

# Mozambique

## Health Thematic Report January – December 2018



©UNICEF Mozambique/2017

20 March 2019

unicef  | for every child

## Contents

I. EXECUTIVE SUMMARY .....	4
II. STRATEGIC CONTEXT OF 2018 .....	5
III. RESULTS IN THE OUTCOME AREA .....	5
IV. FINANCIAL ANALYSIS .....	8
V. EXPRESSION OF THANKS .....	12
VI. HUMAN INTEREST STORY .....	13
VII. DONOR REPORT FEEDBACK FORM .....	16

## ACRONYMS

BNA	Bottleneck Analysis
CHC	Community Health Committees
CHW	Community Health Worker
DHIS	District Health Information System
EPI	Expanded Programme on Immunization
HAI	Health Alliance International
HPV	Human Papiloma Virus
HKI	Hellen Keller International
HMIS	Health Management Information System
IHP	Integrated Health Planning
MCH	Maternal and Child Health
MoH	Ministry of Health
MR	Measles Rubella
PHC	Primary Health Care
RMNCAH/N	Reproductive, Maternal, Newborn, Child, Adolescent Health
SWAp	Sector-Wide Approach
UNFPA	United Nations Population Fund
VAS	Vitamin A Supplementation
WHO	World Health Organisation

## I. EXECUTIVE SUMMARY

Focused largely on the primary health care and community engagement, UNICEF works in support of the Reproductive Maternal Newborn, Child and Adolescent Health and Nutrition Investment Case (RMNCAH/N) priorities. Supported generously by the UK government, USAID, EU and other donors, UNICEF works closely with UNFPA and WHO under a Joint Programme to tackle specific areas of the Investment Case and catalyze additional resources from the Global Financing Facility. This catalytic role will become an increasingly important theme for the remainder of the country programme, helping government better spend its resources through technical assistance as well as direct support to implement key programmes.

In the area of maternal and newborn health, multiple actions were undertaken for quality improvement including neonatal equipment assessment and supply, training of 256 health workers, and monitoring of maternal and newborn deaths to understand system failures. With the help of maternal and neonatal committee audits, 224 neonatal deaths were notified in 2018. These audits help identify principal causes of neonatal deaths within institutions and provide the teams concerned opportunity for bettering neonatal care.

In the first half of 2018, UNICEF supported the government to introduce measles-rubella vaccine through a two-phase campaign covering the northern and southern provinces reaching 14 million children and adolescents.

A total of 2,101 children aged 6-59 months were screened in the communities Tete, Zambezia where 28 children were found to have severe acute malnutrition and were referred for treatment in the outpatient care services. 256 children with moderate acute malnutrition were treated by Community Health Workers at community level.

There are now a total of 5,580 community health workers in Mozambique helping to bridge the gap in access to health services for needy communities.

These achievements have been made possible by thematic funds received by the country office. Thematic funds received from the Lithuania Committee for UNICEF allowed Mozambique Country Office to respond to priorities and demands in a more flexible way than many other sources of funding. The funds received are as follows:

<b>Donors</b>	<b>Grant Number</b>	<b>Contribution Amount (USD)</b>	<b>Programmable Amount (USD)</b>
Lithuanian National Committee for UNICEF	SC1499010126	45,991	43,801
<b>Total</b>		<b>45,991</b>	<b>43,801</b>

## II. STRATEGIC CONTEXT OF 2018

Mozambique remains one of the poorest countries in the world ranking 180 out of 189 countries in the 2018 Human Development Index (HDI: 0.437). UNICEF's 2018 Multidimensional Child Poverty Report, which is awaiting final endorsement by the Minister of Economy and Finance, confirms that 46.3 per cent of Mozambican children are multidimensionally poor and 25 per cent of Mozambicans under 18 are deprived in four or more of eight key deprivation dimensions, notably higher than peers in neighbouring countries.

Limited progress has been made in improving the standard of living of general population, especially children. In addition, the reduction in poverty has not kept up with the fast pace of population growth and, as a result, the absolute number of poor people has increased from 11 million in 2003 to 12.3 million in 2015 (IOF 2016). Mozambique has a population of almost 29 million people (52.2 per cent female and 47.8 per cent male) according to the 2017 census, and the population is growing at an average rate of 3.5 per cent per annum. Fertility rates, particularly adolescent fertility rates, are very high while life expectancy remains among the lowest in the world (55 years). It is estimated that the total population will double by 2030 and that an increasing proportion of the population will be children (currently 51 per cent under 18 and 64 per cent under 25) (Preliminary findings of Census 2018).

