Ministry of Health

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

September 19–22, 2017  •  Johannesburg, South Africa

In collaboration with

USAID
FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program

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

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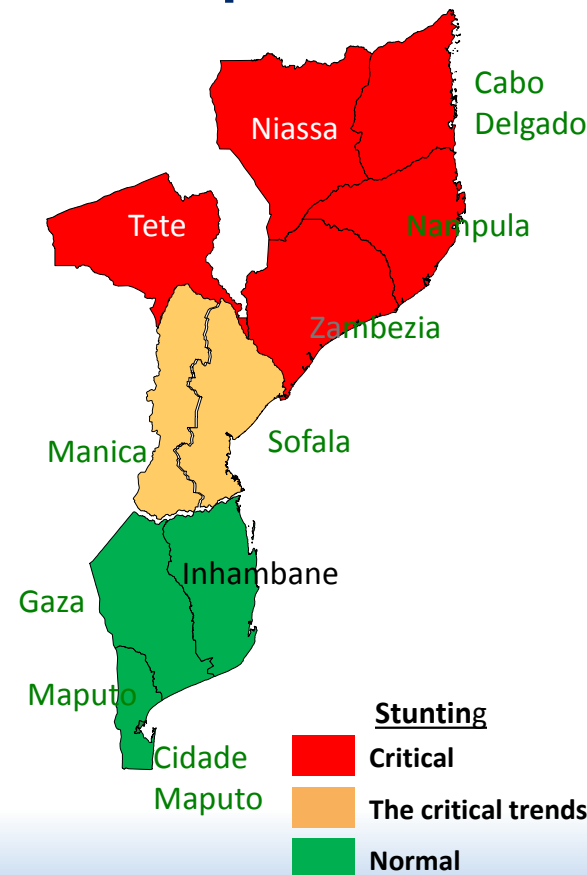MoH / Mozambique

# Contents

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- Nutritional situation in Mozambique

- Community Outreach – nutrition

- Nutrition data at the community level

- Constraints

- Challenges

# Nutritional Situation in Mozambique

| Indicator | National Data | Source |
|---|:---:|---|
| Wasting prevalence children <5 y | **6%** | DHS 2011 |
| Stunting prevalence children <5 y | **43%** | DHS 2011 |
| Underweight prevalence children <5 y | **15%** | DHS 2011 |
| Anemia prevalence children 6-59 months | **64%** | IMASIDA 2015 |
| Anemia prevalence women 15-49 y | **54%** | DHS 2011 |
| Vitamin A deficiency prevalence children 6-59 meses | **69%** | MISAU 2006 |



Niassa
Cabo Delgado
Tete
Nampula
Zambezia
Manica
Sofala
Inhambane
Gaza
Maputo
Cidade Maputo

**Stunting**
Critical
The critical trends
Normal

# 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**
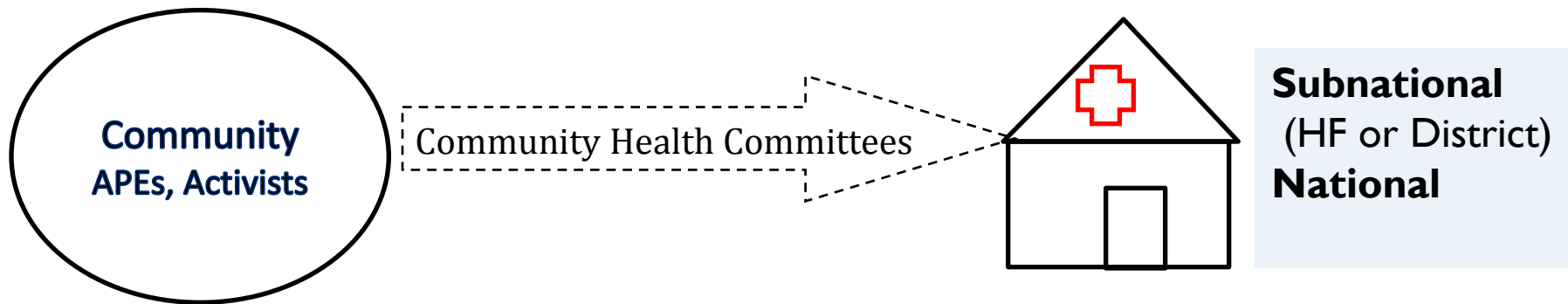
# Sample of Registration Tools Used by APEs

## APE Registration Book



**Monthly summary**

# Nutrition Data 2016

| Interventions | Health Facilities | APEs | Activists | % community-level contribution |
|---|---|---|---|---|
| Vitamin A Supplementation | 2536889 | 89899 | 124367 | **5%** |
| Deworming (Mebendazole) | 3370944 | 116323 | 126475 | **3%** |
| Nutrition Screening | 169156 | 7723 | 21392 | **11%** |
| Nutrition education sessions | 177944 | 7113 | 104411 | **36%** |

# 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 parterns 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

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# THANK YOU
# KHANIMAMBO