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Maternal and Child
Survival Program



Integrating Nutrition in the Care for Ill and Vulnerable Newborns and Children *Experiences from Mozambique*

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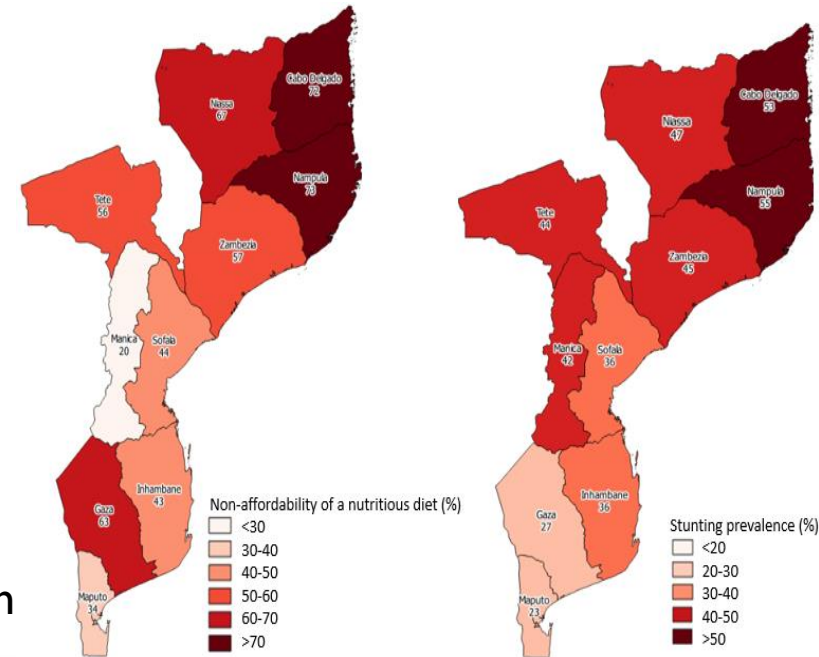
October 31, 2018

Outline

- Situational analysis of maternal and child nutrition and care during child illness in Mozambique
- Policies, strategies and guidelines for nutrition care of vulnerable and ill newborns and children
- Experiences with community-based management of acute malnutrition (CMAM) – Nutrition Rehabilitation Program
- Solutions to context

Maternal and Child Nutrition in Mozambique: statistics

- 3.7% of live births are low birth weight newborns (MOH HIS 2017)
- 43% of children < 5y are stunted (DHS 2011)
- 8% of children < 5y are wasted (DHS 2011)
- Anemia affects 54% of women of childbearing age and 64% of children < 5y (DHS 2011, IMASIDA 2015)
- 55% of children < 6m are exclusively breastfed (IMASIDA 2015)
- 15% of children 6-23 months receive a minimum acceptable diet (DHS 2011)



Source: MISAU. 2018. National Infant and Young Child Feeding Strategy 2018-2023. Maputo, Mozambique.

Child illness and care seeking practices in Mozambique: statistics

- 57% of caregivers with children <5y with ARIs symptoms sought healthcare (HC) services
- 56% of caregivers with children <5y with diarrhea sought HC services
- 63% of caregivers with children <5y with fever sought HC services



Photo: Kate Holt, MCSP

Feeding during child illness

Table 1. Caregiver knowledge and sick child care (continued feeding)

Knowledge / Practice	Nampula			Sofala		
	N	%	95% CI	N	%	95% CI
Caregiver knowledge of child danger signs ^{a)}	537	74,6	[71,4 - 77,8]	532	75,8	[72,6 – 79,0]
Appropriate sick care (continued feeding) (fever) ^{b)}	3	1,1	[0,0 - 2,4]	3	2,3	[0,0 - 4,9]
Appropriate sick care (continued feeding) (fast/difficult breathing) ^{c)}	1	2,0	[0,0 - 6,1]	0	0,0	-
Appropriate sick care (continued feeding) (diarrhea) ^{d)}	2	1,3	[0,0 - 3,1]	1	1,0	[0,0 - 3,1]
N TOTAL	a)720	b)266	c)49 d)154	a)702	b)130	c)30 d)96

Policies and strategies for nutrition care of vulnerable and ill newborns and children

- National IYCF Policy (2013, unapproved)

