

Nutrition News for Africa

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Opportunities for Improving the Quality of Nutritional Services in the National Health System in Mozambique: Findings from Manica Province.

In Mozambique, it is estimated that 45% of all-cause child mortality is attributable to malnutrition as the underlying cause, which makes malnutrition one of the major obstacles to development. The present study had as objectives, to assess nutrition-related knowledge and practices of providers and clients and to develop recommendations for strengthening the delivery of essential nutritional services in the national health system.

Methodology. The study was designed to represent rural, peri-urban and urban health facilities of only one province, Manica (in west-central Mozambique). A total of 10 health facilities were included. Instruments used included semi structured questionnaires and checklists used to interview health providers as well as to observe client-provider interactions. The study focuses on the providers' knowledge and practices regarding nutritional care for pregnant women, for post-partum women and for children 0-59 months old, as well as the clients' (women) perception. The providers were nurses (with or without specialization in mother and child health) and midwives. Only 6 out of 10 had received nutritional training as part of the pre-service education.

The results show that, for instance, only 2 of the providers consider early cessation of breastfeeding as an important cause of malnutrition, while half of them consider food shortages as the main cause of malnutrition; the majority consider child malnutrition as a public health problem, but only half consider maternal malnutrition as a public health problem. Regarding micronutrients, 8 out of 10 of the providers were able to give a clinical sign of iodine deficiency (goiter), and all of them mentioned a clinical sign of iron deficiency (pallor) and vitamin A deficiency (xerophthalmia).

Results. The results also show that women would take about 40 minutes (median) to travel from home to the health facility, and the median waiting time for the consultation was 50 minutes. The median time for pre-natal, post-natal, and child consultations was 8 minutes, 10 minutes and 7 minutes respectively.

More than half of the women who attend the pre-natal consultation were weighed, asked about their diet, and screened for anemia, but only 3% were asked about night blindness. Also more than half had received a prescription for iron-folate supplements and only a quarter of these women received an explanation about their importance. Even less women had received advice on potential side effects of iron-folate supplements. Almost every woman interviewed (98%) reported that she understood the language used by the provider. Similar results were found relating to the post-partum consultation. Regarding child consultations more than 72% of the children were weighed but only 41% of them were asked about their feeding; Providers discussed exclusive breastfeeding with only 46% of the mothers with babies under 6 months.

Conclusion. Based on these results, it can be concluded that although the national health system offers an excellent opportunity to address the nutritional needs in Mozambique, important opportunities are missed during routine child and mother consultations to ensure the provision of low cost/high impact nutritional services.