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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: MOZAMBIQUE

July 2015

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Jenna Wright for the Health Finance and Governance Project. The author's views expressed in this publication do not necessarily reflect the views of USAID or the United States Government.

The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

July 2015

Cooperative Agreement No: AID-OAA-A-12-00080

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Recommended Citation: Wright, J., Health Finance & Governance Project. July 2015. *Essential Package of Health Services Country Snapshot: Mozambique*. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

*Photo Hospital Rural de Buzi in Mozambique Sofala District. Mother and child in waiting area at Buzi Hospital.
Credit: Jessica Scranton*



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CONTENTS

Acronyms.....	i
About the Essential Package of Health Services Country Snapshot Series ...	1
The Essential Package of Health Services (EPHS) in Mozambique	2
Priority Reproductive, Maternal, Newborn and Child Health Interventions.....	3
Use of Selected Priority Services.....	3
How the Health System Delivers the EPHS.....	3
Delivering the EPHS to Different Population Groups.....	4
Providing Financial Protection for the EPHS.....	4
Sources.....	5
Annex A. Integrated Package of Services in Mozambique	7
Annex B: Mozambique Health Equity Profile.....	23

ACRONYMS

EPHS	Essential Package of Health Services
JANS	Joint Assessment of National Health Strategies
PESS	<i>Plano Estratégico do Sector da Saúde</i>
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN MOZAMBIQUE

Mozambique has not yet adopted a formal EPHS, but vaguely committed to developing one in a recent policy document.

Mozambique's *Health Sector Strategic Plan (Plano Estratégico do Sector da Saúde, or PESS)* is the policy document intended to guide the health sector towards universal health coverage through government and donor cooperation. In 2013 the government of Mozambique published its third PESS, covering the period 2014–2019. The document explained that the National Health Service has not yet adopted an integrated EPHS. Instead, vertical programs financed through donors deliver the program's specific package of services through nonprofit facilities and public sector facilities, resulting in a lack of integration in the provision of an essential package of services. A recent Health Policy Project report also confirmed that Mozambique has not yet defined an EPHS (Dutta et al. 2014).

The *PESS 2014–2019* committed the government of Mozambique to developing and implementing an EPHS. Before the *PESS* became final, a team of international and national experts conducted a *Joint Assessment of National Health Strategies (JANS)* review. While the draft version of the *PESS* mentioned the intention to formulate and implement an “essential health package” (also referred to as a “basic/minimum package of services”), the *JANS* report recommended better articulation of how the government of Mozambique will operationalize the EPHS (International Health Partnership Plus 2013).

The final version of the *PESS 2014–2019*, while still vague, states that the government of Mozambique shall develop and implement an EPHS for each level of service provision by the National Health Service (public sector health care facilities) that responds to the health needs of the population and that is cost-effective.

A newly defined EPHS may attempt to combine several different packages of services currently implemented by vertical programs, such as RMNCH services provided through the U.S. government's Global Health Initiative. The Global Health Initiative states that the “Integrated Package of Services” (which includes only RMNCH services) defined for this program was developed by Mozambique's Ministry of Health with U.S. government support (The United States Global Health Initiative 2010). The *PESS 2014–2019* explains that this maternal and child health package was defined by the vertical program, but has not been adopted as the formal minimum package of services that each level of care should provide citizens, which creates uncertainty, inefficiencies, and inequities. Therefore, based on our analysis of official policy documents and external reports, the Integrated Package of Services does not meet the definition of Mozambique's EPHS. We included the Integrated Package of Services in Annex A of this report for informational purposes only.

Priority Reproductive, Maternal, Newborn and Child Health Interventions

As Mozambique has not yet defined an EPHS, it was not possible to do a comparison to the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011).

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	Not applicable
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	Not applicable
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	Not applicable
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	Not applicable

Use of Selected Priority Services

The table below presents the country's data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2011		46.8	30.2
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		80.3	44.3
BCG immunization coverage among one-year-olds (%)	2013	93		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	78		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

Although Mozambique does not have an official EPHS, it is helpful to understand how health services are delivered to the population. The National Health Service manages the public sector facilities at four levels of service provision. Health centers and clinics provide basic primary care services. District-level hospitals also provide primary care and serve as the first referral level. The third level of service provision is at provincial hospitals, and the highest level of care provision is at national-level specialty hospitals. Mozambique has a critical shortage of health workers, and the government has faced many challenges in adequately staffing facilities. Additionally, the medical supply chain is quite weak, which causes frequent stock-outs of drugs and lack of medical equipment (Ministry of Health 2013).

Private sector health provision includes for-profit clinics, usually centered in urban areas, and nonprofit facilities managed by nongovernmental organizations and international donors. In general, the non-profit facilities are part of vertical programs and focus on one or more program areas, particularly HIV and AIDS and maternal and child health, which the *PESS 2014–2019* describes as complementary to the National Health Service.

Community health workers deliver basic services closer to the community. Traditional health practitioners also provide care to many people.

Delivering the EPHS to Different Population Groups

See Annex B for the World Health Organization's full health equity profile of Mozambique based on data from a 2011 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Coverage of at least one antenatal care visit is just over 80 percent for the poorest quintile, compared to nearly 100 percent among the wealthiest.
- ▶ Full immunization coverage is 61 percent among rural residents compared with 75 percent among urban residents.
- ▶ Contraceptive prevalence (modern methods) is less than 10 percent among the lowest-educated women compared to around 30 percent among the highest-educated women.

As the government of Mozambique has not defined a formal EPHS, it is not determined whether the government's implementation strategy for the EPHS will involve specific population groups. The vertical health programs in the country often focus on specific services for specific populations. The *PESS 2014–2019* discusses vertical programs for the following sub-populations: people living with HIV and AIDS, adolescents, women of childbearing age, pregnant women, newborns, children, and seniors.

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.

National Health Service facilities are financed through the government's budget, international donors, and from user fees for health services. Civil servants contribute 1.5 percent of their salaries to a medical assistance fund. International donors provide funding for vertical programs. The *PESS 2014–2019* states that the government of Mozambique will develop a Health Sector Financing Strategy.

SOURCES

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ANNEX A. INTEGRATED PACKAGE OF SERVICES IN MOZAMBIQUE

Version 4.0

THE UNITED STATES GLOBAL HEALTH INITIATIVE

MOZAMBIQUE STRATEGY

2011-2015

APPENDIX 4: CONCEPT AND STRUCTURE OF THE INTEGRATED PACKAGE OF SERVICES

In Mozambique, the Maternal, Neonatal and Child, morbidity and mortality reduction strategy addresses the implementation of key effective interventions organized in packages across the continuum of care. The continuum of care for MNCH refers to continuity of individual care, throughout the life cycle; adolescence, pre-pregnancy, pregnancy, childbirth, post-partum, newborn and childhood care, and also between places of care giving (including household and communities, outpatient and outreach services, and clinical care settings). The Integrated Package of Services is defined to be delivered through community and facilities channels to assure adequacy and quality of care throughout the lifecycle of mothers, babies, and children.