Chapter 2.4.8 IYCF in special circumstances

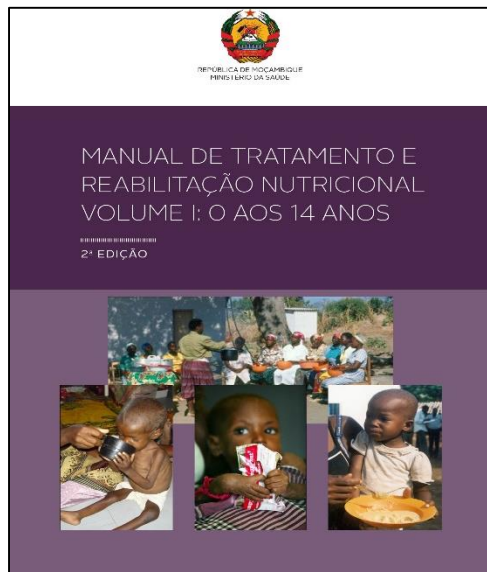
Focus on exclusive breastfeeding and kangaroo care *for low birth weight infants*; continued feeding and increased liquid (including breastmilk) intake *during sickness* and increased food intake *after sickness* through more frequent, nutrient dense meals; counselling and practical support for improved IYCF practices for caregivers of *children with acute malnutrition*; and WHO 2011 recommendations of IYCF in the context of HIV for *HIV-exposed children*

- National IYCF Strategy 2018-2023 (2018, under approval)

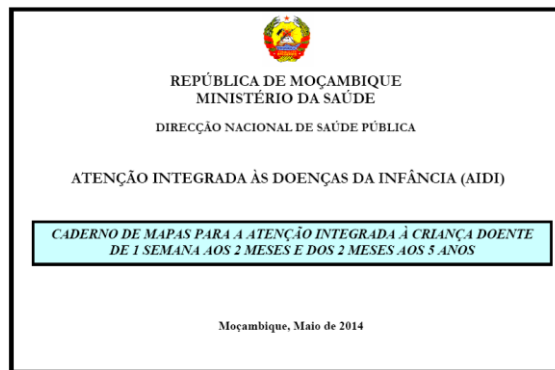
Strategic objective 5. Focused IYCF support for children in difficult circumstances, as defined in the National IYCF Policy

Key actions to improve counseling on and support to adequate IYCF practices in the context of HIV, acute malnutrition, and emergencies; and for orphan and vulnerable children.

Guidelines and job aids for nutrition care of vulnerable and ill newborns and children



*Nutrition Rehabilitation
Manual, Volume I*



IMCI Guidelines



*Community-based IYCF
counselling cards*

Nutrition rehabilitation program (community-based management of acute malnutrition)

- Covers management of both moderate and severe acute malnutrition (MAM and SAM)
- First edition of protocols approved in 2010, second edition being finalized
- Implemented in the whole country since 2011
- Highly dependent of the availability of external funding for procuring specialized nutrition products
- Lack of mentoring and supervision has limited performance
- Started integrated in MCH, later became vertical as more nutritionists became available at the health facility (HF) level

Nutrition Rehabilitation Program (PRN) Performance

Indicator	Target	2015	2016	2017
Proportion of discharges who have recovered	>75%	70%	74%	83%
Proportion of discharges who have defaulted	<15%	24%	20%	12%
Proportion of discharges who have died	<10%	-	11%	5%

Solutions to Context

Training and mentorship for improved inpatient acute malnutrition case management

- MOH worked with the Mozambican Association of Pediatricians to implement an action plan to improve inpatient severe acute malnutrition case management
 - Revision of severe acute malnutrition (SAM) inpatient treatment protocols
 - Training health facilities offering inpatient treatment of SAM
 - Mentoring trained health providers within 2 months of training, and every two months thereafter, to keep them motivated and committed to change

Focused efforts on SBCC to prevent malnutrition

- Community involvement is the first pillar of PRN
 - The MOH developed a package of community nutrition interventions, aligned with the SBCC Strategy for the Prevention of Undernutrition in Mozambique 2015-2019
 - To be implemented as a Disbursement-Linked Indicator under the GFF mechanism in Mozambique from 2018-2022

Child death audits, including deaths due to malnutrition

- In support of Provincial Health Directorates, MCSP pioneered the implementation of child death audits
- Child death audits are conducted by 3-5 people who review selected hospital records to identify causes of death and draw recommendations to prevent similar deaths in the future
- 80% of the cases discussed were cases of SAM (preventable deaths)

Technical assistance for improving PRN implementation (I)

Figure 1. Percentage of children 0-59 mos screened for malnutrition and identified with MAM/SAM in MCSP-supported sites (Oct 2017-Sept 2018)