There is slow progress in reducing child stunting, which currently stands at 43 per cent nationally, a deprivation that is again higher in rural and northern areas, but prevalent and severe in cities as well. Child stunting is one problem that has not improved tangibly since 1996/97 according to the report. The same analysis confirms that one in five children (22%) are simultaneously deprived in access to water and sanitation (WASH), health and nutrition.

Mozambique neonatal mortality still accounts for a third of under-five mortalities whilst seven out of 100 children still die within their first five years of life. Most neonatal deaths occur in the first days of life. Several observations have revealed that the quality of care, particularly at Primary Health Care level, on key services such as ante-natal care, post-natal care, maternity and out-patients paediatric consultations remain very doubtful. Further, maternal and neonatal deaths are rarely reported for many reasons including fear of health professionals to be blamed by the supervisor for poor management.

Mozambique continues to experience natural hazards every year, given its geographical location and the social and economic vulnerability of the population. The 2017-18 rainfall season resulted in below average agricultural yield, particularly in the southern and some central parts of the country, with an estimated 815,000 severely food insecure people in 32 districts and over 19,000 children in nine districts expected to suffer from Acute Malnutrition.

## III. RESULTS IN THE OUTCOME AREA

### Maternal and newborn health

In the targeted provinces of Nampula and Zambezia, UNICEF has multiple engagements to improve the quality of care for maternal and newborn care.

Working with partners such as Health Alliance International (a research institution), professional associations of paediatricians and gynaecologists (master mentors), the Ministry of Health own nurses and

nurse supervisors, an evidence based Maternal Child Health-Primary Health Care (MCH-PHC) mentoring model has been started to improve skills during service delivery in Zambézia province. Early feedback is very positive with a clear baseline defining key skills for improvement through regular peer led visits within each of the 11 targeted districts of the province. The results to be assessed by mid-2019 are being monitored nationally for replication to other provinces.

To improve the quality of referral care, UNICEF also supports the upgrading of the health facilities and skills for management of sick newborns. During 2018, nine sick newborn units at secondary referral level were operationalized with contributions to many more in the country. In addition, an inventory of neonatal equipment quantified the equipment needs, by facility and estimated the financial gap considering the current pipeline (including UNICEF purchases) of equipment (US\$1 million). Working with civil society partner Village Reach, the assessment was integrated with a cold chain inventory conducted at the same time. In partnership with the Brazilian Paediatric Association, 256 health workers were trained and 47 certified as trainers in resuscitation of newborns in Nampula, Beira and Maputo provinces.

Underlying the capacity development efforts, maternal and neonatal death committee audits diagnoses critical failures and guide future improvement efforts. As of Q3, 224 neonatal deaths have been notified (compared to 152 in the same period in 2017). These audits help identify principal causes of neonatal deaths within institutions and provide the teams concerned opportunity for bettering neonatal care.

In the targeted provinces of Nampula and Zambezia, UNICEF has multiple engagements to improve the quality of care for maternal and newborn care.

### **Child health and immunization**

An essential focus of UNICEF contribution to increasing the coverage of a comprehensive package of PHC services focuses on four priority provinces (Zambézia, Nampula, Manica and Tete) that have large numbers of under-immunized children. The community mapping that started in 2017 has been completed in these four provinces. The aim of this community mapping is to identify communities without any access to health services for better targeting newly deployed CHWs and to improve the coverage of micro-plans for outreach services. Such systematic mapping to date, identified 301 communities, representing over 250,000 people.

A partnership with Helen Keller International (HKI) has facilitated the integration of vitamin A supplementation (VAS) into community, outreach and health facility delivery platforms and provides ongoing support for higher quality outreach. In 2018, HKI supported implementation of activities in 20 selected districts of Nampula, Zambézia, Tete and Manica provinces. The VAS indicators were integrated into the HMIS in December 2018 with the introduction of the new registration books for healthy child consultations (CCS) and sick child consultation (CCD) within the routine health services. It is expected that from January 2019 these indicators will be reported via the HMIS.