The Guiding Principles of the Integrated Package of Services:

- Ensuring universal access of basic lifesaving services, family planning (FP), Post-abortion care, maternal and newborn and child health care, with special attention to the most vulnerable groups
- Ensuring women and communities participation in MNCH programs
- Integration of MNCH services and reproductive health including HIV prevention, care, and treatment
- Pursuing social justice and poverty reduction to address health inequities
- Facilitate the protection and fulfillment of human rights of women, men adolescents, newborn and children
- Respecting the basic values of choice, dignity, diversity and equality
- Address gender and cultural sensitivities

The interventions/services are organized in 4 packages: Community package, Minimal package at the first facility level, comprehensive package for the first referral level (2nd level of care), and specialized a package for the 3rd and 4th levels of facility services. Table 1 outlines the type of package, the service delivery point, and the cadre of health personal required for each level. Table 2 provides a summary of the key activities by program area and Table 3 gives an illustrative list of key interventions/services for each of the four packages by programmatic area.

Table 1 -Summary of the Four Packages of Services, Service Deliver Points and Providers

Package	Service Delivery Point	Level of Provider
Community	Community	Traditional birth Attendant Agente Polivalente Elementar (APE)
	Health Posts	APE
Minimal	Health Posts	Elmentary Midwife Elementary Nurse
	Type II Rural Health Center	Elementary Midwife Elementary Nurse Nutrition agente
Comprehensive	Type II Rural Health Center	Medical Technician or Medical Assistant Basic Midwife Basic Nurse Basic Nurse or Agent
	Type I Health Center Rural	Doctor, Technician or Medical Agent Basic Midwife Medical Prevention Agent Basic Nurse
	Type C URBAN Health Center	Basic midwife Medical Prevention Agent Basic Nurse
	Type II Urban Health Center	Medical Technician Basic midwife Medical Prevention Agent Basic Nurse
	Type A Urban Health Center	Doctor, Medical technician and MCH Agent Nurse Basic midwife Medical prevention Agent Basic Nurse
	District Hospital	Doctor, Medical technician and MCH Agent Basic midwife Medical prevention Agent Basic Nurse
Specialized	District Hospital	Doctor Medical Technician Obstetric Surgery technician Obstetric Nurse Laboratory Technician or Agent Basic or Midlevel MCH nurse Basic or midlevel nurse

Rural Hospital	Doctor Medical Technician Obstetric Surgery technician Obstetric Nurse Laboratory Technician or Agent Basic or Midlevel MCH nurse Basic or midlevel nurse
General Hospital	Doctor Medical Technician Obstetric Surgery technician Obstetric Nurse Laboratory Technician or Agent Basic or Midlevel MCH nurse Basic or midlevel nurse
Provincial Hospital	All cadres
Central Hospital	All cadres

Table 2 -Summary of Key interventions within the Integrated Package by Program

Program Area	Level of the Health System	Summary Key Activities
Reproductive Health and FP	Community and Facilities	Information education and communication (IEC) life style, Hygiene, Nutrition, Immunization, delay first pregnancy, contraceptives, STI/HIV prevention, peri-conceptual Iron and folic acid supplementation, cervical and breast cancer screening, Malaria and TB prevention screening and treatment
Pregnancy	Community	Health promotion, condom, hand –held cards and emergency cards, ITN and Partum Preparedness
	Health facilities	Antenatal Care 4 visits (WHO guidelines), Nutrition Assessment and care Iron and folic acid supplementation, Malaria prevention, STI and Syphilis screening and treatment, deworming, PMTCT, Immunization and TB screening
Childbirth	Community	Companion of choice, Earlier detection of warning signs, Infection Prevention, clean delivery and Misoprostol,
	Health Facilities	Social support, Skilled attendance, Pantograph, Infection Prevention, Basic and Comprehensive emergency Obstetric care, Management of premature ruptured membranes , AMTSL
Postnatal	Community	Support for breastfeeding, care seeking for complication PPH and infection, advise and provision of FP, Referral within 24 hours
	Health Facilities	+ Initiation of ART, Treatment of maternal infection and PPH
New-born	Community	Oral antibiotic , skin to skin contact first hour , breastfeeding and thermal protection, ART for PMTCT
	Health facility	Essential New-born care, Immunization and PROM initiation of ART.
Child Intervention	Community and outreach	Exclusive Breastfeeding, Vit A ,, ITNs, Case management of Pneumonia , Enhanced Diarrhoea management , ORS, Zinc , Antibiotics for dysentery
	Health facility	Supplementary food , Immunization including Hib, case management for Acute malnutrition , pneumonia, meningitis and malaria

