



Mozambique Overview

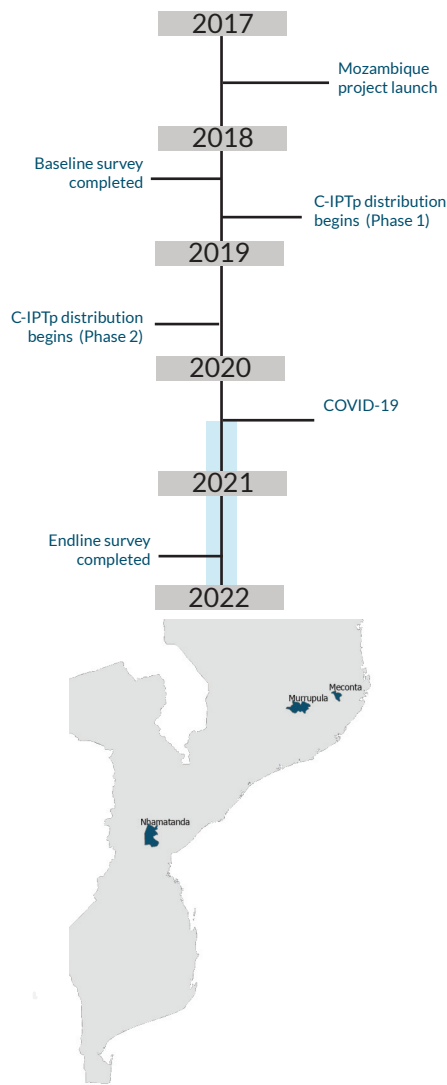
Nhamatanda, Meconta, and Murrupula Districts

TIPTOP Summary

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.

The TIPTOP project aims to increase coverage of the third dose of intermittent preventive treatment in pregnancy (IPTp3) through distribution at the community level, without decreasing antenatal care (ANC) attendance.

Timeline of Implementaton



Household Survey Results

Household surveys were collected as cross-sectional surveys using Multi-Stage Cluster Household Survey method. Information collected included ANC clinic attendance and IPTp coverage through interviews with women who had ended a pregnancy within the past six months.

	Nhamatanda		Meconta		Murrupula	
	Baseline	Endline	Baseline	Endline	Baseline*	Endline
IPTp3	63.33%	69.41%	34.58%	57.99%	49.07%	48.73%
ANC4	64.58%	60.20%	27.71%	34.49%	26.08%	17.59%

*Repeat baseline conducted

District Details

	Nhamatanda	Meconta	Murrupula
Province	Sofala	Nampula	Nampula
Population	326,851	263,944	217,590
Area	3,975 square km	3,733 square km	3,119 square km
Density	82 people/sq km	71 people/sq km	70 people/sq km
Expected pregnant women	16,343	13,198	10,879

Rapid Facility Assessments

TIPTOP-supported health facilities in order to evaluate their readiness to provide ANC and IPTp, and to assess the linkage between health facilities and community health workers (CHW) for better activity coordination.

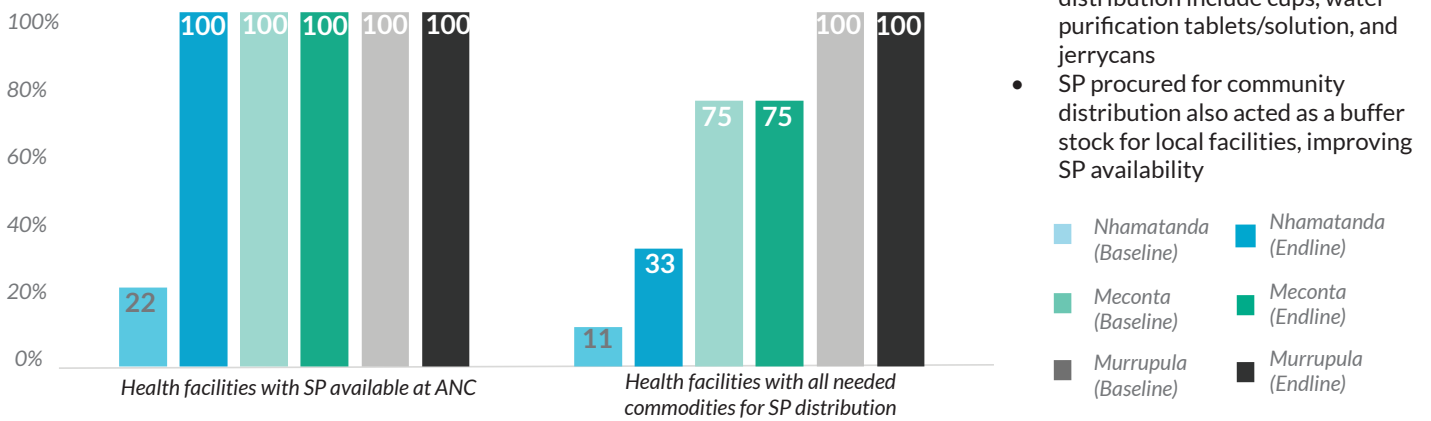
Number of Phase 1 facilities in Nhamatanda sampled through one stage stratified random sampling: 9/19