In the first half of 2018, UNICEF supported national efforts to introduce measles-rubella (MR) vaccine through a two-phase campaign covering the northern and southern provinces reaching 14 million children and adolescents. UNICEF has heavily contributed to EPI taking the lead for the cold chain improvement (CCEOP) application and submission to GAVI funding as well as supporting the preparation for HPV vaccine introduction.

The measles-rubella campaign has also contributed to increase in two thirds the coverage of vitamin A supplementation in the routine service delivery.

The mHealth innovation 'upScale' has moved towards integration of CHW data to the DHIS-2 as well as linkage of community health data stocks into the national logistic management information system (SIGLUS), in the second part of 2018. This is done through a partnership with Malaria Consortium, DIMAGI and Sauditus. As indicated, the continued scale-up of the CHW is a key platform for ensuring both access and quality of care.

### **Acute Malnutrition**

UNICEF continues to work on several fronts to revise the strategy and scale-up on the pragmatic efforts on the ground to improve both access and quality of the community management of malnutrition programme. To improve access, a community-based management of acute malnutrition pilot was launched in the second semester of 2018 by the Ministry of Health in one community of three selected districts of Nampula, Zambézia and Tete with technical and financial support from UNICEF. A total of 2,101 children 6-59 months were screened in these communities where 28 children were found to have severe acute malnutrition (with or without clinical complications) and were referred for treatment in the outpatient care services. 256 children with moderate acute malnutrition were treated by the CHWs at community level.

As part of efforts to improve quality of care in inpatient management of severe acute malnutrition among children, through a partnership with the National Paediatric Association (AMOPE) and PATH, UNICEF supported the scale up of capacity building and mentoring to more than 64 hospitals and health centres in all provinces reaching 236 health professionals including medical doctors, paediatricians, nutritionists and health service assistants. These add up to 130 hospitals and 546 health professionals covered through this partnership that was initiated in 2017. Despite these efforts, the proportion of facilities with acceptable cure rates is a cause for concern. While the overall cure rate is rising (as are the number of *reported* admissions), deeper analysis into the facilities with unacceptably low performance as well analysis of stock-outs in provinces under UNICEF support is needed.

The community management of malnutrition programme scale up strategy was postponed due to further delays in contracting a suitable consultant to undertake a bottleneck analysis of the programme. Nevertheless, the programme has continued its expansion and nearly 80 per cent (1,283) of all health facilities in the country reported at least one SAM admission to the programme in 2018. Quality of treatment, with cure rates above 75 per cent increased in absolute numbers as 506 health facilities have reached that objective, and those health facilities concentrate more than 80 per cent of the total SAM cases treated in the country.

The nutrition in emergency response undertaken from March to September 2018 has contributed to an increase of about 46 per cent (in relation to 2017 results) in the number of children with acute malnutrition being admitted for treatment. This was a result of an improved quality in screening and referral of children from the communities to health facilities, according to results from the first semester 2018.

## Health system strengthening

UNICEF working closely with UNFPA and WHO in support of the Investment Case for Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH/N) continued to provide technical assistance in planning and coordination of actions as well as through implementation of a joint programme to tackle specific areas of the investment case.

UNICEF engaged in national level advocacy for programmatic alignment of the multiple streams of funding and sub-nationally through introduction of a bottleneck analysis (BNA) to the national integrated health planning (IHP) approach. Adopted nationally, this new tool presents an excellent opportunity to ensure the use of evidence for planning purposes.

UNICEF support to the community health system continues to accelerate. During 2018 some 864 CHWs were added, bringing the national CHW workforce to 5,580 and closing gaps in access coverage to remote communities (now, 60% of planned deployment reached). Research on barriers to feminization of CHWs has been completed to ensure a better gender balance. Already in 2018, new recruits constituted 50 per cent of females compared to the previous 70:30 male:female ratio. These elements have been consolidated in the revised CHW Strategy during 2018. This strategy is pending formal endorsement and is anticipated to be followed by a much wider Primary/Community Health System Strategy development to start in 2019.

