Applying the Seed-Scale Model: Case Study from Mozambique

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Beware!

Carl Taylor

Community Empowerment
Section A

Dr. Taylor and Mozambique
Mortality Data from Census/HIS: Chokwe District

Photo: Melanie Morrow, World Relief
Mortality Data from Census/HIS: Chokwe District

![Bar chart showing mortality rates for different periods. The chart compares US death rates and infant death rates. The dates are March 2000 to February 2001, March 2001 to February 2002, and March 2002 to February 2003. The mortality rates are presented on a logarithmic scale.](chart.png)
Comparison of Methods: Census vs. Pregnancy History

Mortality Rates from Census and Pregnancy History

- IDR
- CDR

Pregnancy history
Census/HIS

Mortality rates
0 10 20 30 40 50 60 70 80 90 100
Infant Mortality in Chokwe District: 2000-2004


Mozambique Profile

- Ranks 170/174 in HDI
- 19.1M population; 64% rural
- 78% in abject poverty <$2
- IMR: 92
- U5MR: 156
- Life expectancy: 38 years
- Female literacy: 29%
- Population: 51% under 18 years
- Mostly Bantu, 30% Christian, 20% Muslim, 50% indigenous
- Increased male migration, escalating AIDS incidence
- 40% access to health services
- Care seeking: Inyangas and “zionist” pastors
World Relief Child Survival Program

- Gaza province
  - Guija and Mabalane districts: pop. 83,000; 38 villages
  - Chokwe district
  - Pop. 130,000; 48 villages
  - Massinger district
  - Pop. 25,000; 27 villages
  - Massinger, Chicualacuala, Massangena, Chigubo, and Chibuto district
  - Pop. 270,000; >200 villages

Dr. Peter Ernst. Photo by Anbarasi Edward
Scaling-Up Child Survival Partnerships in Gaza Province

Chart by Anbarasi Edward
Developing Strategic Partnerships

Chart by Anbarasi Edward
National Commitment to Promote IMCI

- C-IMCI (Integrated Management of Childhood Illness)
- Element 1
  - Partnership between HF and community/strengthening the district health system
- Element 2
  - Accessible care and information from community-based providers
- Element 3
  - Promotion of key family practices for child health and nutrition/selected achievements child health indicators

Element 1

- Strengthening the district health system (Chokwe)
  - IMCI Training HF personnel
  - 80 socorristas trained to operate health posts
  - Socorrista supervision increased from <1% to 85% (< 3m)
  - Assist health post outreach and community mobilization
  - Functioning health posts increased from 6 to 28: improving access to 99%
  - 30% increase in consultations in HP/HC as more cases were referred
  - C-HIS: preparedness for cholera outbreak

Photos: Pieter Ernst, World Relief
# C-HIS Survey Instrument

## Questions about Children

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<tr>
<th>Category</th>
<th>Data de Nascimento</th>
<th>Age</th>
<th>EPI</th>
<th>Breastfeeding</th>
<th>Growth Monitoring</th>
<th>Malaria</th>
<th>Pneumonia</th>
<th>Satisfação</th>
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*Source: World Relief*
Community-Based Vital Registration and HIS

Photo: Anbarasi Edward
Sustainability of C-HIS

Photo: World Relief
Element 2

- Increasing appropriate care and information from CB providers
  - Provide basic services at the household level
    - Distribution of ITN, ORT, etc.
  - Active advocacy against harmful care-seeking practices, latrine construction
  - Information provided to traditional healers
  - 50% of the caretakers reported hearing health messages from church leaders
  - 44 out of 48 villages have functioning VHC
Element 3

- Key family practices: child health indicators

Source: World Relief Evaluation Report
Element 3

Key family practices: maternal health indicators

Source: World Relief Evaluation Report
Kibogora District Hospital: Emergency Transport

Photo: Anbarasi Edward
Percent of Children Fully Immunized

- Ponhea Kreak and Dambae districts, Kampong Cham, Cambodia

Photos: Top, Henry Perry; Bottom, World Relief. Chart: World Relief Evaluation Report