Table 3 Illustrative List of Services/Interventions by Package Levels

Area	Community Package	Minimal Package	Comprehensive Package	Specialized Package
ADOLESCENT AND YOUTH	<p>Information education and communication</p> <ul style="list-style-type: none"> • IEC Promotion of Hygiene • Hands wash and environmental Health • Education for prevention alcohol abuse, tobacco and other drugs <p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Counseling for tetanus immunization • Nutritional education and Hygiene • Nutritional Assessment and orientation • Anaemia assessment. • Iron Supplementation and deworming <p>STI/HIV</p> <ul style="list-style-type: none"> • Counselling on delayed sexual debut and HIV prevention • Counseling and testing for HIV • Condom use • Awareness on STI signs <p>Endemic Disease</p> <ul style="list-style-type: none"> • TB screening and Community Dots • Malaria prevention diagnosis first treatment • Identification and referral of other infection disease <p>Reproductive health</p> <ul style="list-style-type: none"> • Health education on safe sex, FP, birth spacing • Enable adolescents of both sex to access the to various reproductive health services through integrated and linked services • Counseling and distribution of contraceptive methods including emergency contraception • Awareness of signs of domestic violence and coerced sex 	<p>Information Education and Communication</p> <ul style="list-style-type: none"> • Health Promotion and hygiene (oral, auditive, ocular) <p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Tetanus immunization • Nutrition Assessment counselling and care and referral of acute and severe malnutrition • Deworming • Anaemia assessment and Iron and folic acid supplementation. <p>STI/HIV:</p> <ul style="list-style-type: none"> • STI screening (Syphilis , syndromic screening and treatment of patients and their partners) • CT including PICT • HIV clinical WHO staging and referral • Referral of cases of Sexual violence for treatment <p>Endemic Disease:</p> <ul style="list-style-type: none"> • TB screening and referral • Treatment for non-complicated Malaria and others infection diseases referral for severe cases <p>Contraception and Breast and cervical cancer screening:</p> <ul style="list-style-type: none"> • Prevention of earlier pregnancy, oral contraception, condom distribution and emergency contraception. • Promotion of self-screening , clinical screening and referral of suspicious cases of disease • Referral of women with HIV older 20 years old for cervical cancer screening <p>Case management of early pregnancy</p> <ul style="list-style-type: none"> • Initial ANC for teenage pregnancy • Post abortion care and referral for complicated cases • Promote partner involment 	<p>Information Education and Communication and care;</p> <ul style="list-style-type: none"> • Mental Health care for alcohol and drug users and referral for specialized care. • Screening and referral for low school performance. • Treatment of Oral Problems <p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Assessment and treatment of nutritional problems and referral for severe problems s • Assessment of moderate anaemia and referral of severe problems <p>STI/HIV:</p> <ul style="list-style-type: none"> • Screening of STI and treatment • ARV treatment according to MOZ guidelines • Screening for Domestic violence and sexual assault treatment and referral if needed <p>Endemic Disease</p> <ul style="list-style-type: none"> • TB screening and treatment • Malaria treatment and referral for severe cases • Treatment of other infectious diseases and referral of severe cases <p>Contraception and Breast and cervical cancer screening:</p> <ul style="list-style-type: none"> • Breast examination and referral of cases with positive results • Cervical cancer screening with acetic acid , criotherapy and for all HIV + women older than 20 years and referral according to the national guidelines <p>Earlier Pregnancy and Post-abortion Care :</p> <ul style="list-style-type: none"> • ANC including PMTCT and ARV treatment (according to the guidelines and referral of suspect fetal pelvic incompatibility) • Post abortion care and treatment for complicated abortion according to the guidelines . 	<p>General Care</p> <ul style="list-style-type: none"> • Treatment on substances abuse • Treatment of cases of alcohol abuse • Mental health and Psychological support <p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Treatment of moderate and severe malnutrition. <p>STI/HIV:</p> <ul style="list-style-type: none"> • Treatment and care of Severe cases of HIV-SIDA • Treatment and care of cases of Sever cases of sexual violence and abuse and referral to legal ad social services <p>Endemic Disease</p> <ul style="list-style-type: none"> • Treatment and care for complicated Pulmonary TB • Malaria Treatment • Treatment of severe infections diseases <p>Contraception and Breast and cervical cancer screening</p> <ul style="list-style-type: none"> • Treatment of Breast masses and others • Treatment of advanced cervical lesions, colposcopy and LEEP; • Treatment of all medical and surgical condition including • Obstetric Fistulas • Male circumcision <p>Teenage pregnancy and Post abortion care</p> <ul style="list-style-type: none"> • Post abortion care for complicated abortion

Area	Community Package	Minimal Package	Comprehensive Package	Specialized Package
WOMEN AT REPRODUCTIVE AGE	<p>Information Education and Communication</p> <ul style="list-style-type: none"> • IEC on personnel hygiene and sanitation <p>Imunization and Nutrition</p> <ul style="list-style-type: none"> • Counseling on tetanus immunization • Nutritional Education • Anaemia assessment and referral • Iron and Folic acid supplementation, Deworming (APE) <p>STI/HIV:</p> <ul style="list-style-type: none"> • HIV counseling and testing • HIV/AIDS and ITS prevention counselling and promotion of condom use • Condom Distribution • Awareness on ITS signs and referral. <p>Endemic Disease :</p> <ul style="list-style-type: none"> • TB screening and Community Dots • Malaria prevention diagnosis and first treatment • Identification and referral of other infection disease <p>Reproductive Health</p> <ul style="list-style-type: none"> • IEC on contraception and Family planning • Counseling on Integrated FP care • Oral contraception only for if the first visit was at the health facility • Identification of post-abortion care cases and referral • Counseling on self-evaluation of breast cancer and referral. • Screening of Domestic violence and referral. • Referral of cases of infertility 	<p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Tetanus Vaccination • Anaemia treatment <p>STI/HIV</p> <ul style="list-style-type: none"> • STI screening (Syphilis, syndromic screening and treatment of patients and their partners) • CT including PICT • HIV clinical WHO staging and referral • Referral of cases of Sexual violence for treatment <p>Endemic Disease</p> <ul style="list-style-type: none"> • TB screening and referral • Treatment for non-complicated Malaria and others infection diseases referral for severe cases <p>Contraception and Breast and cervical cancer screening and other Reproductive Health conditions</p> <ul style="list-style-type: none"> • Family planning (Injectable DEPO, oral contraception condom distribution and emergency contraception). • Male involvement • Promotion of self-screening , clinical screening and referral of suspicious cases of disease • Referral of HIV + women with 20+years old for cervical cancer screening • Referral for women older than 30 years for cervical cancer screening • Identification and referral of cases of infertility <p>Post Abortion Care</p> <ul style="list-style-type: none"> • Post abortion care for non-complicated case of abortion and referral for complicated cases 	<p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Assessment of cases of moderate anaemia. <p>STI/HIV:</p> <ul style="list-style-type: none"> • Screening for STI and treatment • ARV according to the national guidelines • Screening for Domestic violence and sexual assault treatment and referral if needed <p>Endemic Disease</p> <ul style="list-style-type: none"> • TB screening and treatment • Malaria treatment and referral for severe cases • Treatment of other infectious diseases and referral of severe cases <p>Contraception and Breast and cervical cancer screening :</p> <ul style="list-style-type: none"> • Counselling and provision of temporary and Permanent methods (Tubal Ligation, implants, post-partum IUD and tubal ligation) • Breast examination and referral of cases with positive results • Within the FP services screening with acetic acid, criotherapy for all women older than 30 years and referral according to the national guidelines. • Treatment of infertility <p>Post abortion care :</p> <ul style="list-style-type: none"> • Post abortion care and treatment for complicated abortion according to the guidelines 	<p>Immunization and Nutrition</p> <ul style="list-style-type: none"> • Treatment of severe case of anaemia <p>STI/HIV</p> <ul style="list-style-type: none"> • Treatment and care of severe cases of HIV • Treatment and care of cases of severe cases of sexual violence and abuse and referral to legal and social services <p>Contraception and Breast and cervical cancer screening</p> <ul style="list-style-type: none"> • Counselling and provision of Permanent methods (Tubal Ligation, implants, post-partum IUD) • Treatment of Breast masses and others • Treatment of advanced cervical lesions, colposcopy, and LEEP; • Treatment of all medical and surgical condition including Obstetric Fistulas • Male circumcision <p>Post abortion care</p> <ul style="list-style-type: none"> • Post abortion care for complicated abortion

