

Health and Family Planning Overview

MOZAMBIQUE



Population:	19.6 million (BUCEN 2002)
Infant Mortality Rate:	135 (DHS 1997)
DPT3 Coverage:	59.6%, children 12–23 mos. (DHS 1997)
Nutrition:	35.9% stunting, children 0–35 mos. (DHS 1997)
Total Fertility Rate:	5.2 (DHS 1997)
Maternal Mortality Ratio:	1,100 (UNICEF 1999)
Contraceptive Prevalence Rate:	5.2%, all women, modern methods (DHS 1997)
Adult HIV Prevalence:	13% (UNAIDS 2001)
Current Living AIDS Orphans:	420,000 (UNAIDS 2001)
Demographic and Health Surveys:	1997
Multi-Indicator Cluster Surveys:	1995–96

Country Profile

Since a 1992 peace accord ended years of civil war, economic reforms have brought Mozambique rapid economic growth. The country is considered a model of democratic success in Africa. In 1999, gross domestic product (GDP) grew 9.7 percent with low inflation, one of the highest growth rates in the world. In 2000, Cyclone Elise and the accompanying flooding impeded growth, but GDP growth rebounded to 14.8 percent in 2001, surpassing all expectations. Overall, the health status of the population is lower than average for African countries. Chronic malnutrition among young children has declined from 51 to 30 percent in some target provinces, but half of child deaths result from common treatable diseases. Progress in establishing a rural primary 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 annually decreasing funds for basic health care delivery.

HIV/AIDS in Mozambique. The epidemic presents a major health challenge to Mozambique. HIV prevalence is estimated at 13 percent and rising, with ominous implications for economic development and social stability. Unprotected sex remains the norm in both the general population and high-risk groups. This has resulted in the spread of the HIV epidemic to all groups and awareness that an intensive effort to decrease risky behavior through all sectors is necessary. With USAID assistance, the government is stepping up to meet this challenge. In 2001, the National AIDS Council became more visible and vigorous in planning, coordinating, and monitoring the country's response to HIV/AIDS. The Ministry of Health has implemented activities that focus on the public health aspects of HIV/AIDS prevention, treatment, and care. The Foundation for Community Development has established, staffed, and trained a special HIV/AIDS unit and developed a strategy to foster and fund HIV/AIDS prevention and care activities through community organizations and nongovernmental organizations (NGOs).

USAID Strategy

USAID/Mozambique's strategic objectives encompass building national food security and reducing poverty in the rural economy by increasing household incomes. In the health sector, service delivery is shifting from international to local institutions, including the Ministry of Health. USAID's health and family planning activities are concentrated in eight provinces with a population of 11.3 million, including 2.1 million women of childbearing age and 900,000 children under age 5. Many of the Mission's programs are designed for national impact, with an emphasis on developing the abilities of the Ministry of Health and NGOs to deliver community-based information and services.

Strategic Objective: Increased use of essential maternal and child health and family planning (MCH/FP) services in focus area



Intermediate Results:

- Increased supply of quality MCH/FP services
- Improved family health knowledge and changed behavior
- Strengthened management of decentralized services
- Increased access to community-based services
- Increased demand for community-based services
- Increased availability of quality HIV/AIDS prevention and care services

Major Program Areas

HIV/AIDS. USAID's strategy supports Mozambique's leadership in promoting a national response to HIV/AIDS, which is crucial to the adoption of successful behavior changes. USAID's key indicator has been condom use during sexual intercourse with a nonregular partner, and 2000 data indicate a 13 percent increase in this indicator since 1997. Past prevention activities have focused on reproductive health, condom social marketing, and STI prevention and treatment in three southern provinces. Expanded HIV/AIDS prevention and care activities are being developed for the Maputo Corridor to increase awareness and skills and to motivate people to adopt risk-reduction behaviors. The Mission is working with other Missions in the region to maximize HIV/AIDS prevention activities along transnational transportation corridors by promoting similar activities and messages on both sides of the borders.

Health and Family Planning. The Mission continues to pursue increased contraceptive prevalence; reduced policy, attitudinal, and medical barriers to family planning; and training to strengthen local health delivery. USAID has completed a two-year transition from international supply-driven services to a demand-based program using and promoting local capacity and institution building throughout the country. The Mission has used Development Assistance funding to expand quality family planning and related services by integrating them into community-based outreach programs. In 2001, USAID, the Ministry of Health, and private voluntary organizations supported the first national reproductive health survey of young adults (15–24 years) in Mozambique. The survey will provide data about sexual activity, contraceptive use by young women, and access to STD treatment and HIV counseling. The Mission continues to support reductions in maternal and child mortality and childhood diseases through improved immunization and other essential services and training to increase government and community capacity. USAID has supported malaria control through integrated health programs and, in a focused effort with the Ministry of Health, increased capacity for collection, analysis, and use of malaria information to strengthen and target interventions.

Results

- Between 1997 and 2001, the percentage of women aware of the high risk of contracting HIV/AIDS through unprotected sex increased from 27.4 to 46.3 percent. For men, awareness increased from 2.7 to 50.8 percent.
- In 2001, the HIV/AIDS condom social marketing program expanded to 3,812 outlets. Condom sales remained steady, despite income and transport constraints, and 11.1 million condoms were sold nationally.
- USAID and the U.S. Centers for Disease Control and Prevention collaborated to establish two centers for voluntary HIV/AIDS testing and counseling and completed the groundwork to open nine more in 2002.
- The number of HIV surveillance sites increased from 22 in 2000 to 36 in 2001.
- In rural areas of six focus provinces, DPT coverage of children 12–23 months of age increased from 51 percent in 1997 to 65 percent in 2001.
- In 2001, 71 percent of mothers of a child with diarrhea sought treatment for the child, up from 39 percent in prior years. Use of oral rehydration therapy increased to 71 percent, up from 36 percent in 1997.
- Contraceptive prevalence in rural program areas rose from 6 percent in 1997 to 15 percent in 2001.
- In 2001, a new training activity in priority skills reached 2,200 Ministry of Health staff and more than 1,100 community volunteers, about 10 percent of whom are involved in providing national health services.

Major Implementing Partners

USAID/Mozambique's partners in implementing population, health, and nutrition activities include World Vision International, Save the Children, Health Alliances International, Medical Care Development International, Pathfinder International, Project HOPE, Population Services International, and John Snow, Inc.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).