



REPÚBLICA DE MOÇAMBIQUE
Ministério da Saúde



INTEGRATED PILOT PROJECT

" 6 month contact point "

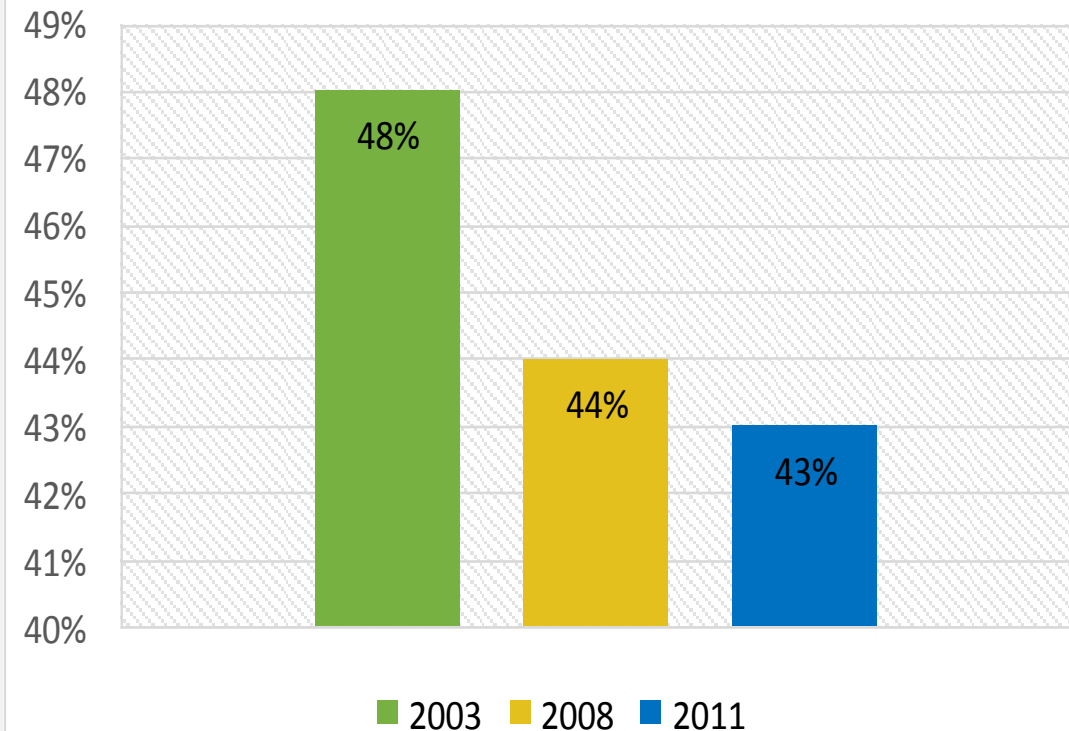
An integrated approach for child survival

BACKGROUND

High micronutrient deficiency (VAD 69% Iron Def. 75%); and poor nutritional practices

- 69% of children under five have Anemia. (DHS 2011)
- Children 6-23 months are at risk of malnutrition. Only 13% receiving adequate complementary food (DHS 2011).