	<p>Information Education and Communication</p> <ul style="list-style-type: none"> • Hygiene Promotion • Warning signs during pregnancy (bleeding, vaginal liquids , respiratory distress, fever, abdominal pain, headache, seizures facial and hand eadema) • Promotion of 4 Antenatal Visits and follow on scheduled dates; • Appropriate follow-up on preventive treatment provided • Counselling on institutional birth and use of waiting house • Malaria Prevention and use of TIP and LLTN • STI/HIV and other transmitted infections <ul style="list-style-type: none"> ➢ Syphilis test and treatment ➢ HIV CT , partner and family involvement for appropriate PMTCT compliance and care ➢ Support for sero-discordant couples and Positive prevention, prevention of seroconversion during pregnancy ➢ Promotion of condom use • Prevention of Low Birth • TB prevention • Partum preparedness including plan for referral in case of emergency . (Family and community organization and preparation for emergency transportation) • Psychosocial support through Mother groups • Maternal deaths report (APE) 	<p style="text-align: center;">45</p> <p>Information, Education, Communication and Counseling:</p> <ul style="list-style-type: none"> • Counseling about danger signs (Bleeding, vaginal liquid discharge, Respiratory distress, Fever, Headache seizures, Abdominal Pains, seizures, Facial and hand 	<p>Pregnancy Care</p> <ul style="list-style-type: none"> • Test of proteinuria, blood sugar and urine II • Treatment of small and moderate complications: <ul style="list-style-type: none"> ➢ Moderate Anaemia ➢ Infections of genital, urinal, respiratory, gastric, etc. tract ➢ post-abortion care complications, referral whenever necessary ➢ Pré-Eclampsia • Treatment of any other moderate condition present • Treatment of pre-referral and reference of severe complications: Severe Preeclampsia, Eclâmpsia, Hemorrhage, Infections, post-abortion complications that required specialized attention, Premature ruptured membranes for more than 24 hours (Antibiotherapy and Prevention of Respiratory distress syndrom) <p>STI/HIV</p> <ul style="list-style-type: none"> • Treatment of all STI including the partner • Referral of failed cases to TARV <p>Prevention and management of other diseases</p> <ul style="list-style-type: none"> • Treatment of cases of moderate malaria and referral whenever necessary • Referral of cases of severe malaria • Test and Treatment of Tuberculosis 	<p>Pregnancy Care:</p> <ul style="list-style-type: none"> • Complimentary exams of Diagnostic like Echography and others. • Management of all immunization • Management and treatment of moderated and severe complications: Anaemia, severe Preeclampsia, Eclampsia, Third trimester Bleeding (Placental abruption,placenta previa), Premature rupture of membranes (Preventive Treatment of respiratory Distress syndrome), Threat of premature birth, Ectopic Pregnancy, post abortion care • Management and treatment of other moderate and severe medical conditions and severe surgical conditions <p>STI/HIV</p> <p>Management and treatment of stage III and IV of HIV</p> <p>Prevention and Managment of other diseases</p> <p>Management of extra-pulmonary TB Management of cases of resistant TB</p>
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MATERNAL HEALTH	CHILD BIRTH LABOR AND DELIVERY, IMMEDIATE POST-PARTUM	<p>Third Stage of Labor</p> <ul style="list-style-type: none"> • Recognition of labor and referral to the US; <p>Labor:</p> <ul style="list-style-type: none"> • Organize/Provide rapid transport to the Health facility for woman in labor and for the mother and the new-born; • In the case of impossible referral, or delays in arrival in the labor court: <ul style="list-style-type: none"> ➢ No execution of interventions or proceedings that could endanger the lives of the mother and/or the fetus; ➢ Perform Hygienic labor; <p>Immediate Post-Natal:</p> <ul style="list-style-type: none"> • Recognition of signs and symptoms of danger during childbirth and postnatal and send/refer to the Health facility; • Pay immediate attention to the newborn (Newborn IMCI package for basic care) <ul style="list-style-type: none"> ➢ Umbilical Cords care (don't apply any substances to the umbilical cord); ➢ Prevention of hypothermia through the method on Kangaroo mother (skin-to-skin contact with the mother) ➢ Discourage bathing within the first 6 hours ➢ Prevention of hypoglycemia through the promotion and support of exclusive and immediate breast feeding ➢ Recognition of signs of danger including signs of Neonatal Tetanus and forwarding to the Health facility • Promotion of hygienic care, personal and of the new-born 	<p>Attention during third stage of labor and childbirth (COEmB):</p> <ul style="list-style-type: none"> • Humanization of Labor (first stage) <ul style="list-style-type: none"> ➢ Diagnostic of labour ➢ Assure measures of bio-safety ➢ Counselling and testing for HIV ➢ Counselling: feeding, deambulation, frequent emptying bladder, adopt most comfortable position ➢ PMTCT Arv Prophylaxis ➢ Systematic use of partograph (opening at 4 cm and continuing) and attempted decision making in relation to labor procedure ➢ Screening and treatment/measures of support timely referral for: Premature rupture of membranes, premature labor, abnormal fetal lie, suspicion of fetal-pelvic incompatibility, preeclampsia/eclampsia, Prolonged labor or obstructed, signs of uterine pre-rupture, antenatal bleeding, and others. • Humanization of Labor <ul style="list-style-type: none"> ➢ Permit more comfortable and convenient positions for the woman, depending on her choice ➢ Permit the presence of a companion depending on the woman's choice ➢ Timely decision making in relation to the danger symptoms, signs and positions for the woman and fetus, as well as timely referral of labor complications bleeding during birth, prolonged second stage of labor, bleeding and other situations) ➢ Active management of the third stage of labour (Oxycotin after delivery of placenta with controlled traction and uterine massage) ➢ Protected ligation of umbilical cord (PMTCT) <p>Postnatal care</p> <ul style="list-style-type: none"> • Pay immediate attention to the newborn <ul style="list-style-type: none"> ➢ Prevention of hypothermia - immediate skin-to-skin contact with the mother ➢ Prevention of Hypoglycemia – breast feeding in the 1st hour after birth ➢ Detection of signs of danger to the newborn, measures of support and referrals • Monitoring and evaluation of the mother's condition (retained placenta lacerations and hemorrhages) <ul style="list-style-type: none"> ➢ Manual removal of placenta, if necessary ➢ Suture of first grade laceration, management of supportive care and referral of 2nd and 3rd grade laceration • Management, treatment/measures of support pre-referral and immediate referral of cases of postnatal moderate and severe bleeding <p>General Aspects:</p> <ul style="list-style-type: none"> • Promote the involvement of the father and the family, depending on the woman's choice, during the period of third phase of labor and childbirth. 	<p>Attention during Labor</p> <ul style="list-style-type: none"> • Humanization of Labor (second and third stage) <ul style="list-style-type: none"> ➢ Management and treatment of mild to moderate complications during the period of dilatation third stage of labor – according to the national norms: ➢ Preeclampsia mild and severe ➢ Assisted delivery with vacuum extractor ➢ Premature ruptured membranes with the progress of labor • Manage, treatment/measures of support pre-referral and timely referral of: <ul style="list-style-type: none"> ➢ Threats of Preterm birth ➢ Preeclampsia mild and severe; and Eclampsia Premature rupture of membranes (without the progress of labor); ➢ Obstructed labour; ➢ Manageable prolonged labor ; ➢ Prenatal bleeding and bleeding during birth; • Other medical or surgical situations/complications that require different attention. <p>Postnatal attention:</p> <ul style="list-style-type: none"> • Counseling, informed choice and insertion of DIU/implant • Treatment of mild to moderate complications during immediate postnatal stage (according to the norms of this level of attention): <ul style="list-style-type: none"> ➢ Suture of second grade of vaginal ➢ Mild and moderate postpartum bleeding ➢ Puerperal infection ➢ Attention to newborn <p>Read Attention to Newborn</p>	<p>Attention during second and third stage of labor (COEmC):</p> <ul style="list-style-type: none"> • Induction of Labor; • Manage, treatment and follow up of moderate and severe complications according to the norms (including blood transfusion, Caesarian Section and hysterectomy): <ul style="list-style-type: none"> ➢ Early childbirth ➢ Severe Preeclampsia ➢ Eclampsia ➢ Premature Ruptured membranes ➢ Obstructed Labor ➢ Fetal bad presentations or abnormal lie position ➢ Antenatal Bleeding ➢ Bleeding during childbirth ➢ Other situations/complications medical and/or surgical that occur during the third stage of labor and childbirth; <p>Attention to Immediate Postnatal:</p> <ul style="list-style-type: none"> • Treatment of moderate to severe complications during immediate postnatal, according to the norms (including blood transfusion and hysterectomy): <ul style="list-style-type: none"> ➢ Moderate to severe Bleeding ➢ Infection/sépsis puerperal ➢ Suture of Third grade vaginal lacerations ➢ Other situations/complications medical and surgical that may occur during immediate postnatal;