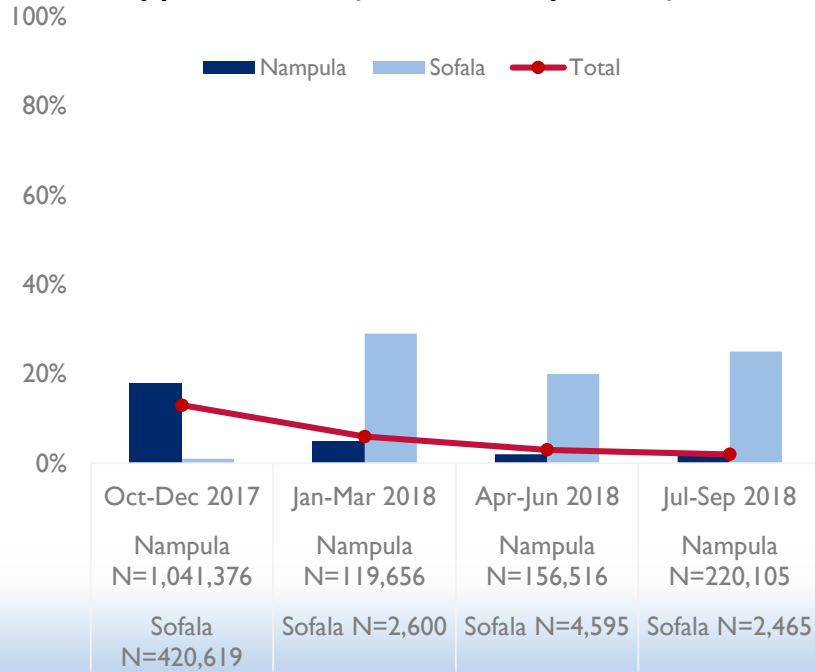
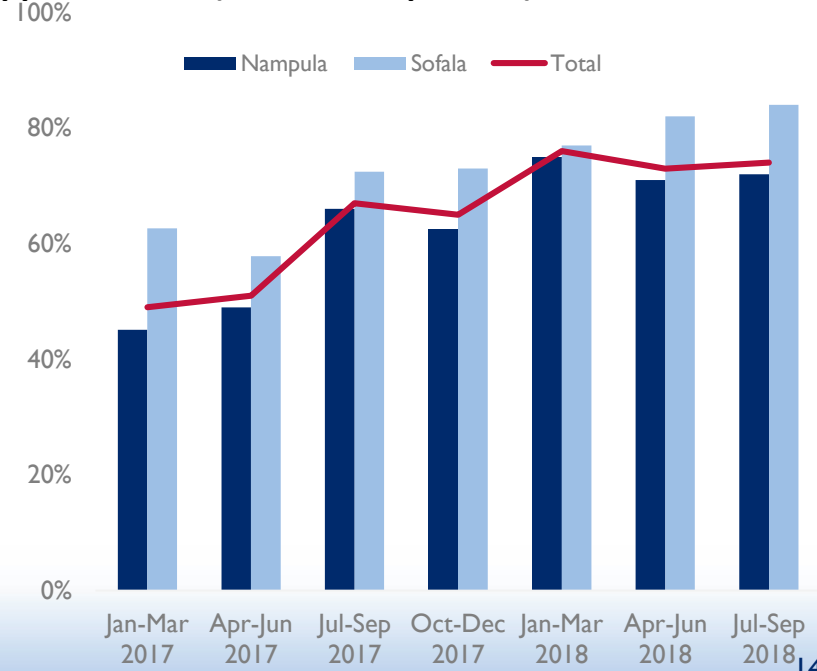


Figure 2: Percentage of children 0-59 mos with MAM/SAM who were recuperated in MCSP-supported sites (Jan 2017-Sept 2018)



Technical assistance for improving PRN implementation (2)

Figure 1. Percentage of Children Screened for Malnutrition at the At-Risk-Child Clinic at Four Facilities