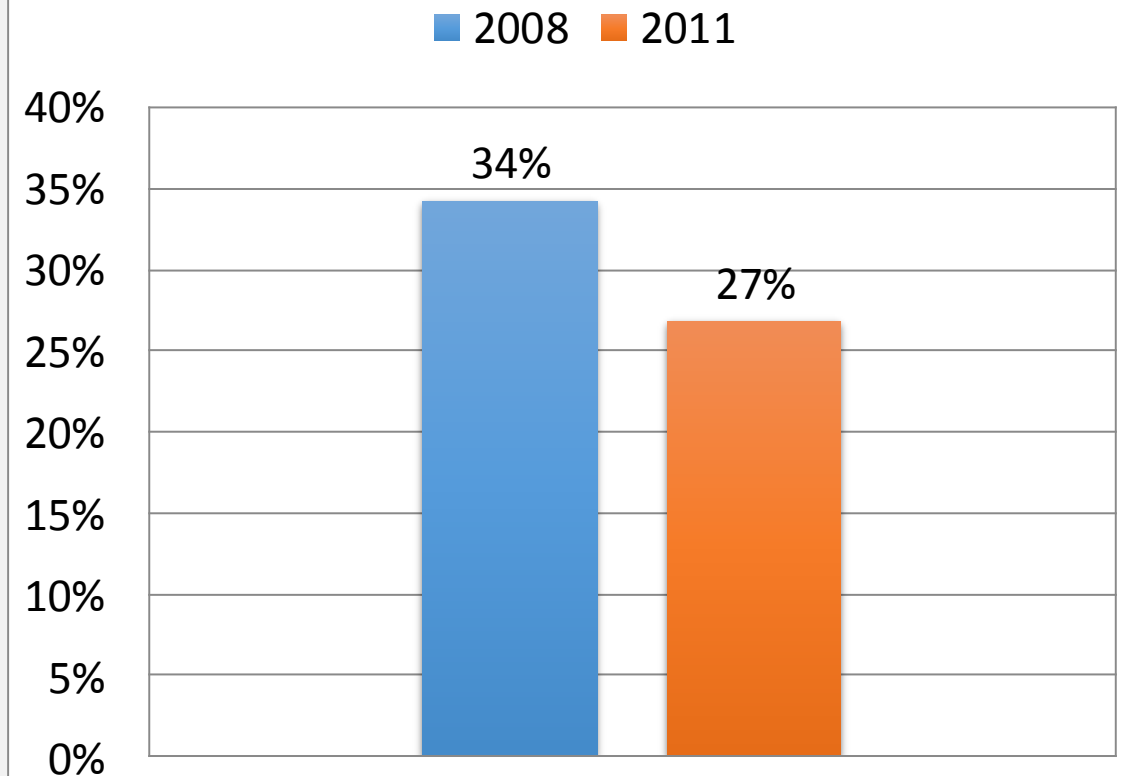
Malnutrition in Mozambique



BACKGROUND - GAZA PROVINCE

- 58,9 children under 5 years are anemic in Gaza province (2011 DHS);
- According to the MICS 2008, 44.9% of children 0-5 months received exclusive breastfeeding.

Malnutrition in Gaza province



Background

- Since 2008, in order to increase the coverage of interventions for child survival, MoH initiated with HKI a bi-annual CHW to ensure the distribution of vitamin A capsules, de-worming and routine vaccinations;
- In addition to CHW, VAS also happens as part of the routine health service delivery which takes place both in the health facility and through mobile brigades;
- Routine VAS is part of the district annual planning and is organized by the district level authorities

- **Total cost 2014 : 115.210.445,62 MT**
US \$ 3.840.348,19

Contributions	Cost of CHW
Pro Saúde	45.027.178,71 Mts
UNICEF	38.000.160,17 Mts
OMS	5.608.782,27 Mts
Remanescente da 1ª Fase	11.968.872,37 Mts

- **Total cost 2015: 79,887,131.54 MT**
• **US\$1.775.269,59**

Contributions	Cost of CHW
ProSaúde	50.880.132,32
UNICEF	28,879,922.22
HKI	127.076,60
Total	79,887,131.54

PILOT EXPERIENCE ON INTEGRATION OF
MNP, VAS, IYCF TO THE 6 MONTH CONTACT
POINT OF CHILDREN 6-23 MONTHS.



Gaza Province
District : Mandlakazi e
Chibuto



- 36 Health Facilities
- Duration: 12 Months

OBJECTIVE 1: Increase coverage of vitamin a supplementation from current level according to the pecs, 82% to 95%

- Involve the community leaders, community health workers, community voluntaries, and community based organizations, as diffusers of key messages for promote Vitamin A supplementation at 6 month
- ✓ Promote vitamin A capsules in the community through CHW
- ✓ Increase number of advanced mobile brigades to reach the area of hard access;
- ✓ Support community leaders to register all the child under 5

**OBJECTIVE 2: achieve at least 50% of children 6-23month
receiving twice year MNP**

- ✓ Support health workers training on MNP and its integration into health routine activities for child;
- ✓ Avaliar a viabilidade da promoção e distribuição dos MNP's no ponto de contacto ao 6º mês, integrando também actividades de promoção da alimentação infantil e da 1ª dose de suplementação com Vitamina A;
- ✓ Evaluate the feasibility of MNP promotion and distribution at 6 month contact point and integrate it in the IYCF and VAS activities;
- ✓ Criar de demanda de mercado dos MNP, para impulsionar a sua sustentabilidade.
- ✓ Create market demand on MNP.

OBJECTIVE 3: Increase level of knowledge and practices on IYCF among mothers and caregivers of children 6 to 23 months.