MATERNAL HEALTH	POSTNATAL ATTENTION AND FAMILY PLANNING	<p>Postnatal:</p> <ul style="list-style-type: none"> • Support and Incentive for the presence at the consultation Postnatal during the 1st week (3rd and 7th day) after childbirth, or the earliest date after childbirth • Recognition of danger signs at the postnatal and immediate referral to the US • Promotion of hygienic care of the breasts <p>Family Planning:</p> <ul style="list-style-type: none"> • Counseling on planning of Pregnancies/FP, and for the utilization of a method of efficient FP (even during breast feeding) • Community leaders and community comites, males and women groups involvement to create demand increase adherence to modern methods, and aliminate resistance to modern methods <p>Nutrition and Vaccination:</p> <ul style="list-style-type: none"> • Vitamin A for the mother and the child after Child birth • Counseling, support and incentive for exclusive breast feeding • Counseling on educated nutrition –balanced diet for the mother <p>ITS/HIV and other diseases</p> <ul style="list-style-type: none"> • Recognition of signs and symptoms of STI and referral of the couple • Support for appropriate preventive and curative treatment • Counselling for appropriate use of condom for HIV/SIDA, and STI prevention • Participation in the support groups for HIV+ mothers <p>General Care:</p> <ul style="list-style-type: none"> • Counseling on the use of RMTI for pregnant women and children less than 5 years old • Encourage the communities in the heath activities participation(parades and woman and child weeks) 	<p>CURING THE 1ST WEEK:</p> <p>1st Consultation PP/PF</p> <p>Information, Education e comunication</p> <ul style="list-style-type: none"> • Counselling on breastfeeding earlier frequent nursing , latch on assistance prevention and relief of common difficulties, appropriate diet safe sex, and family planning, and warning folow up visits for both mother and baby. • Male envolviment <p>Gynecological Exam, screening, management, treatment or measures pre-referral and referral of</p> <ul style="list-style-type: none"> • Lacerations s, placenta retenction, infected episiotomy and other situations • Detect and manage/ measure/treatment pre-referral and timeous referral to women with signs and symptoms of infection/ puerperal sepsis <p>General Care</p> <ul style="list-style-type: none"> • Evaluation of the general state of the woman: complications on the breasts and with breast feeding, signs of anemia and other situations – treatment and referral if necessary • Identify and refer suspect post-natal depression cases <p>Provision of contraceptive chosen by the woman (according to the norms)</p> <p>Nutrition and Vaccination</p> <ul style="list-style-type: none"> • Supplementation with Iron, Folic Acid and Vitamin A • Nutritional counseling <p>STI/HIV</p> <ul style="list-style-type: none"> • CT of HIV (Refer to services for chronic diseases) • Counseling for ARV prophylaxis for the mother and recent newborn (up to 4 weeks) • Follow-up after ARV prophylaxis • WHO staging and appropriate follow-up for pre ARV patients and if alegible referral for ART • Counseling <p>Family Planning Consultations</p> <ul style="list-style-type: none"> • Provision of contraceptive method chosen by the woman according to norms • Referral of women who choose tubal ligation • Safe Sex and use of Condom <p>Evaluation of the general state of the woman</p> <ul style="list-style-type: none"> • Detection, management of anemia and referral if necessary <p>Gynecological Examination</p> <ul style="list-style-type: none"> • Detection and treatment of infections and referral if necessary 	<p>DURING 1ST WEEK:</p> <p>1st Consultation PP/FP:</p> <p>Gynecological Examination, screening, management, treatment or measures pre-referral and referral of:</p> <ul style="list-style-type: none"> • Women with moderate/severe signs of de infection/ puerperal sepsis <p>General Care/Consultations</p> <ul style="list-style-type: none"> • Evaluation of the general state of the woman: treatment of complications like anemia, infections puerperal sepsis (referral when necessary: severe cases) • Identify women with postnatal depression, perform initial management and referral <p>Nutrition and Vaccination</p> <ul style="list-style-type: none"> • Treat maternal Malnutrition <p>Family Planning</p> <ul style="list-style-type: none"> • Provision of contraceptive method chosen by the woman according to norms • Provision of IUDs and referral of women for tubal ligation up 	<p>DURING THE 1ST WEEK:</p> <p>1st Consultation PP/PF:</p> <ul style="list-style-type: none"> • Treatment of all complications like severe anemia, bleeding, infection/ puerperal sepsis, severe postnatal depression • Counseling and provision of permanent contraception (Tubal ligation and vasectomy) <p>Post partum and family planning consultations</p> <ul style="list-style-type: none"> • Evaluation of the general state of the woman and treatment of all moderate to severe puerperal complications.
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Area	Community Package	Minimum Package	Comprehensive Package	Specialized Package
<p style="text-align: center;">NEWBORN'S HEALTH</p> <p style="text-align: center;">IMMEDIATE ATTENTION ≤ 24 HOURS</p>	<p>Counseling</p> <ul style="list-style-type: none"> • The Importance of the postnatal visit for the mother and newborn in the first week (3rd and 7th day), specially the earliest possible after birth • HIV testing • Consultation and treatment follow up (HIV+ mother and exposed infant) • Following immunization calendar (Pólio 0 and BCG) • Support and counseling for exclusive breastfeeding • Eraly birth registration • Promotion of use of local products to reinforce mother's diet • Hygenic care for the newborn <p>Implementation of Neonatal IMCI community package</p> <ul style="list-style-type: none"> • Identification of danger signs of newborn and timely • Advise on the use of treated mosquito bednets • Support consented defaulter tracking of children followed in at risk child consultation • Identification of newborns from 	<p>Neonatal IMCI</p> <ul style="list-style-type: none"> • Basic neonatal care (umbilical cord care, prevention of hypothermia through immedate skin-to-skin contact with the mother, and of hypoglicemia through exclusive breastfeeding in the 1st hour after birth, vitamin K, ocular prophylaxis) • Assess signs of immediate risk and basic neonatal resuscitation. <p>General Care:</p> <ul style="list-style-type: none"> • Promote mother–infant staying in the same room at the health facility • Advice on good breastfeeding practices, 'pega' and position • Identification and referral of moderate / severe situations (preterm birth of <1500 g or 32 weeks of gestation, asphyxia, sepsis and convulsions) • Identification and reference of congenital malformations • Advice on home care, hygiene care in the management of newborns (including hand washing), and administration of oral treatment at home (eg ARV syrup, IHN) if necessary <p>STI/HIV</p> <ul style="list-style-type: none"> • Identification and referral of children born to non treated RPR+ mother; newborns of HIV+ mother; administration of ARV for PMTCT according to the guidelines • Referral of newborns of HIV+ mothers for follow up at Post Partum Consultation and at risk child consul from 4 weeks after birth • Counseling mother to get a PCR test for newborn at 4 weeks <p>Management of other diseases and situations:</p> <ul style="list-style-type: none"> • Identification and prophylaxis of newborns from TB+ mothers • Identification and referral of nweborns with jaundice, partum related trauma, congenital malformations and other risk situations 	<p>Neonatal IMCI and CERN</p> <ul style="list-style-type: none"> • Basic neonatal resuscitation • Treatment and pre-referral measures of moderate to severe clinical conditions (including asphyxia, preterm birth <1500 g or 32 gstation weeks, Convulsions, Sepsis) and referral • Mother Canguru care in children >1500 g and referral if the newborn has complications • Treatment, pre-referral measures of sick newborn in need of specialuised care • Management of cases of moderate jaundice and pre-referral treatment of cases of jaundice • Management of minor/moderate partum trauma and referral of severe partum trauma cases <p>General care</p> <ul style="list-style-type: none"> • Identification of congenital malformation and referral <p>STI/HIV</p> <ul style="list-style-type: none"> • Management of congenital syphilis 	<p>CERN and Management/treatment of all moderate to severe situations in the newborn</p> <ul style="list-style-type: none"> • Complete neonatal resuscitation • Management of prematurity and its complications • Management of severe partum related trauma • Management of pathologic jaundice and other severe complications • Management of congenital malformations • Management of severe asphyxia • Management of severe sepsis • Intensive neonatal care