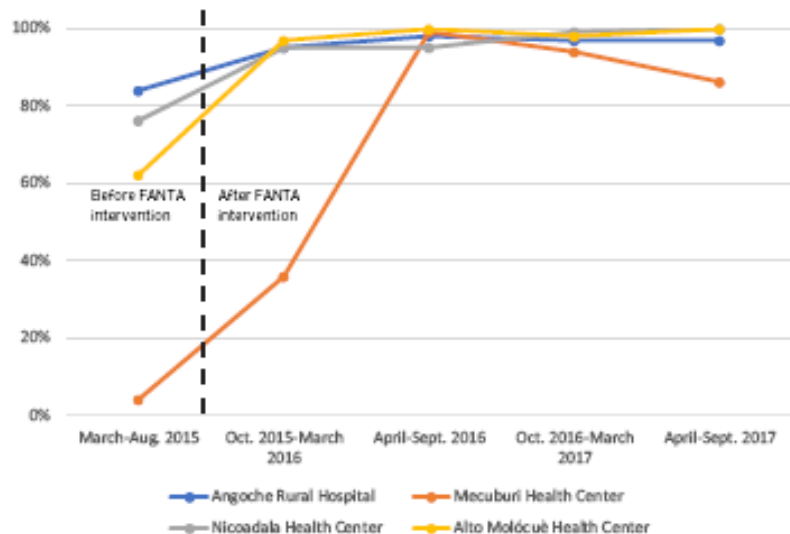
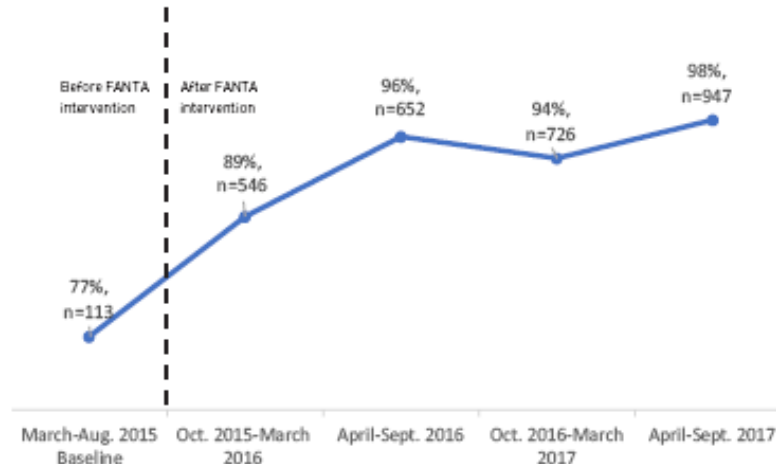


Figure 3. Percentage of Children under 5 Whose Nutritional Status Was Correctly Classified in the At-Risk-Child Clinic at Four Facilities



Note: n = number of children screened

Source: Food and Nutrition Technical Assistance III (FANTA). 2018. Strengthening nutrition in Mozambique: a report on FANTA activities from 2012 to 2018. NW, Washington DC.

Quality improvement cycles for improving PRN implementation

Figure A. Number of PRN Admissions in Mecuburi Health Center

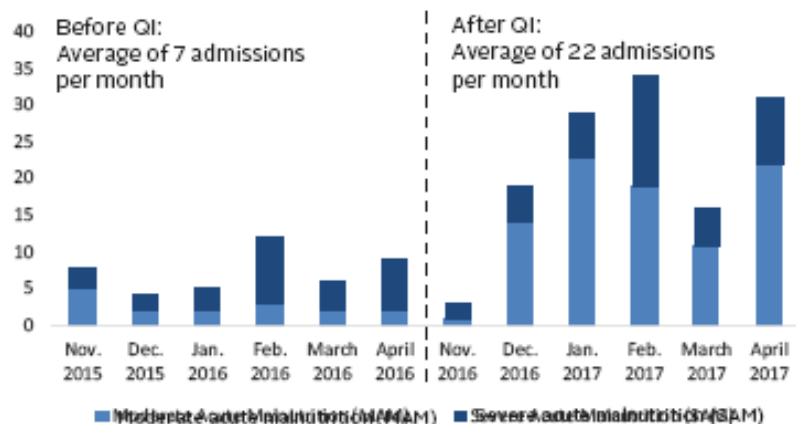
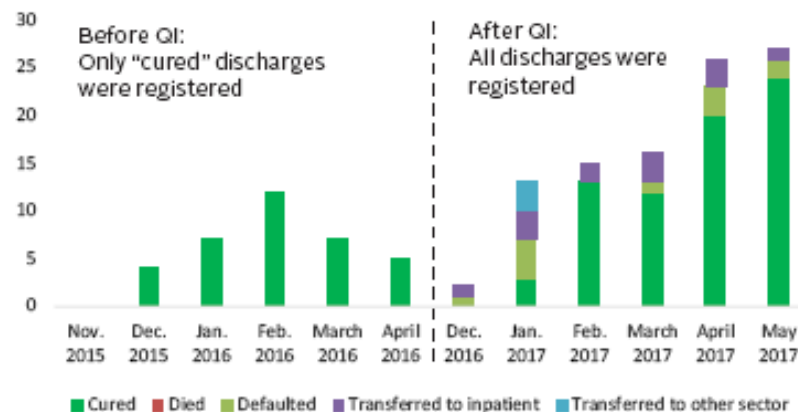


Figure B. Number of PRN Discharges in Mecuburi Health Center, by Reason for Discharge



Source: Food and Nutrition Technical Assistance III (FANTA). 2018. Strengthening nutrition in Mozambique: a report on FANTA activities from 2012 to 2018. NW, Washington DC.

For more information, please visit
www.mcspprogram.org

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Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop

30 October–2 November 2018

Accra, Ghana

photo by Kate Holt/MCSP