Number of Phase 2 facilities in Meconta and Murrupula assessed: 8/8, 7/7

Data below are from rapid facility assessments or data quality audits.

Facility Readiness

Percent of facilities reporting SP and necessary components needed for SP distribution



100%

health facilities have most up-to-date data collection & reporting tools at endline

100%

health facilities have community education in their catchment areas on benefits of IPTp

79%

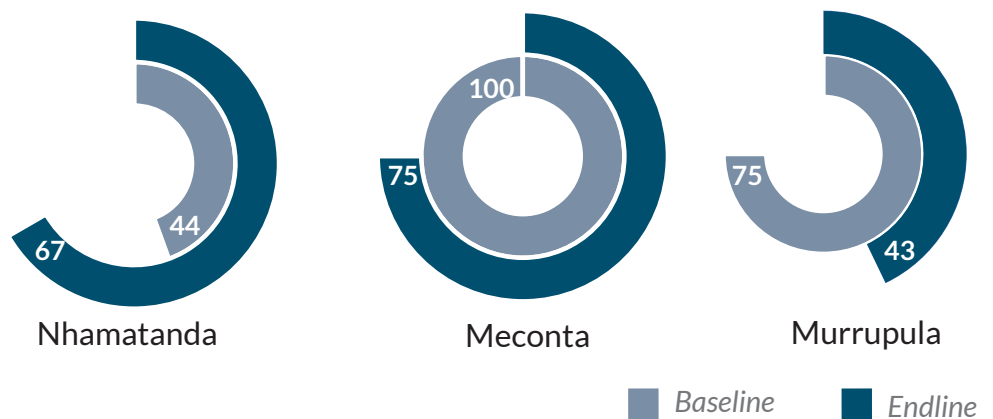
health facilities have most up-to-date guidelines on management & treatment of malaria



Photo of SP blister packet
Photo credit: Kristen Vibbert

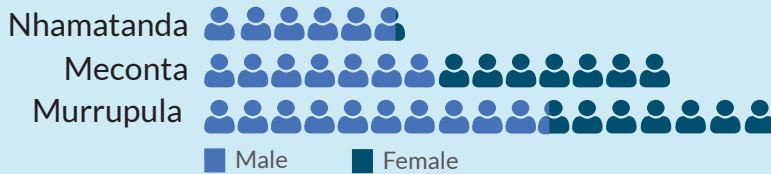
SP stock management improvement

Percent of facilities with SP stock count matching stock card in 3 districts



Community Health Workers

Average # of CHWs supporting a catchment area



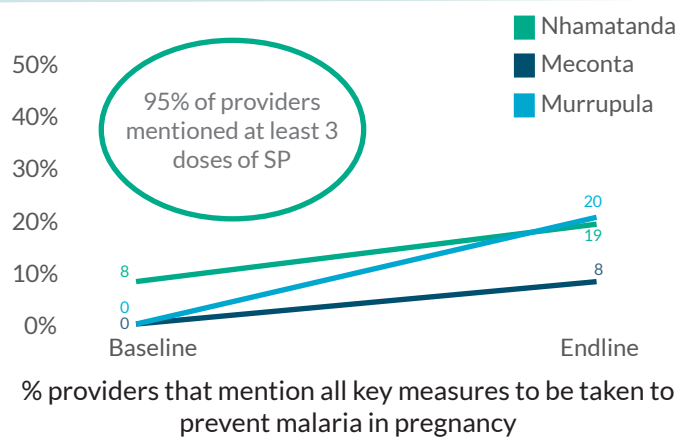
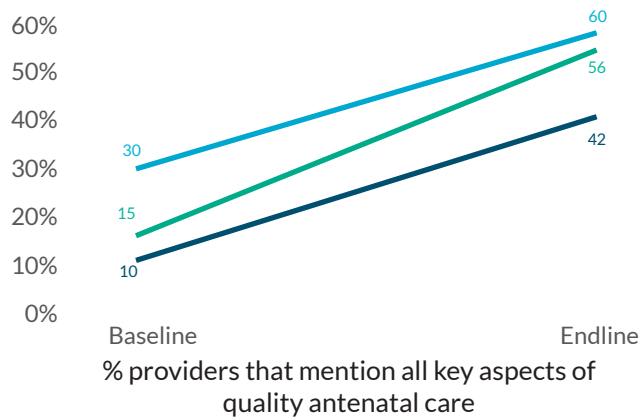
Over 95% of CHWs submit reports on time