- ✓ Involve community-based organizations (mothers and fathers groups, Health Committee, co-management committees, religious organizations) on promoting adequate practices of IYCF and hygiene;
- ✓ Create district coordination platforms(NGOs and local government, private sectors, churches) to support and coordinate the nutrition activities;
- ✓ Promover massivamente a Alimentação Infantil através meios de difusão massiva existentes e acessíveis na comunidade, como por exemplo as radio comunitárias,
- ✓ Disseminate key message IYCF and hygiene through community radio and churches,

**OBJECTIVE 4: increase 6 month contact point of child,
from 27% (pecs) to 50% by 2016**

- ✓ Involve the OBC in particular mother father support groups, on promotion and sensitization about importance of 6 month contact point;
- ✓ Test introduction of 6 month contact point as a component of vaccination calendar and routines.
- ✓ Use the project result and lessons learned on integrated intervention approach to support scaling up at national level;
- ✓ Estabelecer um Sistema de Registo das Crianças menores de 6 meses nas unidades sanitárias
- ✓ Establish a system for registration of children under 6 months at health facilities

PROMOTION AT HF

Group lecture

Demonstration

Interpersonal counselling

H. Facility



COMMUNITY STRATEGY FOR PROMOTION OF 6 MONTH CONTACT POINT

GMP

FBO

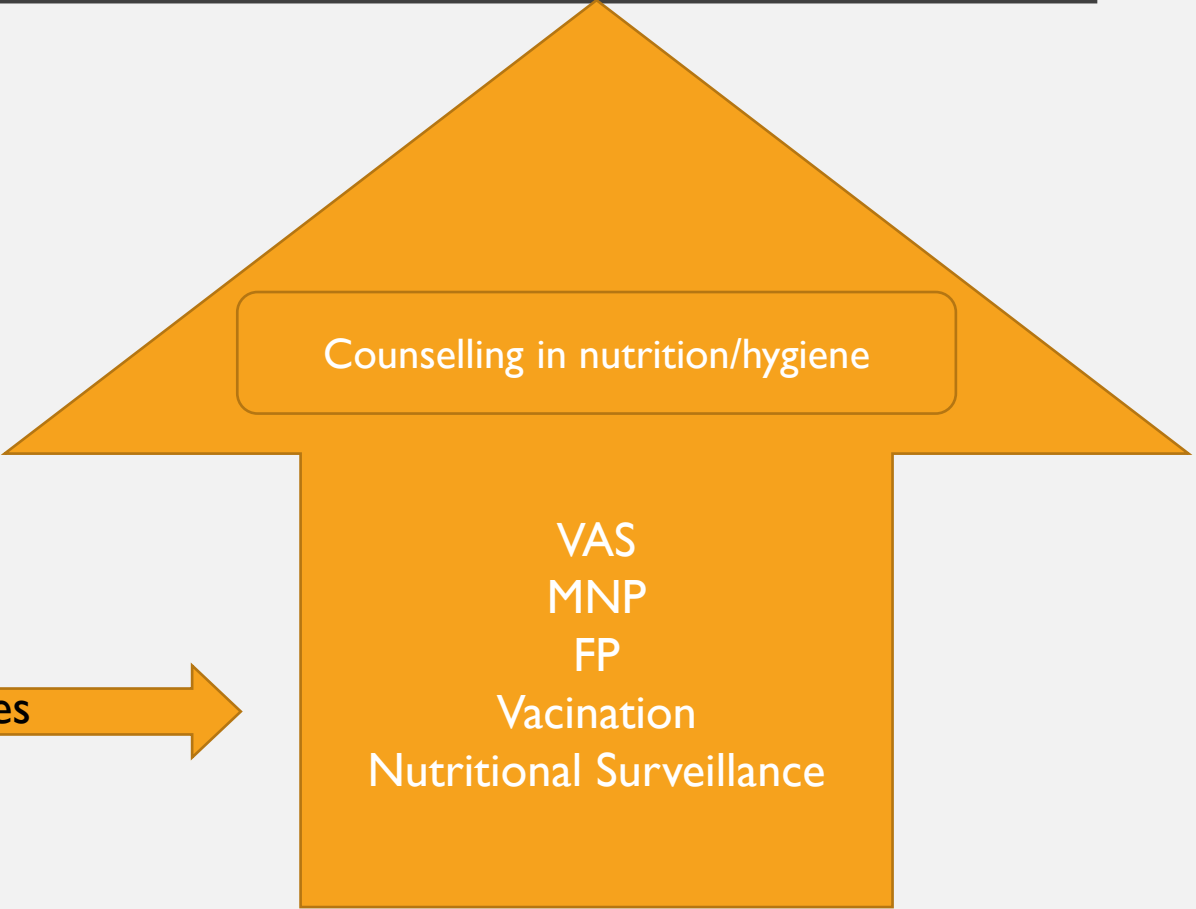
APES

LC

ACS



6 Meses



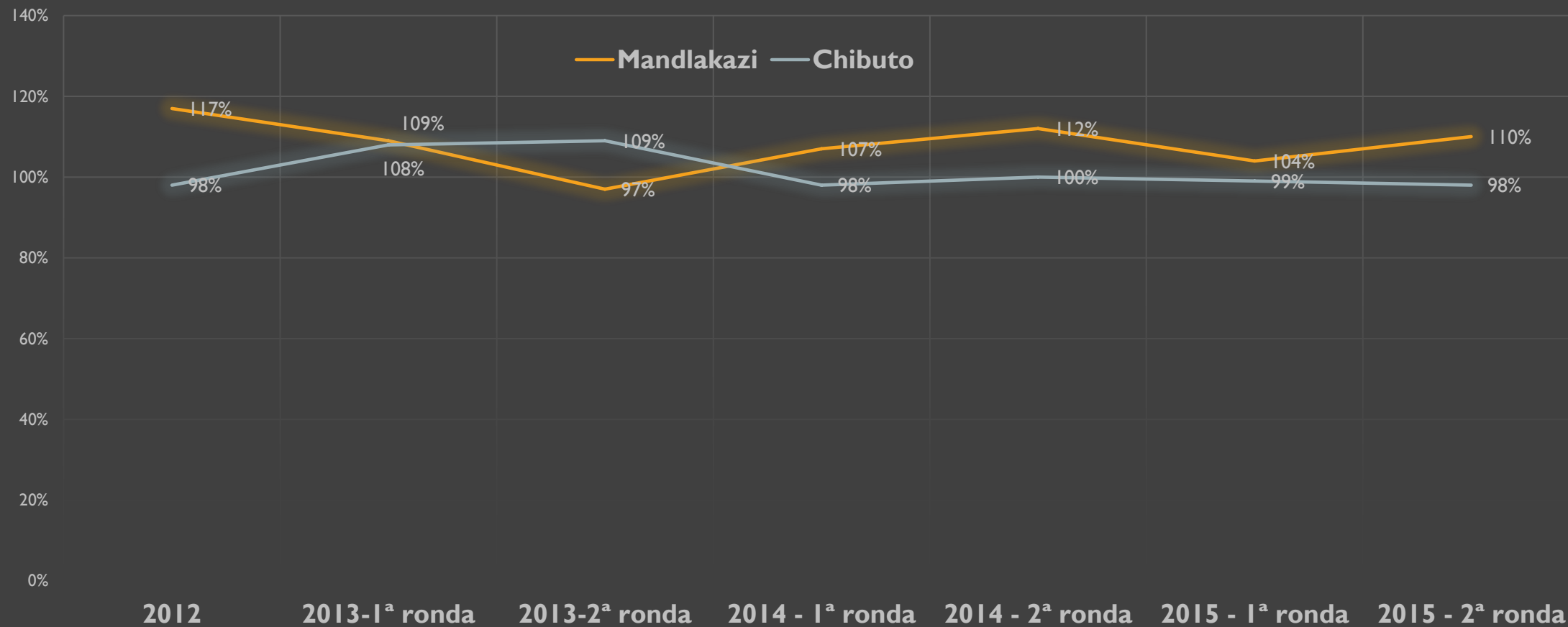
Community mobilization : Radio, Lectures, home Visit, Homilies