As a complement to the CHW workforce, the Health Promotion Strategy gained momentum with (re)establishment of Community Health Committees (CHC) to implement the Model Family initiative. In Zambézia, 84 CHC were revitalized in eight districts and 64 CHC in Nampula. Having finalized the certification and validation process, in total 3,916 model families were recognised in Zambézia, Nampula and Cabo Delgado.

## IV. FINANCIAL ANALYSIS

This section illustrates the revenue, funding gaps and expenses within the Health programming area for which thematic funds have been received. Table 1 below illustrates the planned budget for the Health Outcome 2018. The information, in USD, is disaggregated by Programme Area and funding type.

Table 1: Planned Budget for the Health Outcome in 2018

Programme Area	Funding Type <sup>1</sup>	Planned Budget <sup>2</sup>
01-01 Maternal and Newborn health	RR	597,980
	ORR	1,048,273
01-02 Child health and EPI	RR	850,602
	ORR	4,729,070
01-03 Acute malnutrition	RR	148,205
	ORR	636,657
01-05 Health systems strengthening	RR	1,294,307
	ORR	3,594,237
	RR	<b>2,891,094</b>



	ORR	10,008,237
<b>Total Budget</b>		<b>12,899,331</b>

1. RR: Regular Resources, ORR, Other Resources Regular
2. Planned Budget for ORR does not include estimated recovery cost

Table 2 provides details of thematic contributions received for the Health Thematic Pool

Donors	Grant Number	Contribution Amount	Programmable Amount
Lithuanian National Committee for UNICEF	SC1499010126	45,991	43,801
<b>Total</b>		<b>45,991</b>	<b>43,801</b>

In 2018, UNICEF Mozambique utilized approximately \$22.1 million for programme activities and interventions related to Health interventions. The funds' utilisation is summarised below in Table 2.

Table 3 provides details of expenditure in 2018, disaggregated by programme area and resource type. All figures are on US Dollars.

Table 3: Expenditure by programme areas

Programme Areas	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	288	1,412,568	457,805	<b>1,870,661</b>
21-02 Immunization	484	2,612,280	394,816	<b>3,007,579</b>
21-03 Child Health	689,215	7,588,628	2,203,221	<b>10,481,065</b>
21-04 Prevention of stunting and other forms of malnutrition	349,076	2,132,530	857,669	<b>3,339,275</b>
21-05 Treatment of severe acute malnutrition	1,757,840	942,691	113,882	<b>2,814,413</b>
21-08 Early childhood development	78	92,951	525,054	<b>618,084</b>
21-09 Adolescent health and nutrition	4	83	30,631	<b>30,718</b>
<b>Total</b>	<b>2,796,986</b>	<b>14,781,732</b>	<b>4,583,078</b>	<b>22,161,796</b>

In 2018 the following results were achieved specifically with thematic funds carried over from the previous year:

Table 4: Expenditures in the thematic sector in 2018 (in US Dollars)

Programme Areas	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health				-
21-02 Immunization	73,807	28,535		102,342
21-03 Child Health		28,929		28,929
21-04 Prevention of stunting and other forms of malnutrition		374,271		374,271
21-05 Treatment of severe acute malnutrition		187,178		187,178
21-08 Early childhood development		91,241		91,241
<b>Total</b>	<b>73,807</b>	<b>710,155</b>	<b>-</b>	<b>783,961</b>

Table 5 below illustrates the total funds utilized to deliver health programming in 2018

Table 5: Major interventions using by specific intervention codes (2018)

Specific Intervention Codes	Total Utilized (USD)
21-03-09 HSS - Community Health System	4,255,591
21-03-10 HSS - Health systems procurement and supplies management	2,022,355
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	1,490,372
21-02-09 Measles and rubella supplementary immunization activities	1,273,369
21-02-02 Immunization supply chain, including cold chain	1,233,951
21-05-02 Capacity building for nutrition preparedness and response	1,130,362
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	1,088,178
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	1,029,790
21-05-01 Care for children with severe acute malnutrition	982,343
21-03-98 Technical assistance - HSS	696,739
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	585,455
26-07-01 Operations support to programme delivery	574,121
26-03-05 Innovation, multi-media content production and dissemination	470,541
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	435,687
21-03-99 Technical assistance - Child health	432,976

