

## Data Sheet

<b>USAID Mission:</b>	Mozambique
<b>Program Title:</b>	Maternal and Child Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	656-008
<b>Status:</b>	Continuing
<b>Planned FY 2005 Obligation:</b>	\$12,530,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2006 Obligation:</b>	\$10,430,000 CSH
<b>Year of Initial Obligation:</b>	2003
<b>Estimated Year of Final Obligation:</b>	2009

**Summary:** The maternal and child health program includes a combination of national and community level activities designed to improve policies and health care management; increase access to proven and effective primary health care services; and increase community level demand for these services. USAID will accomplish this by providing: (1) training, technical assistance, and commodities to improve the delivery and quality of child and maternal health services; (2) technical assistance and training in institutional development to improve and decentralize the Ministry of Health's (MOH) management systems; (3) training and technical assistance to communities on how to promote better health care, including strengthening the capacity of local groups to conduct successful behavior change communication activities; and (4) training and technical assistance to the MOH and communities in health systems administration, the use of data for decision making, financial management, and the development of priority services and protocols.

### **Inputs, Outputs, Activities:**

**FY 2005 Program:** Improve Child Survival, Health and Nutrition (\$4,030,000 CSH). USAID is improving access to and demand for quality pediatric health and nutrition services by building capacity and knowledge within health care facilities and communities. Technical assistance and training for health authorities and communities focuses on vaccine-preventable diseases, malaria prevention, malnutrition, Vitamin A deficiency, and diarrheal diseases. Assistance is being delivered through the integrated management of childhood illnesses and community-based distribution approaches. Training of community and facility-based health workers is improving the diagnosis and management of malaria, counseling of patients, and infection prevention. Principal contractors and grantees: World Vision; others to be determined.

Improve Maternal Health and Nutrition, Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$6,300,000 CSH). USAID is increasing access and demand for maternal health--including reproductive health--and nutrition services through training and technical assistance delivered to district and provincial health care workers and communities. Technical assistance and training for health care professionals and communities focuses on vaccine-preventable diseases, malaria in pregnancy, maternal malnutrition, provision of post-partum Vitamin A, and community-based distribution approaches for Vitamin A, Oral Rehydration Salts, and condoms. The USAID-designed family planning/child spacing policy is being adopted by the Government of the Republic of Mozambique (GRM) in 2005. Family planning and reproductive health resources are being used for training and technical assistance to improve service delivery, supervision of health workers, and logistics systems. Training of community and facility-based health workers is improving the quality of antenatal care, ensuring early detection and management of malaria, TB and improving counseling, contraceptive security, and infection prevention. Develop TB/HIV activities at the community level. Principal contractors and grantees: World Vision; others to be determined.

Build Health Systems Capacity (\$2,200,000 CSH). USAID is strengthening the capacity of MOH staff to improve vital national systems for planning health services and for monitoring program performance. To foster improved maternal and child health, USAID also is developing policies, guidelines, and protocols in several technical areas, such as malaria, TB, epidemic response, advocacy, and monitoring and

evaluation. Health care providers at the central level and in the four target provinces (Zambezia, Nampula, Gaza, and Maputo) are receiving essential management and leadership training. USAID financing and technical assistance at all levels -- central, provincial, district, and community -- ensures the efficient and timely provision of contraceptives and child survival products through improved logistics management. Principal contractors and grantees: John Snow, Inc. (prime), with others to be determined.

**FY 2006 Program:** Improve Child Survival, Health and Nutrition (\$2,740,000 CSH). USAID will continue to increase the use of child health services in the target areas through ongoing training and technical assistance. USAID also will increase training and technical assistance to the MOH in order to accelerate the roll-out of the National Malaria Control Program. New areas of intervention may include technical support and training in water and sanitation management at the community level to ensure a safe water supply. Principal contractors and grantees: World Vision; others to be determined.

Improve Maternal Health and Nutrition, Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior (\$3,600,000 CSH). USAID will continue to increase the use of effective family planning/reproductive health services in the target areas through ongoing training and technical assistance. In addition, USAID will provide technical assistance to facilitate implementation of the GRM's newly-adopted family planning/child spacing policy. Principal contractors and grantees: World Vision; others to be determined.

Build Health Systems Capacity (\$4,090,000 CSH). USAID will continue to provide technical assistance and training to MOH staff to strengthen critical health care systems and to develop and implement improved policies, guidelines, and protocols that lead to better family planning and maternal and child health. Principal contractors and grantees: John Snow, Inc. (prime) with others to be determined.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

**Performance and Results:** During FY 2004, USAID's health program in Mozambique completed the transition to the new strategy. To facilitate the transition, USAID concentrated activities at the central level. In FY 2004, USAID funded the design of a family planning/child spacing policy that comprehensively and strategically addresses the high proportion of teenage pregnancies, the country's high HIV prevalence rate, and other priority issues. (Adoption of this policy is pending ministerial approval.) USAID also financed the launch of a national campaign promoting optimal birth spacing, and funded the inclusion of the strategy in medical school and health science institute curricula. USAID also trained 120 laboratory staff from more than 30 sites in five provinces in improved laboratory diagnosis of malaria parasites, vector resistance, and species composition, and USAID established malaria surveillance sites in three provinces to better assess the effectiveness of different prevention strategies.

Health statistics in the six targeted provinces demonstrated that USAID achieved or exceeded several program targets. Improvements in rural child health are demonstrated by an increase in DPT3 immunization rates from 44% in 2001 to 56.3% in 2004. There also has been an increase in the use of oral rehydration solution or other recommended home fluids to reduce severe dehydration and/or death due to diarrhea. The use of oral rehydration solution increased from 45% in 2001 to 57.3% in 2004. The proportion of pregnant women attending at least one prenatal consultation increased from 76% in 2001 to 83.8% in 2004 and, in the same period, the contraceptive prevalence rate rose from 9.2 % to 12.9%.

By the end of the strategy, USAID will have significantly increased childhood immunization coverage, reduced the maternal mortality rate, and increased use of modern methods of contraception in target areas.

## US Financing in Thousands of Dollars

Mozambique

656-008 Maternal and Child Health	CSH
<b>Through September 30, 2003</b>	
Obligations	4,428
Expenditures	0
Unliquidated	4,428
<b>Fiscal Year 2004</b>	
Obligations	8,830
Expenditures	2,097
<b>Through September 30, 2004</b>	
Obligations	13,258
Expenditures	2,097
Unliquidated	11,161
<b>Prior Year Unobligated Funds</b>	
Obligations	0
<b>Planned Fiscal Year 2005 NOA</b>	
Obligations	12,530
<b>Total Planned Fiscal Year 2005</b>	
Obligations	12,530
<b>Proposed Fiscal Year 2006 NOA</b>	
Obligations	10,430
Future Obligations	19,782
Est. Total Cost	56,000