

Policy Brief

30th May 2021



How is the Southern African Nutrition Initiative (SANI) contributing to improving nutrition services for mothers and children? Evidence on implementation strength in Inhambane Province, Mozambique

What is at stake?

Child undernutrition continues to be a challenge in Mozambique. Half a million Mozambican children aged 6-23 months are undernourished, 43% of children under five are stunted, and 8% are wasted¹. The prevalence of stunting in children under five years old is 36.0% and mortality in children under 5 years old is 58.0 deaths per 1,000 live births.² Underlying causes include inadequate nutritional intake due to poor diet diversity, low meal frequency, poor breastfeeding practices, high levels of disease, and teenage pregnancy.³

CARE Mozambique in partnership with CARE Canada, Cuso International, Interagency Coalition on AIDS and Development, and McGill University, implemented the Southern African Nutrition Initiative (SANI) project from 2016-2020 in Mozambique (in Inhambane Province) with financial support from Global Affairs, Canada.

The SANI project addresses undernutrition in women of reproductive age (15-49) and children under 5 years and is expected to contribute to the improved health of approximately 37,392 beneficiaries directly and 40,192 indirectly in Funhalouro District and Homoine District in Inhambane Province. CARE Mozambique engages and trains Community Health Volunteers (CHVs) to deliver these counselling sessions to women living in female-headed households and at an increased risk for malnutrition. The CHVs refer severely malnourished children, identified by growth monitoring during the household counseling sessions, to health facilities, for malnutrition care.

Policy Recommendations Summary

- Reinforce maternal, young infant and child nutrition messages that are most often misstated and that have the potential to have the most effect.
- Reinforcing growth monitoring and facility referrals, in addition to strengthening the local health facilities system.
- Ensure the requisition and regular supply of nutritional supplements at the level of the local health facilities designated as referral units (particularly RUTF and RUSF).

The ultimate outcome of the SANI project is to contribute to the reduction of maternal and child mortality in targeted regions. The intermediate outcomes are:

- Improved nutrition practices and services of women of reproductive age and boys and girls under five years
- Improved nutrition sensitive practices for women of reproductive age and boys and girls under five years
- Strengthened governance and accountability of gender-equitable nutrition policies and programs for women of reproductive age and boys and girls under five years

¹ Ministerio da Saude - MISAU/Moçambique, Instituto Nacional de Estatística - INE/Moçambique and ICF International. Moçambique Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA: MISA/Moçambique, INE/Moçambique and ICF International.

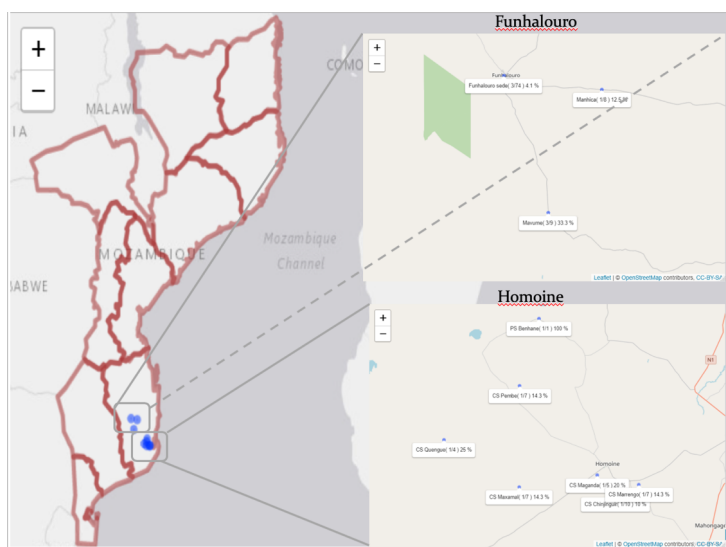
² <https://www.unicef.org/mozambique/media/571/file/Situa%C3%A7%C3%A3o%20das%20Crian%C3%A7as%20em%20Mo%C3%A7ambique%202014.pdf>

³ CARE (2017). Southern African Nutrition Initiative (SANI): Baseline Household Evaluation – Mozambique. Ottawa.

Study overview

From 10th to 20th September 2019 a cross-sectional study using Real Accountability: Data Analysis for Results (RADAR) implementation strength assessment tools was carried out in Homoine and Funhalouro districts. A total of 123 community health volunteers (CHVs) were randomly selected (estimation of indicators at a 50%; prevalence with 5% precision, type 1 error rate of 0.05, and a refusal rate of 15%) and interviewed on topics such as training received, supervision, work activities (including leading household counseling sessions and community peer support groups and supplies). The CHVs (123) and their beneficiaries (1116) were interviewed for knowledge assessment (open-ended questionnaire). Topics included nutrition-sensitive topics, including water, sanitation, hygiene (WASH), pre-natal consultation, and family planning. Ten referral facilities were also sampled and included in the study.

Figure 1. Health facility distribution per study district.



The study aimed to:

- (1) Assess the implementation strength of Maternal, Infant, and Young Child Nutrition (MIYCN) counselling conducted as part of CARE's SANI program;
- (2) Assess the readiness and capabilities of health facilities to provide appropriate treatment to referred children with severe malnutrition.
- (3) Assess the quality of nutritional counselling provided by Community Health Workers (CHVs) to families identified as being at high risk of malnutrition.