21-01-99 Technical assistance - Maternal and newborn health	429,883
21-05-99 Technical assistance - Treatment of severe acute malnutrition	379,823
21-04-03 Vitamin A supplementation in early childhood (children under 5)	359,863
21-08-04 ECD data, evidence, and knowledge generation and dissemination	334,954
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	300,331
21-02-05 Immunization operations	270,642
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	264,229
26-03-99 Technical assistance - Cross - sectoral communication for development	255,065
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	203,530
26-03-04 Community engagement, participation and accountability	201,866
21-03-18 Public health emergencies, including disease outbreaks	191,729
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	181,196
21-04-06 Salt iodization and other large-scale food fortification	160,836
28-07-04 Management and Operations support at CO	111,031
26-01-01 Country programme process (including UNDAF planning and CCA)	109,710
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	86,297
26-03-03 Children, adolescent and youth engagement and participation	83,809
21-02-99 Technical assistance - Immunization (excluding Polio technical assistance)	76,717
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	67,932
26-02-08 Programme monitoring	67,280
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	65,557
21-03-02 IMNCI facilities	59,825
21-08-05 ECD Policy and system strengthening	55,085
21-08-01 Capacity development of ECD frontline workers	46,848
21-03-05 Diarrhoea (diagnosis, care and treatment)	30,742
21-08-03 ECD advocacy and communication including campaigns	23,905
21-09-02 Prevention of undernutrition in adolescence (10 to 19 years)	22,415
21-03-15 HSS - implementation research in Health	7,488
26-03-06 Research, monitoring and evaluation and knowledge management for C4D	6,483
21-03-16 HSS - Management Information Systems	5,024
21-02-12 Continuous social mobilization and communication	3,625
26-02-09 Field monitoring	1,240
21-02-10 Polio vaccines and devices	-4,993
<b>Total</b>	<b>22,161,796</b>

## VI. FUTURE WORK PLAN

From 2019 forward, Mozambique will consolidate its efforts for improving newborn health under the Essential Newborn Action Plan (ENAP) framework developed during 2018. Efforts will be pursued to replicate the community-based management of acute malnutrition pilot to an additional 30 communities with concurrent evaluation efforts to assess feasibility for further scale-up. The table below shows the planned budget for the interventions in 2019.

Table 6: Planned budget and available resources for 2019

Programme Area	Funding Type	Planned Budget	Funded budget	Shortfall
01-01 Maternal and newborn health	RR	625,498	913,773	-288,275
	ORR	2,327,571	2,392,480	-64,909
01-02 Child health and EPI	RR	845,000	1,151,405	-306,405
	ORR	5,926,140	6,078,814	-152,674
01-03 Acute malnutrition	RR	269,104	139,893	129,211
	ORR	1,916,135	1,408,555	507,580
01-04 Health system strengthening	RR	1,235,907	1,047,255	188,652
	ORR	5,732,310	3,614,393	2,117,917
<b>Total</b>	RR	<b>2,975,509</b>	<b>3,182,629</b>	-207,120
	ORR	<b>13,986,021</b>	<b>12,085,687</b>	<b>1,900,334</b>

## V. EXPRESSION OF THANKS

Thematic funds remain a critical source of funding and allow the Country Office to respond to priorities and demands in a more flexible way than many other sources of funding. The Country Office is hopeful that thematic funds will be available to support critical Health interventions in 2020 and beyond.

## A phone and gel help newborns survive

By Ruth Ayisi



Suzana Daniel, 32, thought she had made all the necessary preparations to give birth in hospital. This included pounding maize flour and peanuts, buying a reed mat, soap and a bucket, and asking her father-in-law, who owns a car, to drive her to the hospital.

When she went into labour at 10 p.m., she phoned her father-in-law, only to find out there was no petrol in his car. “I was so worried. I just hoped that my baby would wait until daylight when I could get public transport,” says Suzana, who had given birth to her other three children in hospital. But that was before, when she lived in a town close to a health facility. Now, following the death of her first husband and marriage to her second husband, Suzana lives in the remote rural community of Marucua, in the district of Massinga, in the southern province of Inhambane.

Suzana Daniel with her baby ©UNICEF/Ayisi

Suzana soon realised that her baby would not wait. With light from a kerosene lamp, her mother-in-law had to help her through a five-hour labour at home. Unsure how to cut the umbilical cord, her mother-in-law phoned a traditional birth attendant, who in turn phoned Ilda Ngale, the local community health worker known as an *Agente Polivalente Elementar* (APE), who had been monitoring Suzana’s pregnancy and encouraged Suzana to plan for a hospital delivery.

