MR, reduced diarrheal disease mortality, increased number of deliveries with a skilled provider, improved immunization coverage, improved nutritional status of under-5 children, and reduced rates of micronutrient malnutrition.

MCH COUNTRY SUMMARY: MOZAMBIQUE	VALUE
MCH FY08 BUDGET	6,938,000 USD
Country Impact Measures	
Number of births annually*	790,000
Number of under-5 deaths annually	121,000
Neonatal mortality rate (per 1,000 live births)	37
Infant mortality rate (per 1,000 live births)	101
Under-5 mortality rate (per 1,000 live births)	153
Maternal mortality ratio (per 100,000 live births)	408
Percent of children underweight (moderate/severe)	26%
Birth Preparedness and Maternity Services	
Percent of women with at least one antenatal care (ANC) visit	84%
Percent of women with at least four antenatal care (ANC) visits	52%
Percent of women with a skilled attendant at birth	48%
Percent of women receiving postpartum visit within 3 days of birth***	12%
Newborn Care and Treatment	
Percent of newborns whose mothers initiate immediate breastfeeding	65%
Immunization	
Percent of children fully immunized at 1 year of age	53%
Percent of DPT3 coverage	72%
Percent of measles coverage	77%
Maternal and Young Child Nutrition, Including Micronutrients	
Percent of mothers receiving iron-folate	60%
Percent of children receiving adequate age-appropriate feeding	80%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months	50%
Percent of children under 6 months exclusively breastfed	30%
Treatment of Child Illness	
Percent of children with diarrhea treated with ORT	70%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	51%
Water, Sanitation, and Hygiene	
Percent of population with access to improved water source**	42%
Percent of population with access to improved sanitation**	31%
<small>* Census International Database ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report ***This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey. (Unless otherwise noted, the data source is the 2003 Demographic and Health Survey.)</small>	