



CHILD HEALTH AND NUTRITION

The main objective of the programme is to support interventions to address the underlying causes of the high mortality and poor nutritional status of children, including inadequate access for the most vulnerable children to integrated child health and nutritional services and gaps in health policy, institutional capacity and quality of service. The programme is consistent with the UNDAF objectives, the nutrition and health components of the Absolute Poverty Reduction Action Plan (PARPA II, 2006-2009), the Health Sector Strategic Plan, the National Strategic Plan to Combat Sexually Transmitted Infections and HIV and the National Nutrition Strategy, and contributes directly to the achievement of the MDGs 1, 4, 5 and 6.

The programme consists of four complementary components: (1) Policy and Planning; (2) Child Health; (3) Nutrition; and (4) HIV and AIDS.

The main implementing partners are the Ministry of Health (MISAU) and provincial directorates of Health, and NGOs including Population Services International, World Vision, Save the Children-US, CUAMM, Health Alliance International, Elizabeth Glazer Paediatric AIDS Foundation and Douleurs Sans Frontières.

In addition, in the Child Health and Nutrition programme, UNICEF works in close collaboration with the World Health Organization (WHO), the World Food Programme (WFP), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA).

Achievements

Policy and Planning

As a result of the high level commitment and concerted efforts of the Government and development partners, the policy and legislative framework of the health sector improved in 2007. Support was provided to the following processes: (i) development of a long-term Health Sector Strategic Plan covering the period 2007-2012 that addresses accelerated child survival and development related concerns; (ii) development of the Child Health Policy and Strategy; (iii) finalisation of the Strategy for Food and Nutrition Security, which was approved by the Council of Ministers; (iv) review of the Ministry of Health Nutrition Action Plan; and (v) a national meeting on community involvement, which resulted in an updated version of guiding principles and an Action Plan from MISAU.

Furthermore, coordination and harmonisation in the health sector was supported through the Health Sector-Wide Approach to programming (SWAp), with UNICEF acting as the co-chair of the Major Endemic (HIV and AIDS, Tuberculosis and Malaria) Working Group and vice chair and secretariat of the Country Coordinating Mechanism.

Throughout 2007, particular emphasis was placed on leveraging resources for children and women, such as those relating to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and Global Alliance for Vaccines and Immunisation (GAVI).

Key Results in 2007

Partners working in the programme helped achieve the following results:

- 6,086 children received anti-retroviral treatment as of end September 2007 (compared to 3,547 in 2006, 1,686 in 2005 and 500 in 2004).
- 260,000 children under five, pregnant women, orphaned and vulnerable children (OVC) and people living with HIV (PLHIV) received Insecticide-Treated Nets (ITNs) in 96 unsprayed districts.
- 73 new Prevention of Mother-to-Child Transmission (PMTCT) sites were established with UNICEF support.
- Maternal and Neonatal Tetanus (MNT) campaign in 15 high-risk districts reached over 800,000 women, achieving coverage of above 100 per cent.
- 18,158 children received nutritional support as of September 2007 in 11 provinces.
- 93 per cent of salt produced in the country in 2007 was iodised, compared with 74 per cent in 2006 and 44 per cent in 2005.
- Health policy and legislative framework improved through the development of various policies and strategies.

FOCUS ON

Maternal and Neonatal Tetanus Campaign

Maternal and Neonatal Tetanus (MNT) continues to be a public health problem in Mozambique, with a neo-natal mortality rate at 48/1000*. As a crucial step towards the elimination of MNT in the country, the Government launched a MNT immunisation campaign in early December 2006 in close collaboration with WHO, the Maternal and Neonatal Elimination Partnership and UNICEF. The campaign aimed at immunising all child-bearing age women against tetanus toxoid in 15 high-risk districts.

The campaign was built around four strategies – planning, logistics, social mobilisation, monitoring and evaluation – and mobilised 2,356 people, including 1,683 vaccinators and registration staff working in 560 vaccination teams, 112 team supervisors and 1,560 volunteers. Vaccination services were administered in 54 localities at fixed vaccination sites (104 health posts and 175 schools) and by mobile teams.

Data from MISAU shows that the campaign achieved coverage of 94.2 per cent in the first round, 101.9 per cent in the second round and 105.3 per cent in the third round – over 800,000 child-bearing age women. This campaign brings Mozambique to the frontline of elimination of MNT.