Research Key Findings

CHVs are well trained on MIYCF and can deliver the main messages, especially those related to antenatal care and breastfeeding

- Though SANI program, 86.2% (106/123) reported receiving training on MIYCF practices, that included mostly topics on the promotion of breastfeeding (83.7%; 103/123) and women's nutrition education (83.7%, 103/123).
- There was a median of 5 beneficiaries per CHVs with a general trend of more post-partum than pregnant beneficiaries.
- CHVs had made a median of 03 household counseling visits and over half of them reported leading at least 1 peer support group in the past six months. More than 50% of peer support group topics, included a pregnant's woman diet (62/74) and breastfeeding (52.9%).
- Most of the topics discussed or demonstrated during counseling sessions were on antenatal care (89.5%, 34/38) and father's support during pregnancy (79.0%, 30/38).

- The most mentioned topics to pregnant women were about antenatal care (82.0%) and food(81.6%), the details about how nutritive a meal should be(76.3%) while to women 0-6months post-partum over 50% were about exclusive breastfeeding and the details about how nutritive a meal should be was not mentioned at all.

CHVs have the required provisions for their counselling sessions

- Almost all CHVs (97%) had their counselling flip book the day of the evaluation, which is the main item they use for their counselling sessions.
- Nonetheless, only 30% of CHVs had all the expected supplies and materials, which included MUAC bands, blank referral notes, and a pen or pencil.

Health facilities in the project area are insufficiently equipped to manage cases of undernutrition

Only one of the 11 health facilities designated as referral sites had a supply of ready-to-use therapeutic foods (RUTF/Plumpy Nut) or ready-to-use supplemental foods (RUSF/Plumpy Sup) on the day of the evaluation (Table 1).

District	Health facility	RUTF	Amoxicillin	Albendazole	Vit. A	ORS	Zinc
% of Health Facilities with drugs	-----	10%	80%	60%	60%	80%	70%
HOMOINE	Pembe	YES	YES	NO	YES	YES	YES
	Maxamal	NO	YES	NO	YES	YES	NO
	Benhane	NO	YES	YES	YES	YES	YES
	Chijinguir	NO	YES	YES	YES	YES	YES
	Marrengo	NO	NO	NO	NO	NO	NO
	Maganda	NO	YES	YES	YES	YES	YES
	Guengue	NO	NO	NO	NO	NO	NO
FUNHALOURO	F. Sede	NO	YES	YES	NO	YES	YES
	Mavume	NO	YES	YES	YES	YES	YES
	Manhiça	NO	YES	YES	NO	YES	YES

Table 1. Availability of drugs at health facilities

All health facilities (100%) were with no stockout of amoxicillin and ORS during lasting 7 or days in the last 3 months previous to the evaluation (Table 2). More than half of the health facilities were with no stockout of RUSF (6/11;54.5%) and RUTF (5/11;45.5%).

Facility Provisions N=11		
	n	%
Drug stockouts		
% of HFs with no stockout of medication lasting 7 or more days in the last 3 months		
Amoxicillin	11	100
ORS	11	100
Albendazole	9	81.8
Vitamin A	9	81.8
Zinc	9	81.8
RUSF (Plumpy Sup)	6	54.5
RUTF (Plumpy Nut)	5	45.5

Table 2. Drug availability and stockouts in the 11 health facilities designated as referral sites

Need to reinforce training on nutrition-specific topics, especially those related to the benefits of breastfeeding and early young feeding.

- Over 90%(118/123) of CHVs correctly stated that iron-folic acid tablets that women receive at pre-natal consultations improve fetus health and 93.5% (113/123) stated that a newborn should not receive anything other than breastmilk for the first 6 months of life.
- Tough 88.6% (109/123) CHVs stated that colostrum is important 11.0% (14/123) stated that colostrum is bad for newborns.
- Less than 50% of beneficiaries recalled correctly the benefits of breastfeeding (30/69), colostrum (10/38), and signs of a good latch (10/31).

Literacy is not a limitation for delivering maternal and child nutrition's main messages

- CHVs who are illiterate(26.6%) and literate(37.9%) have correct knowledge about antenatal services, ways to prevent diarrhea, and benefits of family planning (p>0.05).
- Beneficiaries mostly correctly recalled messages on types of services a woman receives at antenatal care visits (92.1%; 35/38), foods that pregnant women should eat (89.5%;34/38) when a person should wash their hands (87.9%;102/116), and family planning methods (85.1%;40/47).

“I must confess that with the arrival of SANI project, much has changed within families, various beliefs, myths and taboos regarding food, were broken.”

– Mauricio Manguenze Chimusse (head of household, beneficiary)

Recommendations

- To affect change, prevention must be coupled with referral and treatment.
- Reinforcing growth monitoring and facility referrals, in addition to strengthening the local health facilities system, can ensure that these children are able to quickly be diagnosed, referred and treated.
- Ensure the requisition and regular supply of nutritional supplements at the level of the local health facilities designated as referral units (particularly RUTF and RUSF).

Additional information

- CARE Mozambique (CARE-M) and CARE Canada (CARE-C) partnered with the Johns Hopkins Bloomberg School of Public Health (IIP-JHU) and the Instituto Nacional de Saúde (INS) to implement this mid-term evaluation and the evaluation tools developed by the Real Accountability: Data Analysis for Results (RADAR) project.
- Financial support for the RADAR Project and SANI Project is provided by Global Affairs Canada.
- Additional information on the summary can be obtained from the INS: Bairro da Vila, Parcela no 3943, Distrito de Marracuene, Maputo Province, Mozambique. Email: secretaria@ins.gov.mz

Recommended style for references

Instituto Nacional de Saúde (INS), Johns Hopkins Bloomberg School of Public Health IIP-JHU. 2021. How is the Southern African Nutrition Initiative (SANI) contributing to improving nutrition services for mothers and children? Evidence on implementation strength in Inhambane Province, Mozambique