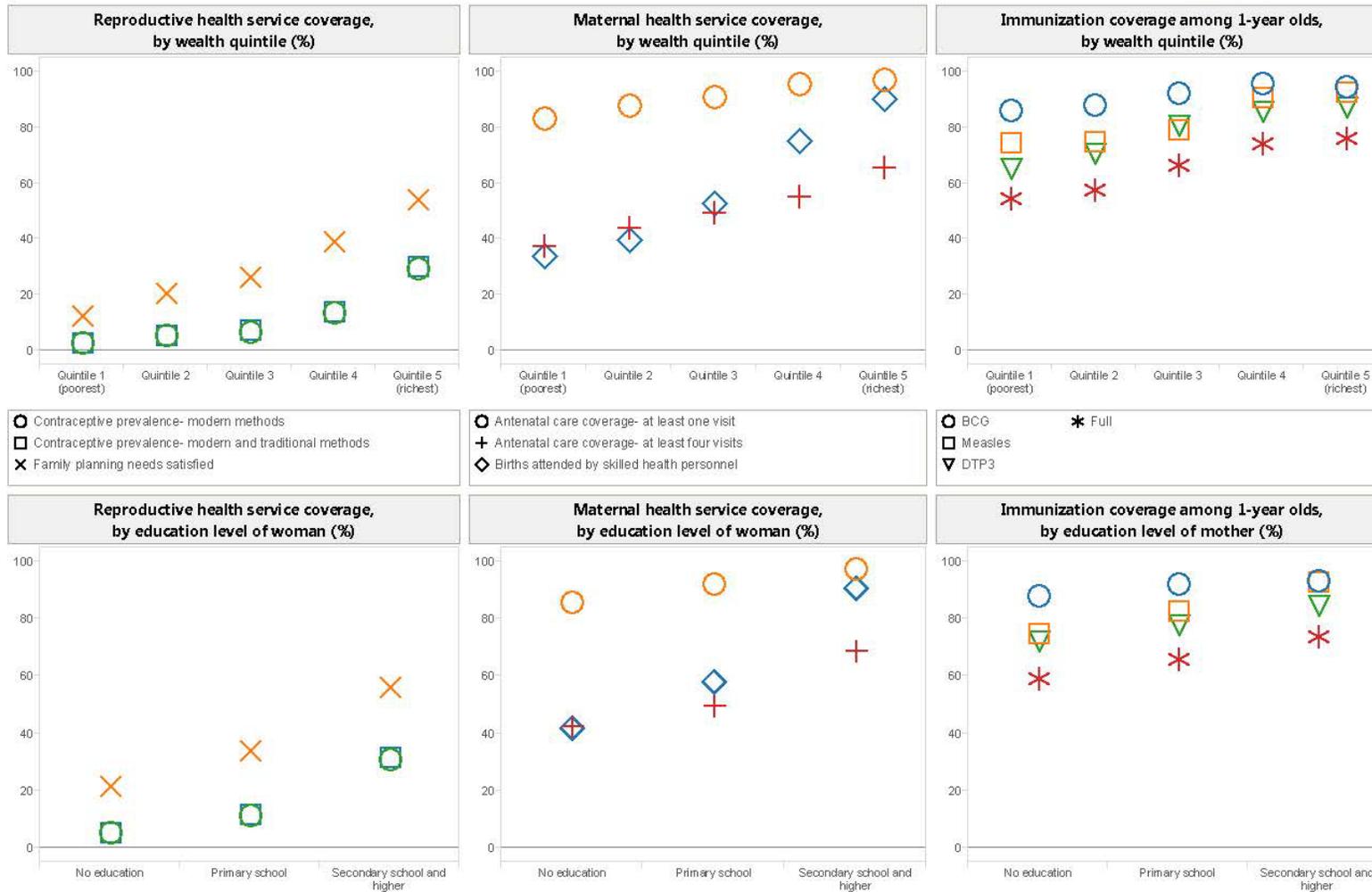
	<p>Attention to Newborn (24 hours to 28 days)</p>	<p>mothers with TB or HIV and referral to the health facility</p>	<p>Neonatal IMCI:</p> <ul style="list-style-type: none"> • Assesment and follow up of the newborn (3rd, 7th and between 21st - 28th days) according to the guidelines and norms of post partum consultation and referral of all complications • Orientation on newborn care at home, identification of danger signs and management • Identification and treatment of localised infections according to neonatal IMCI • Identification of danger signs (malformations, jaundice, hypertonicity, umbilical cord, tense fontanelle, irritability...) and timely referral <p>Vaccinations and General Care</p> <ul style="list-style-type: none"> • Vaccination with BCG and Pólio • Counsel, promote and support exclusive breastfeeding during the first 6 months of life (good practices, 'pega' and position), identify feeding problems, [provide counseling and support • Prevention of newborn hypothermia; Mother Canguru method • Advocacy for utilization of waiting houses in post-natal period for newborns with low weight • Promotion of adequate use of mosquito nets • Identification, prophylaxis, management and referral of risk situations/conditions for the newborn (ex: social problems, twins, formula feeding, separated parents, orphans, exposition to TB and HIV, syphilis, etc) • Early birth registration <p>Management of Other Diseases or Situations:</p> <ul style="list-style-type: none"> • Recognition of signs of neonatal tetanus, pre-refrence measures and timely referral to specialised level 	<ul style="list-style-type: none"> • Management of newborn complicated situations and referral of severe cases • Management of situations where the newborn is at risk 	<ul style="list-style-type: none"> • Management of all newborn complications up to 28 days • Treatment of neonatal tetanus cases • Management of growth failure and eventual feeding problems and counselling
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CHILD UNDER 5 YEARS OLD	<p>Community IMCI:</p> <p>Nutrition</p> <ul style="list-style-type: none"> • Counselling and support to exclusive breastfeeding during the first 6 months of life, good breast feeding practices, adequate complimentary feeding, continue breast feeding up to 24 months and balanced diet after weaning • Supplementation with Vitamin A (including cases of measles) • Deworming routine • Nutritional triage (MUAC): management, treatment and follow up of mild malnutrition without complications and referral of moderate, acute and severe malnutrition <p>Prevention and identification of Diseases:</p> <ul style="list-style-type: none"> • Counselling on: the adequate use of mosquito nets; the importance of the health card, the necessity of growth control and to complete the vaccine calendar; child care at home; and personal hygienic care, at home and in the community • Oral rehydration therapy • Treatment of diarrhoea