In Mozambique, APEs (local name for CHWs) are highly organized and recognized by the national government. They are selected by community members, receive a fixed salary from the government, and complete 5 months of training.

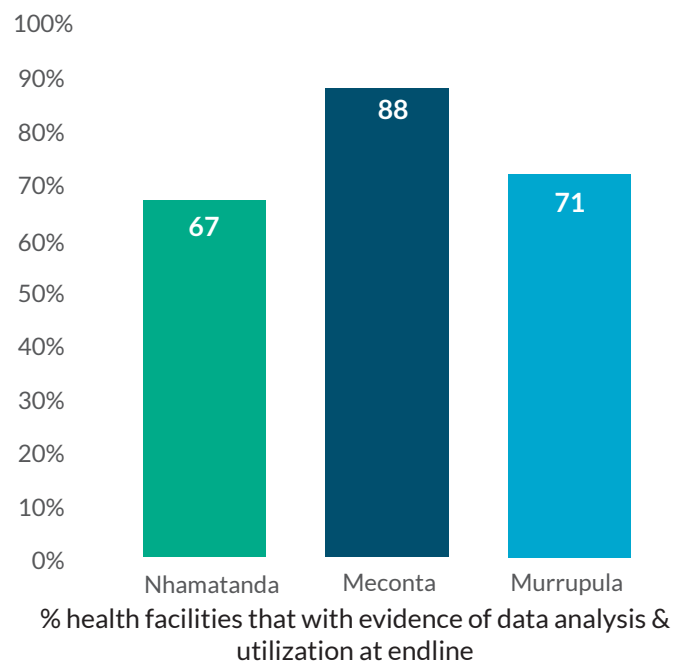
APEs are able to provide SP distribution in the community after a woman receives her first dose from the facility. To supplement the low number of APEs, the TIPTOP project worked with the Ministry of Health to develop an approach that included Lay Community Counselors (LCCs). LCCs are not able to distribute SP, but they play an important role in mobilizing pregnant women and creating demand for SP.

CHWs also receive support from CHW supervisors, including review and feedback of monthly reports.

ANC Provider Knowledge



Data Use



Examples of evidence include an ANC wall chart, malaria graph, IPTp wall chart, or other data use materials.

Rapid Data Quality Assessment

Facilities were surveyed for data quality, with acceptable data quality defined as (+/- 5%). The proportion of facilities with acceptable data quality among key measures are listed below:

	ANC1	Early ANC*	ANC4	IPTp3
Nhamatanda	91%	61%	30%	55%
Meconta	79%	71%	50%	54%
Murrupula	100%	100%	19%	43%

*Early ANC is measured as before 12 weeks in Mozambique.

Implementation Highlight

Health Committees as Liaisons between Communities & Facilities

Health committees are structures that exist at the community level with the main objective of ensuring between dialogue health facilities and communities. Among other tasks, they are responsible for controlling, monitoring, and evaluating the activities of CHW/LCCs. The health committee ensures the proper utilization of the health products and education promoted by CHWs to support primary health care in the community.

During the community distribution of SP in the TIPTOP project, health committees were a crucial communication link between the project team and the community. They actively participated in campaigns to promote the objectives and activities of the project, especially in mobilizing pregnant women to attend to antenatal care (ANC) as early as possible (at the first sign of pregnancy) and to inform them about the possibility of benefiting from IPTp at the community level with CHW.



Health Management Committee from Maguimba community in Nhamatanda.
Photo Credit: Emmanuel Otolorin