Making sure she had her mobile phone and a tube of Chlorhexidine gel in her bag, Ilda pedalled her bike as fast as possible in the dark across sandy paths. It took her 30 minutes to reach Suzana’s home.

Although Ilda knows hospital births are much safer, Ilda said she felt confident to assist with immediate postpartum care, particularly with the help of an application on her smart phone called upSCALE.

The smart phone interactive programme is implemented by the Ministry of Health with the support of Malaria Consortium and UNICEF and financial support by UKAID. It covers all community health services, guiding APEs through patient registration, routine health checks, diagnosis, treatment, referral and follow up. The application includes a check list of danger signs specifically for newborns, including when to refer and how to give pre-referral life-saving treatment.

The APE's work is monitored by supervisors using a complementary tablet-based application which helps to improve the APE's performance and facilitates communication and feedback to APEs.

Like all workers in Mozambique, Ilda had to be able to read and write and was elected by her community to qualify for a five-month basic training course. She later benefited both from a two-weeks' training course on how to use the smart phone application and, community health in 2016, a UNICEF-supported refresher training run by the Ministry of Health on how to care for pregnant women, new mothers and their infants.

UNICEF Chief of Health, James McQuen Patterson says, "The training, the phone application and, more recently, supplying Chlorhexidine gel to APEs, a low-cost effective intervention that helps prevent umbilical infection, could reduce neonatal deaths significantly, particularly in remote rural areas." McQuen Patterson adds, "Although Mozambique has made considerable progress improving health outcomes in recent years, neonatal deaths still account for about 60 per cent of infant mortality." Between 1997 and 2011, infant mortality fell from 135 per 1,000 live births to 64 per 1,000 live births, and maternal mortality rates have dropped from 1,000 to 408 per 100,000 live births in 2011.<sup>1</sup>

Ilda confirms she used her phone to check the health of Suzana and her baby daughter. She also showed Suzana how to rub Chlorhexidine gel on the umbilical cord stump. "I told her to apply the gel every day for the first week, and to get to the health centre within 24 hours of giving birth."

Ilda is visiting Suzana along with Adolfo Guambe, the public health officer and coordinator of the APEs at provincial level. Suzana seems pleased with how the cord stump has healed. The baby, who is now four days old, has been resting on a mat on the floor inside their small home, made of reed and wood. Outside the heat is over 30 degrees, and the only sound is the palm trees rustling in the breeze.

Suzana breastfed her baby within the first hour, ensuring her baby received colostrum, rich in antibodies and essential nutrients, and is now continuing to exclusively breastfeed which she intends to do for six months before gradually introducing age-appropriate nutritious complementary food along with breastmilk, as advised by Ilda.

Suzana made the two-hour trip by public transport to the hospital the same day she gave birth. Both Ilda and Guambe, however, are concerned to hear that the nurse refused to attend to her, because she had not delivered within the health facility. Guambe reassures Suzana that this should not have happened, and he arranges to meet her at the hospital the following day with her baby. "We will work with the nurses to make sure this never happens again," says Guambe. "Although increasingly, women manage to give birth

---

<sup>1</sup> Instituto Nacional de Estatística, Moçambique: Inquérito Demográfico e de Saúde 2011 .

in hospital, even those in remote areas, for some it is still a huge challenge, and nurses must also give quality postpartum care to those who give birth at home.”

Suzana has indeed tried to give her baby the best start in life. Besides her good breastfeeding practices, she also attended five antenatal clinics during which she received an insecticide-treated net, which she uses. Like for many women, however, the distance to the nearest health centre remains a huge obstacle, and makes the community health workers’ contribution critical. Smiling and cradling her baby, Suzana says, “I don’t have big dreams, I just want my plot to have a good harvest and to have one more child.”

## VII. DONOR REPORT FEEDBACK FORM

Name of Report: Health Thematic Report

Reference number: SC149901

In order to improve the quality of our reports, we kindly request you to spare a few minutes to give us feedback on the report through the attached link: [donor feedback form](#)

Thank you.