* Demographic and Health Survey, 2003

For the GFATM, MISAU received support from WHO, UNICEF and other partners for developing its proposal on Tuberculosis for Round 7. The proposal was approved and US\$ 20.9 million for fighting tuberculosis will be allocated to Mozambique.

In the course of 2007, technical inputs were also provided to MISAU for developing its submission to GAVI for the introduction of new vaccines (hemophyllus influenza type b), which has received conditional approval. Once approved, GAVI's support for the bundled vaccines is estimated at over US\$ 29 million over 2007-2009.

Child Health

Through the dedicated support and coordinated intervention of many partners, the health and nutrition status of young children has improved. As a result of the programme, the numbers of children receiving anti-retroviral treatment increased to 6,068 as of end September 2007 (18 per cent of eligible children), compared to 3,547 in 2006, 1,686 in 2005 and 500 in 2004. Support was also provided to the distribution of 260,000 ITNs, including 20,000 for OVCs and PLHIV, 77,000 to pregnant women through antenatal services and 133,500 for families during the emergency (88,500 to families in Zambezia and 45,000 to children under five in Inhambane). In addition, 1,612 community health workers were trained to effectively treat malaria at community level.

In 2007, the MNT campaign constituted a key area of collaboration. Partners, including WHO and UNICEF, supported the Government in the preparation and implementation of the second and third rounds of the MNT campaign in 15 high-risk districts, targeting women of child-bearing age. Through the campaign, 795,000 women were vaccinated in the second round (101 per cent coverage) and 821,597 women in the third round (105 per cent coverage). This high coverage indicates that the target population was underestimated; it also pays tribute to a successful social mobilisation campaign – jointly implemented by the MISAU and partners – that prompted women from neighbouring districts to visit health posts to receive vaccination.

Nutrition

In close collaboration with governmental and non-governmental partners, a total of 18,158 children received nutritional support in 11 provinces, as of September 2007. Of this total, 8,845 children were treated as inpatients in 138 districts in all provinces, with a case fatality rate of 11.2 per cent (slightly higher than the international standard of 10 per cent, due to the fact that a large number of these children are living with HIV or AIDS), 4,018 children received ready-to-use therapeutic food and 5,295 moderately malnourished children benefited from corn-soya blend supplementary food through collaboration with WFP.

In 2007, support was given to supervision, quality control and training in the production of iodised salt. Iodisation enforcement committees were established and 357 inspectors trained to provide supervision, quality control and develop communication tools to promote consumption of iodised salt. As a result, 93 per cent of salt produced in Mozambique in 2007 was reported to be iodised, compared with 74 per cent in 2006 and 44 per cent in 2005. Vitamin A coverage in the first half of the year was reported at 60 per cent by the vulnerability baseline survey in seven provinces, compared with 43 per cent in 2006.

HIV and AIDS

In 2007, capitalising on strong donor support in the area of HIV and AIDS, the health status of women and adolescents improved. With resources from UNICEF National Committees, the establishment of an additional 73 new PMTCT sites was supported, bringing the total number of UNICEF-supported sites to 140 out of 384 PMTCT sites in the country by the end of August 2007. National data for the first half of the year indicated that acceptance for counselling and testing in pregnant women in PMTCT sites was 70 per cent and the uptake of Anti-Retroviral prophylaxis was 42 per cent. In addition, support was provided to the establishment of 13 Voluntary Counselling and Testing sites in existing Youth-Friendly Health Services in collaboration with UNFPA and WHO.

As of June 2007, there were 184 Youth-Friendly Health Services, of which 42 provide voluntary counselling and testing.

