Africa Regional Workshop on Improving Routine Data for Child Health in National Health Information Systems

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Day 3: Data collection and use approaches – community level: Nutrition data at the community level

Mozambique

Luisa Maringue, Nutrition Technician
MoH / Mozambique
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<table>
<thead>
<tr>
<th>Indicator</th>
<th>National Data</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasting prevalence children &lt;5 y</td>
<td>6%</td>
<td>DHS 2011</td>
</tr>
<tr>
<td>Stunting prevalence children &lt;5 y</td>
<td>43%</td>
<td>DHS 2011</td>
</tr>
<tr>
<td>Underweight prevalence children &lt;5 y</td>
<td>15%</td>
<td>DHS 2011</td>
</tr>
<tr>
<td>Anemia prevalence children 6-59 months</td>
<td>64%</td>
<td>IMASIDA 2015</td>
</tr>
<tr>
<td>Anemia prevalence women 15-49 y</td>
<td>54%</td>
<td>DHS 2011</td>
</tr>
<tr>
<td>Vitamin A deficiency prevalence children 6-59 meses</td>
<td>69%</td>
<td>MISAU 2006</td>
</tr>
</tbody>
</table>
Community Outreach

• The strategy that MISAU blocked was to fortify the community involvement for promotion, prevention and referral of cases for treatment in the Health Unit.
Key nutrition interventions offered through community outreach

Vit. A supplementation including Deworming

Anthropometric measurement

Nutrition education sessions & Culinary demonstrations
Key actors involved in Nutrition at Community (1)

Polyvalent Elementary Agent (APE)

- A member of the community selected by other community members and trained by the national health system (NHS), to provide preventive, curative and promotional services in that community.
- They receive a standardized monthly subsidy and report data to the NHS.
- Currently Mozambique has 3,576 APEs.
Key actors involved in Nutrition at community (2)

- Community health activists (CHAs) – volunteers elected by the community based on their experience and availability to volunteer, many times supported by specific projects/NGOs
  - Receive non-monetary incentives (e.g., t-shirts, caps, bycicles, others)
  - May receive a non-standardized monetary incentive-
Key actors involved in Nutrition at community (3)

- Traditional practitioners
  - Traditional birth attendants (TBAs)
  - Traditional healers
    Trained to identify signs of malnutrition and support care seeking practices
- All these actors are coordinated by a community health committee
Ideal flow of community nutrition data

• Community nutrition data should flow as follows:

Community
APEs, Activists

Community Health Committees

Subnational
(HF or District)
National
Sample of Registration Tools Used by APEs

APE Registration Book

### Monthly summary

#### Outras actividades preventivas

- Cloroquina nos recém-nascidos (0-28 dias)
- Vitamina A (2ª dose do ano)
- Novas latinoas construídas
- Outra actividade

#### Transferências para US

- Recém-nascidos (0-28 dias)
- Vacinação incompleta
- Consulta pré-natal/mulheres grávidas
- Consulta pós-natal
- Planeamento Familial
- Desnutrição aguda grave ou moderada
- TB abandonado identificado e encaminhado
- Pessoa em TARV/PTV abandonado identificado e encaminhado
- Sinal geral de perigo
- Outras causas
- TOTAL DE TRANSFERENCIAS

#### Participante de Palestras

<table>
<thead>
<tr>
<th>Palestras realizadas</th>
<th>Total de Participantes nas palestras</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malária</td>
<td></td>
</tr>
<tr>
<td>Diarréia e Saneamento do Meio</td>
<td></td>
</tr>
<tr>
<td>IRA</td>
<td></td>
</tr>
<tr>
<td>Saúde Materna Infantil</td>
<td></td>
</tr>
<tr>
<td>Nutrição</td>
<td></td>
</tr>
<tr>
<td>Planeamento Familiar</td>
<td></td>
</tr>
<tr>
<td>Outros temas</td>
<td></td>
</tr>
</tbody>
</table>
- TOTAL DE PALESTRAS
## Nutrition Data 2016

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Health Facilities</th>
<th>APEs</th>
<th>Activists</th>
<th>% community-level contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A Supplementation</td>
<td>2536889</td>
<td>89899</td>
<td>124367</td>
<td>5%</td>
</tr>
<tr>
<td>Deworming (Mebendazole)</td>
<td>3370944</td>
<td>116323</td>
<td>126475</td>
<td>3%</td>
</tr>
<tr>
<td>Nutrition Screening</td>
<td>169156</td>
<td>7723</td>
<td>21392</td>
<td>11%</td>
</tr>
<tr>
<td>Nutrition education sessions</td>
<td>177944</td>
<td>7113</td>
<td>104411</td>
<td>36%</td>
</tr>
</tbody>
</table>
Constraints

• APE data reported through a parallel database (i.e., not aggregated with health facility data)
• Community health activists supported by NGOs use parallel reporting tools and data does not flow through the health facility
• Irregular supervision of Community Health Workers/Volunteers from Health Facility Workers
• Lack of coordination and standardization between partners supporting communities
Way Forward

• Improve the coordination among community partners

• Standardize the data collection tools

• Ensure regular and timely reporting of data to all community stakeholders at the nearest health facility
THANK YOU
KHAMINAMBO