## Mozambique Overview

### Nhamatanda District: 2017 Rapid Facility Assessment

### Rapid facility assessment

To inform and adjust program implementation based on community health worker and facility capacity to implement the Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project, a baseline rapid assessment was conducted in primary health facilities in Mozambique’s Phase I target district.

The objective of the assessment was to understand current malaria in pregnancy practices and challenges. Four topic areas were assessed:

- Facility readiness for malaria in pregnancy (MiP) prevention
- ANC provider MiP knowledge
- Community health worker (CHW) characteristics
- Facility-based data quality

Number of facilities sampled from stratified list:

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<table>
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<tbody>
<tr>
<td>% facilities with SP in stock</td>
<td>56%</td>
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<tr>
<td>% of facilities with stock out in prior 3 months, per stock card</td>
<td>89%</td>
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<tr>
<td>% of facilities missing stock card</td>
<td>14%</td>
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### Malaria burden in Mozambique


- Number of malaria cases nationally:
  - 8,870,000

- Total population at risk for malaria:
  - 28,829,471

- IPTp3 coverage among pregnant women in Sofala Province:
  - 36%

### SP and commodity distribution

- Mozambique reported the highest level of stock cards being consistent with actual SP stock levels (44%), but also the highest percentage of stock-outs of SP in the last three months (89%), indicating that drug management remains a challenge despite relatively high usage of stock cards.
- Facilities in Mozambique were the only ones to not report women’s refusal as a challenge to service administration.

### Community health workers

- Of the 4 TIPTOP implementation countries, Mozambique has, by far, the fewest CHWs, and only 2 female CHWs.
- To address the low number of CHWs in Nhamatanda, TIPTOP will also train 352 lay community counselors (LCCs). The LCCs will counsel women on malaria prevention during pregnancy and refer women to CHWs who are able to provide SP, and to health facilities for ANC services.

### CHW role:

Do not currently offer any ANC; will offer IPTp2 and subsequent doses to eligible pregnant women.

### CHW Reimbursement:

CHWs (called APEs in Mozambique) are volunteers who receive both cash stipends and non-cash incentives.
**TIPTOP program locations in Mozambique**

**PHASE 1**
- Nhamatanda (Sofala Province)

**PHASE 2**
- Meconta District (Nampula Province)
- Rapale District (Nampula Province)

**Phase 1 area details**
- Population: 301,874
- Area: 4,014 square km
- Density: 75 persons/square km
- Expected pregnant women: 5% or 15,094

**Health system in Mozambique**
- **National level:** Ministry of Health
- **Intermediate level:** Provinces
- **Local level:** District
  - **Subdivisions:** Administrative posts, localities

**ANC provider knowledge**

- **% listing malaria prevention and control:**
  - Using ITNs: 100%
  - 3+ doses of SP: 100%
  - Detect and treat: 0%
  - % comfortable assessing gestational age: 62%

**Selected next steps and dissemination**

- Train lay community counselors to increase opportunities for pregnant women to receive preventive care
- Provide cell phones and airtime for communication with supervisors
- Conduct training on M&E and data quality audits
- Results shared with: MOH National Directors, WHO Malaria Office; Sofala Province Health Directorate Staff; Nhamatanda District Health Directorate Staff

**What is TIPTOP?**

The Transforming Intermittent Preventive Treatment for Optimal Pregnancy (TIPTOP) project is an innovative, community-based approach that aims to dramatically increase the number of pregnant women in malaria-affected countries in sub-Saharan Africa receiving antimalarial preventive therapy, thus saving the lives of thousands of mothers and newborns.

TIPTOP works in four countries: Democratic Republic of Congo, Mozambique, Madagascar, and Nigeria.

For more information about the project, please visit: [www.tiptompalaria.org](http://www.tiptompalaria.org)