PROJECT RESULT
ONE YEAR

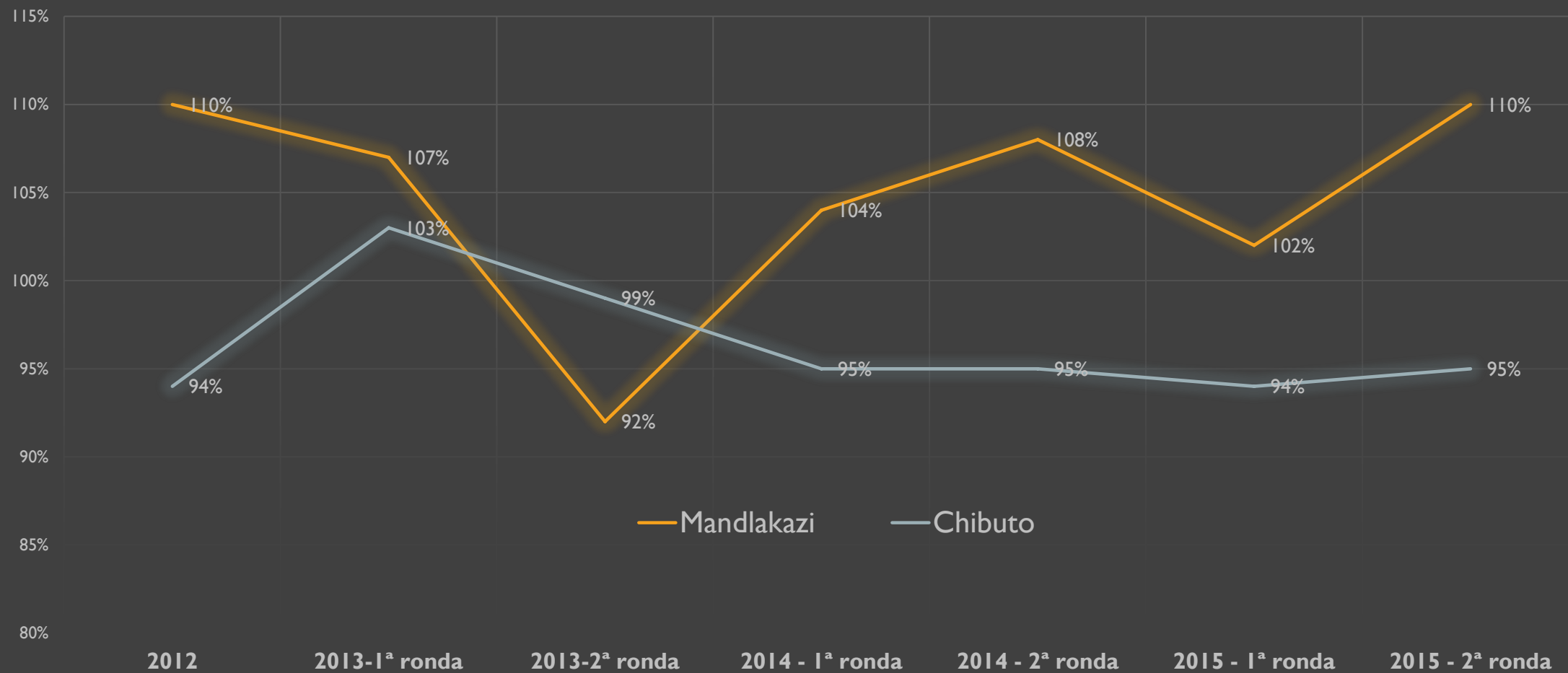
PEOPLE TRAINED/INVOLVED IN PROJECT IMPLEMENTATION

Peoples	Number
Community leaders	68
Members of mothers and fathers groups	370
Comunity health workers	50
Health workers	52
Journalist from community radios	2