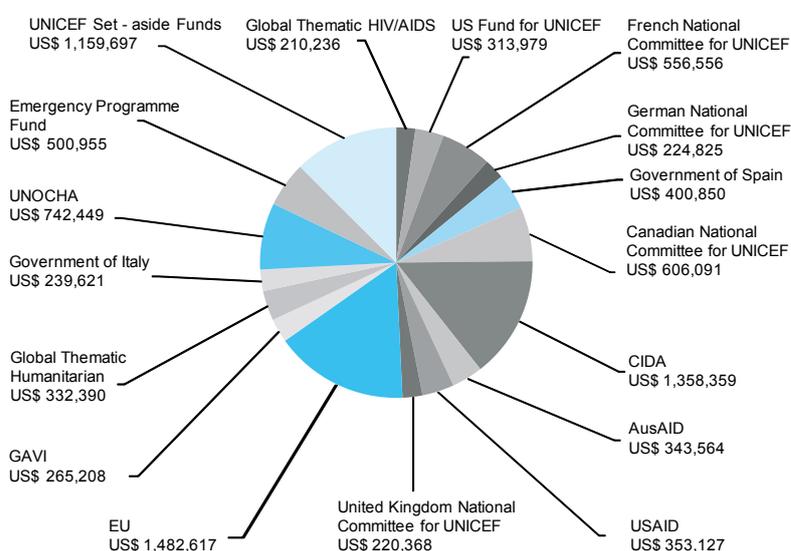
With regard to emergency preparedness and planning, MISAU was supported to ensure that populations sheltered in accommodation centres during the flood emergency had adequate access to basic health and nutrition services. In collaboration with the Nutrition and Health Cluster partners, including WHO, WFP, the Food and Agriculture Organization (FAO), CARE, World Relief and the Mozambican Red Cross (Cruz Vermelha), at least 107,534 people sheltered in accommodation centres gained access to basic health and nutrition services. District health authorities carried out epidemiological surveillance, cholera prevention, drug distribution and immunisation activities, while support to malaria prevention included Indoor Residual Spraying in accommodation centres and the provision of Long Lasting Insecticide-treated Nets (LLINs).

Funding in 2007

Breakdown of funds by source, 2007

Regular Resources	US\$ 2,674,860
Other Resources	US\$ 7,109,466
Other Resources - Emergency	US\$ 2,250,010
Total Amount Utilised	US\$ 12,034,336

Breakdown of funds by donor: Other Resources (including Emergency)





FOCUS ON

Malaria Prevention

Malaria is the biggest public health problem and the biggest killer of children in Mozambique. It is estimated that about 36,000 children under the age of five die each year as a result of malaria alone – about one child every fifteen minutes.

Roll Back Malaria partners, including the World Bank, WHO and UNICEF, have been supporting MISAU in the fight against malaria since 2000. Over the years, the ITN programme, which is one of the components of the overall national strategy, has evolved from being a programme primarily implemented by NGOs to one being progressively led by MISAU.

In November 2006, MISAU and partners agreed to combine the free distribution of LLINs with Vitamin A supplementation in eight districts of Niassa Province. During the week-long campaign, 56,300 LLINs were distributed to children under five and 96 per cent of children between 6-59 months received Vitamin A.

Building on the expertise of MISAU in planning, budgeting and implementing vaccination campaigns has proven to be a cost-effective approach to provide child survival interventions at a relatively low-cost. In this case, it cost about US\$0.65 per each child to receive a LLIN and a dose of Vitamin A.

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The Way Forward

In the policy area, UNICEF will continue to support the Government at national and provincial levels in increasing the capacity of staff in the areas of planning, effective implementation and monitoring of activities, with a particular focus on under-served and disadvantaged areas.

Partners will be supported to accelerate all interventions related to child survival and development, including the capacity building of health workers on the updated integrated management of childhood and neo-natal illnesses modules and the updated healthy and at-risk child guidelines. There will also be a focus on supporting the introduction of community-based newborn care and treatment of malaria, diarrhoea, pneumonia and severe malnutrition.

In close collaboration with partners, vitamin A supplementation, deworming, MUAC screening, vaccination, supplemental catch up measles immunisation and communication activities will be supported in order to contribute to measles elimination and to the delivery of an integrated package of health services. MISAU will also be supported in expanding the Reaching Every District strategy to cover 33 selected districts, aiming to reach over 80 per cent coverage in each district, with an emphasis on reaching hard-to-reach populations.

MISAU and its partners will support the distribution of an additional 1,500,000 (500,000 from UNICEF) LLINs to children under five, pregnant women, OVC and PLHIV in order to increase coverage for children under five in unsprayed areas to at least 85 per cent, and to increase the distribution of LLINs to pregnant women through antenatal services from an average of 36 per cent to over 50 per cent nation-wide.

Lastly, school health and nutrition activities in the seven convergence districts of the Child-Friendly Schools (CFS) initiative will be undertaken in close coordination with relevant Government partners.



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A survey conducted two months after the campaign indicated that at least 92 per cent of the children in the targeted districts were sleeping under the LLINs. Further analysis of Government data showed that in six of the eight districts clinical malaria was at its lowest level in comparison to the last three years.

In 2007, this methodology of distributing LLINs was used in 22 additional districts by MISAU and partners. In 2008, it will be used in over 30 districts to reach children and adults in unsprayed areas with up to 4.2 million nets.