with Zinc • Recognition of danger signs and referral to health facility • Identification, of signs and symptoms of Malaria and initiate the treatment (1st line) • Treatment of pneumonia (1st line) • Screening of TB contacts • Support consented tracking and follow up of cases in prophylaxis (CTX, INH, ARV) • Encourage communities to participate in activities (parades and woman and child week) • Information for prevention of accidents and intoxications. • Information and screening in oral, eye and skin problems • Identification and referral of children victims of domestic violence and sexual abuse • Community counseling and testing in health • Environment hygiene and sanitation 	<p>IMCI</p> <ul style="list-style-type: none"> • Identification and treatment of diseases according to IMCI • Identification of danger signs (according to IMCI) and referral • Provider initiated counselling and testing – Evaluate signs of HIV infection and offer testing • Administration of better hydration salts and Zinc <p>General Care</p> <ul style="list-style-type: none"> • Perform complete physical exam including anthropometry, psychomotor development and referral in the presence of alert signs and development alterations • Identification of risky situations and referral to CCR (orphans, malnutrition, twins, exposure to HIV, exposure to TB...) • Rapid malaria test, Hbg with hemogloborol inmeter and BK collection • Basic packages of mobile brigades including interventions for child care • Prevention of accidents and intoxications • Distribution of mosquito nets and promotion of adequate use of nets and environment sanitation <p>Nutrition and Vaccination</p> <ul style="list-style-type: none"> • Advice and promote exclusive breastfeeding up to 6 months of age • Guide for adequate child alimentation and personal and oral hygiene • Promote vaccinations • Tetanus vaccination in the first and second classes (schools) • Deworming and vitamin A according to the calendar. <p>CCR</p> <ul style="list-style-type: none"> • Provider initiated counselling and testing for HIV (offer routine testing to all children and mothers with unknown serostatus) • Promotion of exclusive breastfeeding up to 6 months of age, counselling and nutritional follow up according to the national norms • Anthropometric assessment , psycomotoe development, identification of alert signs and referral • Screening of TB and referrral of TB suspect cases of contacts • Diagnostic of HIV in children born to HIV+ mothers according to the national protocol (Rapid HIV test and DBS for PCR where available) • CTX prophylaxis for children of HIV+ mothers • INH prophylaxis for children exposed to TB • Identification and management of cases of mild, moderate and severe malnourishment without complications, refer if the there is no improvement • Measures of pre-referral and referral for hospitalization of cases of acute and severe malnourishment with complications. • Identification and referral for cases of children in risky