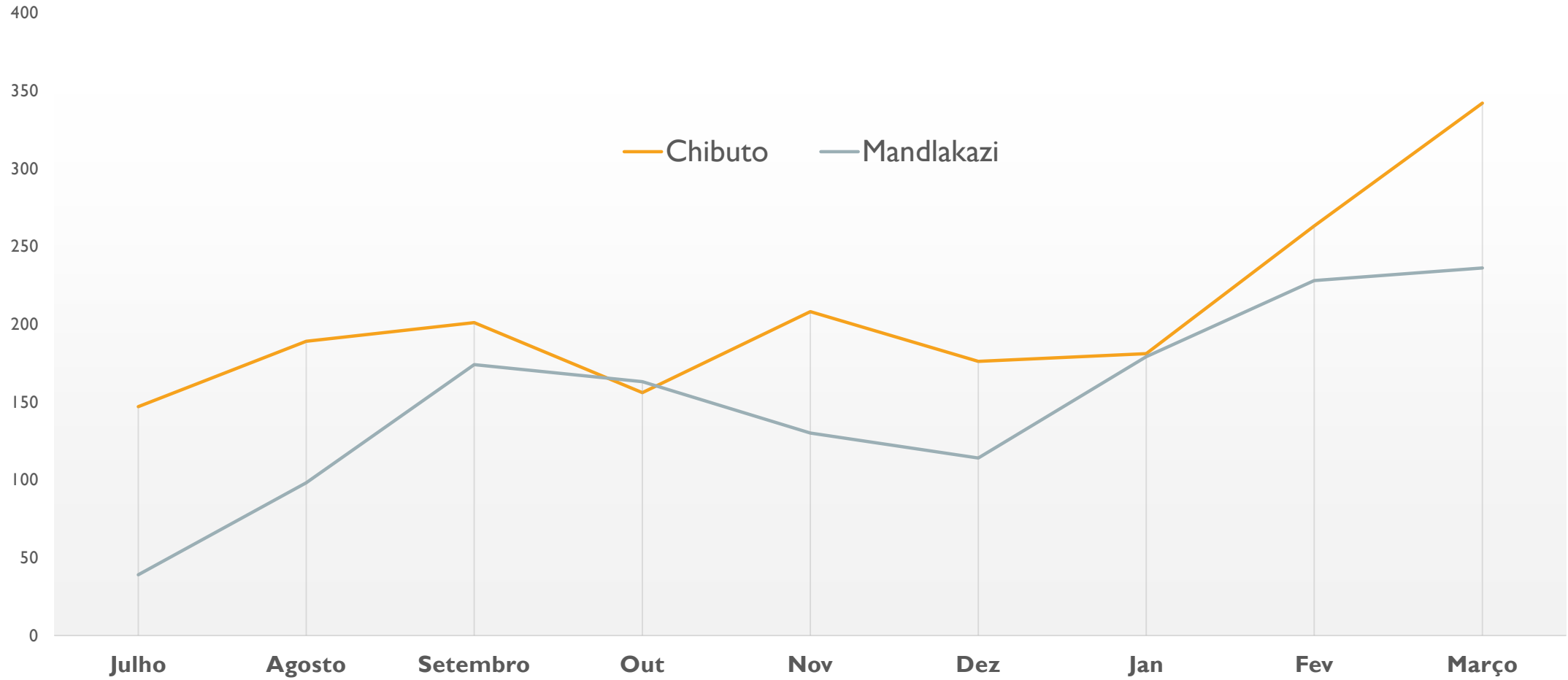
Tend of VAS coverage - CHW 2012-2015



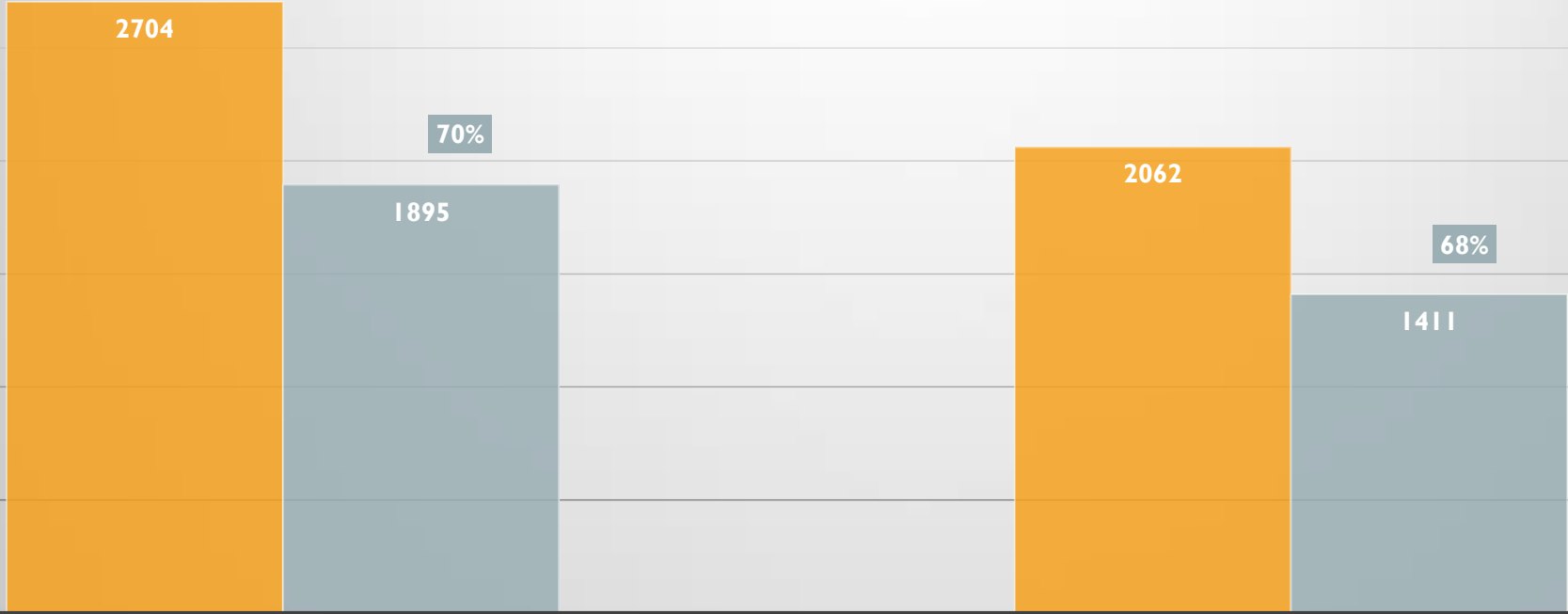
Trend of deworming - Mebendazol - CHW 2012-2015



