

**Improving maternal and newborn outcomes in the
year after childbirth in MOZAMBIQUE:
Identifying the opportunities and gaps at policy
level to improve service delivery**

Gilda Gondola Sitefane

Kenya

13th September 2012



Methods



Background

- 11 women and 1,756 children die every day for pregnancy and birth-related reasons, resulting in 3,840 maternal and 632,000 child deaths per year
- 54% of the institutional maternal deaths (first 42 days after delivery); 75% of the institutional neonatal deaths (first 7 days of life)
- The coverage of post-partum consultation is 56%

Objective

- Review policy content at national and study site levels to identify the gaps and opportunities that may exist to inform design of interventions to improve postpartum care and services in Mozambique.

4 data collection methods used

- Critical Document review and analysis (MNH policies and norms - focus on PPC)
- Key informants interviews (policy makers and service providers at central, provincial and district level)
- Community focus group discussions (district level)
- Analysis: Matrix analysis (thematic approach) and Triangulation of mixed methods' results.



Findings



- PPC: an essential component of sexual and reproductive health services;

- Package defined for first 28 days after delivery (FP, mother's nutrition counseling for successful breastfeeding, counseling on basic care, gynecological cancer and HIV screening, and mental health);

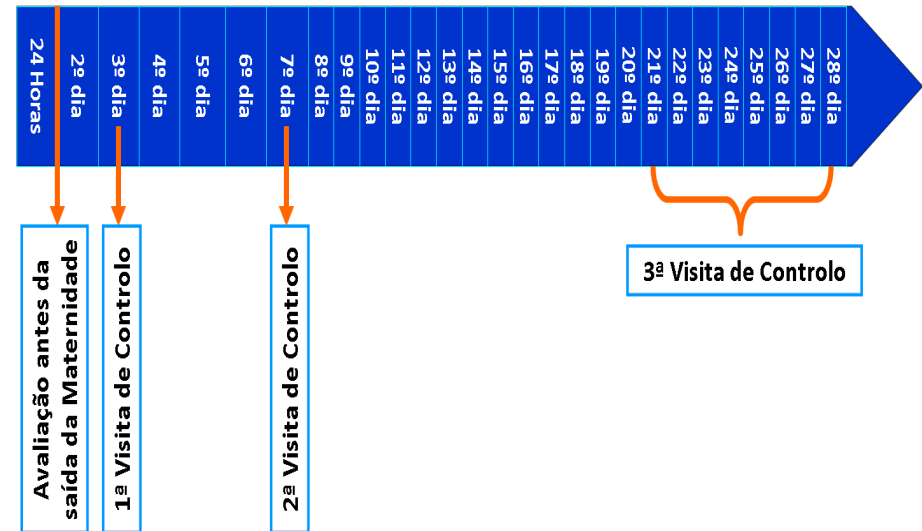
- PPC package for 28 days after delivery integrated with different packages of health

- Continuum of care after 28 days is focused on child with full Integrated Management of Childhood Illness and Immunization

Gaps

- With exception of FP, package of interventions for mothers after 28 days is still underdeveloped.

PPC – Mozambique



Opportunities

- Integration of full package of continuum PPC with the under-five services