situations (ex: sexual abuse, domestic violence) for psycho-social support <p>Other transmittable diseases</p> <ul style="list-style-type: none"> • Identifications of rubella suspected cases • Identification and referral of TB suspected cases 	<p>IMCI</p> <ul style="list-style-type: none"> • Management of cases of psyco-social disturbances • Treatment of diseases according to IMCI , identification of danger signs (according to IMCI) and treatment, referral of complicated cases • Management and referral of cases of alterations of development • Management of cases of meningitis according to the norms, including prophylaxis. <p>General Care</p> <ul style="list-style-type: none"> • Oxigen therapy • Clinical exams: Hemogram , Urin II, HTZ, Parasitology of feces, X-ray , LCR (Lab. With optic microscope), CD4 <p>Nutrition and Vaccination</p> <ul style="list-style-type: none"> • Treatment of child with severe malnourishment and complications; referral if it does not improve <p>HIV</p> <ul style="list-style-type: none"> • Follow up and ARV treatment for children infected with HIV • Referral in the case of therapeutic failure • CTX prophylaxis for children infected with HIV • Referral in case of Kaposi sarcoma diagnosis <p>CCR</p> <ul style="list-style-type: none"> • HIV diagnostic for children following the national guidelines (rapid test, BDS for PCR for children < 9 months exposed to HIV) • Identification of children infected with HIV and referral for clinical follow up according to the national guidelines. <p>Other transmittable diseases</p> <ul style="list-style-type: none"> • Management of cases of pulmonary tuberculosis and referral in cases of extra pulmonary tuberculosis 	<p>Treatment of all complications and severe situations</p> <ul style="list-style-type: none"> • Complications of severe malaria, meningitis, malnutrition and measles. <p>General Care</p> <ul style="list-style-type: none"> • Neurologic and development consultation • Psychologic Consultation • Treatment of all surgical situations • Management of sexual abuse and domestic violece situations and referral to services of psyco-social support • Complimentary specialized analysis (laboratory,X-ray, TAC, RMM, Ecografia) <p>HIV</p> <ul style="list-style-type: none"> • Follow up of HIV infected children infected in second line therapeutic regimen • Follow up of HIV infected children by horizontal transmission • Follow up of children in treatment for Kaposi sarcoma <p>Other transmittable diseases</p> <ul style="list-style-type: none"> • Treatment of cases of complicated, resistant and extra- pulmonary tuberculosis
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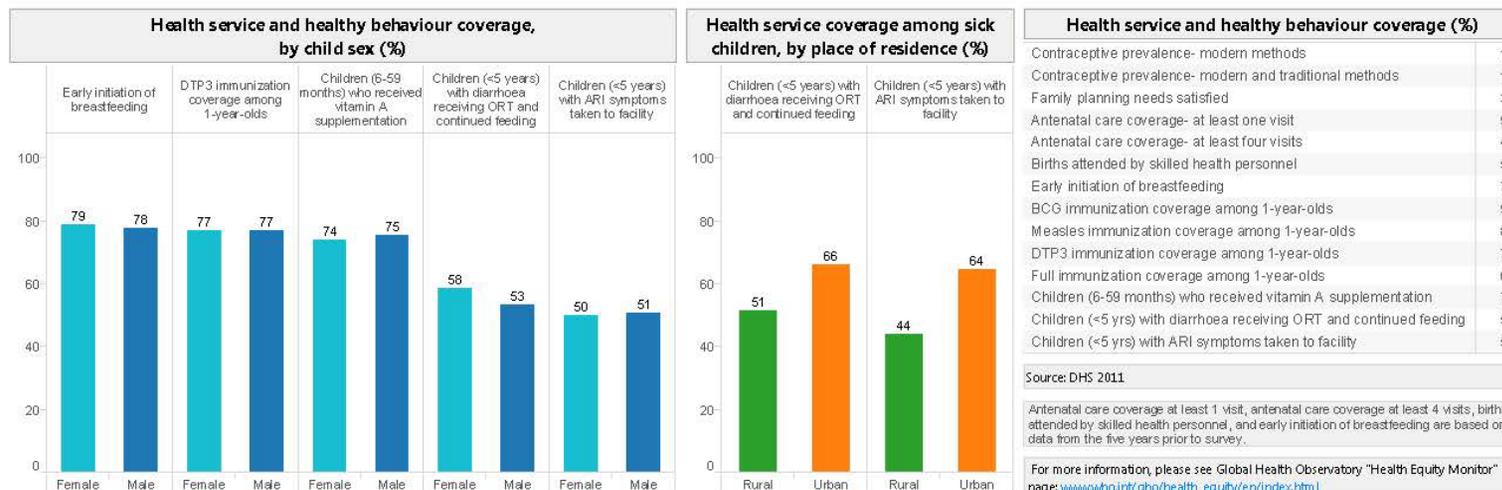
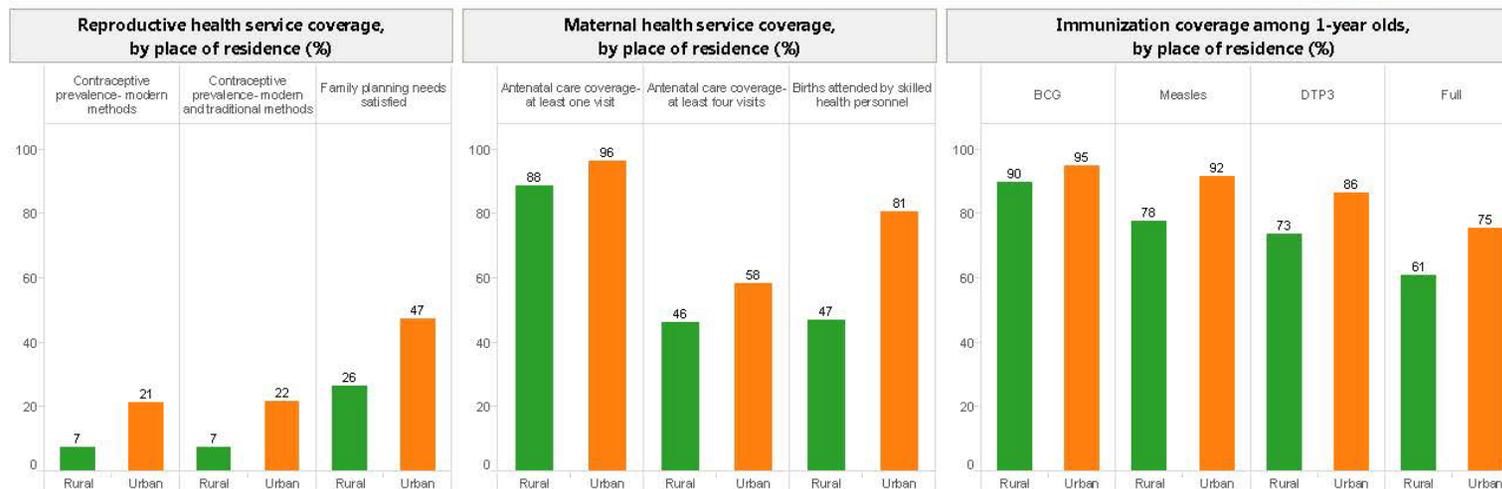
ANNEX B: MOZAMBIQUE HEALTH EQUITY PROFILE



Mozambique: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services



Mozambique: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services





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