Children Supplemented at 6 Month Jun/15 – Mar/2016

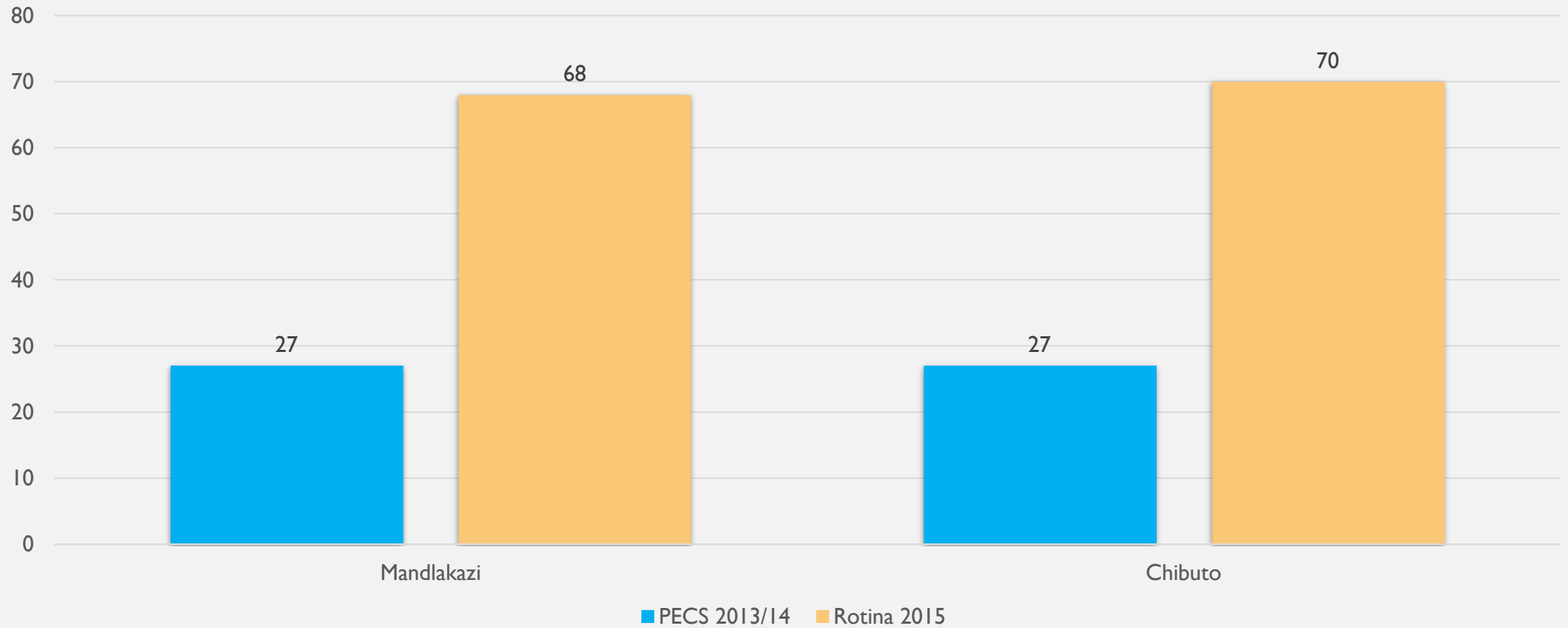


Relationship between children completed 6 months Vs supplemented at 6 month (Jun/15-Mar/16)

