

## Nutrition News for Africa

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### Opportunities for improving the quality of nutrition services in the national health system in Mozambique.

Findings from Manica province By Aguayo VM, Roley JA, Malanzele J, and Meershoek SP.  
HKI-Africa Nutrition in Development Series 4. October 2003.

Recent evidence shows that in sub-Saharan Africa, underweight and micronutrient deficiencies (vitamin A, iron, and zinc) account for an estimated 25% of the burden of disease. Young children and women are the most vulnerable to these nutritional deficiencies. In Mozambique, recent surveys show that 36% of children 0-35 months old are stunted, 69% of children 0-59 months old are vitamin A deficient, and 75% of children 0-59 months old are anemic. It has also been estimated that malnutrition is the underlying cause of 45% of all-cause child mortality. The national health system offers an incomparable opportunity to address some of the nutrition needs facing children and women with access to the national health system (49% of the population). Monitoring the quality of the nutrition services delivered by health providers can therefore strengthen the ability of the national health system to ensure a minimum of proven, low-cost/high-impact nutrition services essential to the control of highly prevalent nutritional deficiencies and their associated disorders.

The study presented here was carried out in the Province of Manica, west-central Mozambique. The objectives of the study were to: 1) assess nutrition-related knowledge and practices of providers and clients; and 2) develop recommendations for strengthening the delivery of essential nutrition services through the national health system. The following were conducted: 30 interviews with health providers; 326 interviews with clients (129 with women attending prenatal consultations, 50 with women attending postnatal consultations, and 147 with mothers attending pediatric consultations); and 190 observations of client-provider interactions (73 with pregnant women, 39 with post-partum women, and 78 with mothers attending child consultations).

The findings of the study highlight the extent of missed opportunities during routine prenatal, postnatal, and pediatric consultations for the delivery of key services for the prevention and treatment of highly prevalent nutritional deficiencies among the children and women "covered" by the health system. As the Ministry of Health and its development partners work to expand the coverage of the national health system, efforts need to be made to ensure that all children and women with access to health services (i.e. covered) actually benefit from a minimum of proven, low-cost/high-impact nutrition services.

The findings of this study will inform the development of health facility-led nutrition policies and programs, including the development of pre-service and in-service nutrition training curricula for health providers, the development of counseling materials to strengthen client-provider interactions, and the evaluation of the impact of nutrition training and counseling materials on providers' practices. This should translate into services that clients (women, mothers, and caregivers) perceive as valuable and thus seek out, a condition for the effectiveness and impact of facility-based nutrition programming.