

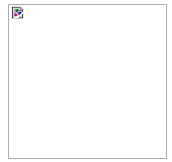
República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

HBHI Country planning

MOZAMBIQUE

Team: Mercia Dimene (NMCP/MoH), Eva de Carvalho (WHO CO), Frederico Brito (UNICEF CO), Patricia (USAID /HQ), Geoffrey Bisoborwa (WHO/AFRO) ,
Chris Warren (PMI /HQ)

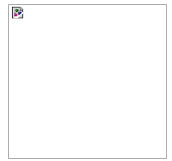
Main conclusions and action points



República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

- There is a political will and policy on paper with PHC approach
- There good experience on CHW and iCCM implemented in all districts and prioritized in areas 8 to 25 km from health facilities. The services are free for the beneficiaries
- However there are challenges:
 - CHW are not part of health system;
 - Inadequate health professional staffing at PHC;
 - Stockout of iCCM medicines;
 - Inadequate joint child health and malaria monitoring and supervision at central level;

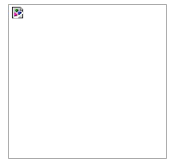
Recommendation on country specific action points for MoH, Government and country partner



República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

- Government/MoH
 - Finalize the policy review for CHW;
 - Ensure pneumonia data is in HMIS to improve commodities quantification
 - Optimize iCCM medicine Kit to avoid stockouts;
 - Support Community committees to improve referral system at community level
- Partners
 - Ensure financial support to iCCM which address all implementation gaps

Recommendations for global and regional partners on how maximize HBHI approach to reduce child mortality



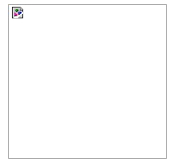
República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

- Support on resource mobilization so that iCCM is priority in country investments;
- Share experiences of what works and tools
- Technical assistance to improve procurement and logistic



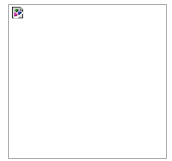
OBRIGADO PELA ATENÇÃO
Thank you
Merci

Pillar 1 – Political will



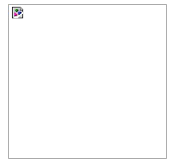
- High child mortality area malaria, diarrhea, pneumonia, HIV, nutrition, newborn health are prioritized –
- The approach is integrated through implementation of IMNCI in all health facilities, child health deliver preventive and curative services of malaria.
- Investment in HR and commodities for PHC is led by Government however the iCCM is mainly donor dependent
- Community engagement is part of the health promotion strategy policy, with two approach: a) engagement to improve PHC services at health facility and b) engagement to improve community health. It is expanding however is not sufficiently autonomous and rarely address all local problem.

Pillar 2. Strategic use of information



- iCCM routine data is collected and flow in the health system which shows progress. There is still difficulty on collecting health facility data on pneumonia. MCH department should work to incorporate in the HMIS.
- Population based surveys (DHS, MIS) are conducted to assess the outcomes and impacts
- Data is used to track disease trends and malaria commodities. Tracking for diarrhea and pneumonia is not done.
- DHS, IMASIDA, MIS, SARA, and research: health facility survey
- Micro-stratification is not done at district level. Malaria done Macro-stratification but other diseases not yet

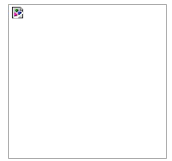
Pillar 3- Better guidance



República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

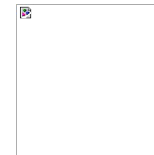
- Guidance on mainstreaming iCCM in CHW policy;
- Integrated in the Health policy, health national strategic plan;
- iCCM prioritized for areas 8 to 25 kms of health facilities;
- Policy of CHW being disseminated, clarification of criteria for prioritization of iCCM is needed.

Pillar 4 – Leadership and coordination



República de Moçambique
Ministério da Saúde
Direcção Nacional de Saúde Pública

- Public health department leads and coordinate PHC intervention at all level;
- Joint planning takes place at all level during annual planning meeting:
 - Challenges:
 - HR planning is not linked to service delivery
 - Financial secured through GF, RMNCH investment case and GFF
 - CHW are not part of health system and public sector payroll
 - Stockouts of commodities
 - Referral system lack transportation system, tracking of what arrived at health facility, capacity of health facility to manage cases
 - Resource for supervision (human resource, transport, fuel)
- Partners are aligned with government.



OBRIGADO PELA ATENÇÃO