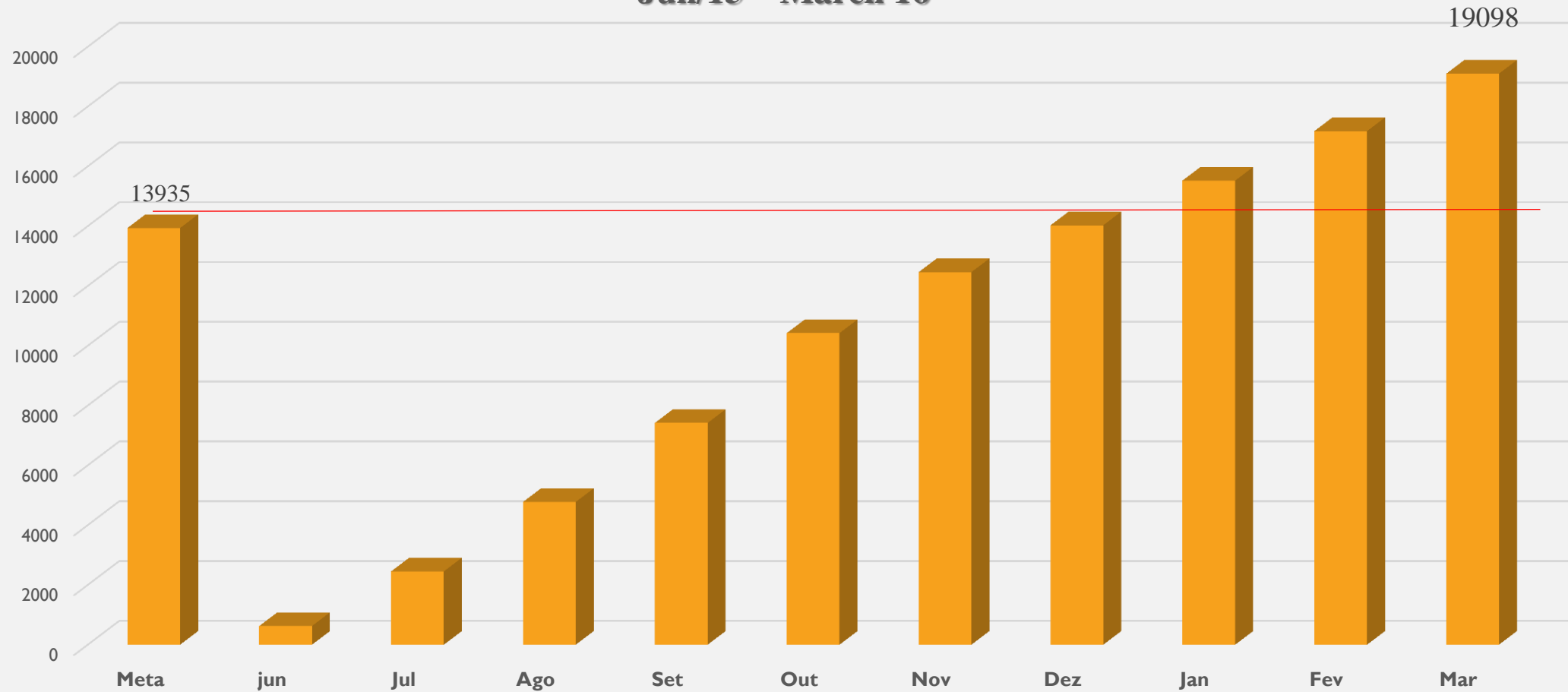


■ Crianças que completam 6 meses de idade no mês ■ Criaças receberam Vitamina A pontualmente ao 6 mês ■ %

Comparison of VAS coverage at 6 month before and after the HKI intervention



Cumulative children registration 0-23 months for distribution MNP Jun/15 – March 16



CONCLUSIONS

- Community involvement and participation can be a support to improve routine adherence on VAS activities
- Community child registration creates more involvement and accountability of community leaders on child protection, health and nutrition;
- District nutrition platform can be a means of action coordination and create more of Government involvement and support for nutrition
- Integrated interventions based on 6 month contact point is a good opportunity for the health and nutrition of children and mother;
- Child registration at HF function as well as a reminder promote 6 month contact point;
- MNP can be attractive to the mothers take their children to HF.

RECOMMENDATIONS

- Adoption of a strategy for community involvement and participation in the nutrition and health promotion community (registration, mothers and father support groups, community mobilization, SMS, Community Radio);
- Strengthening and scaling up the 6 month contact point promotion at HF and community level as a nutrition strategy for child 6-23 months;
- Explore more, the importance of district nutrition platform for improve coordination;
- Improve technical capacity of health workers on integrated strategy based on 6 month contact point;
- Use the advanced mobile brigades to reach hard-to-reach children.

OBRIGADA
MERCİ
THANKS