

Mozambique

Community, Rights and Gender Country Profile

Working Document



Table of Contents



Quick Facts



UNHLM Targets



National Strategic Plan and Funding Opportunities



TB Situation



Community Engagement and Representation

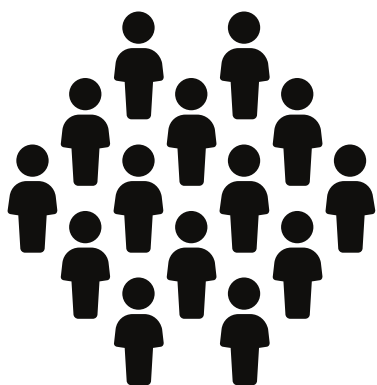


CRG Interventions



CFCS Round 10 Partners

Quick Facts



31.26 million people

Working Document



**High TB, TB/HIV and
MDR/RR -TB Country**

UNHLM Targets



Resource Needs (2022)

163.86 million (USD)

Available TB Funding 2020 (USD)

Domestic: 3.7 million

International (Excluding Global Fund): 2.9 million

Global Fund: 15.9 million

Funding Needs: 26.2 million

Diagnosis and Treatment Targets (2020)

TB Target: 141,900

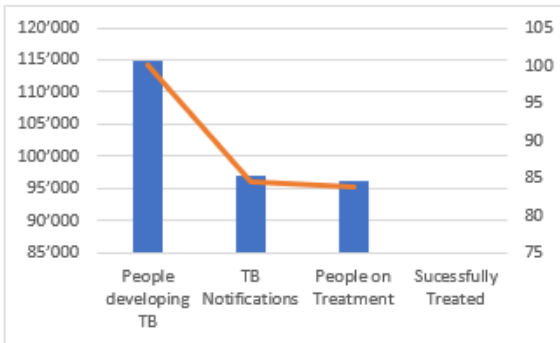
% Target Achieved: 68

National Strategic Plan and funding Opportunities

- Next National Strategic Plan
Development: **2025/2026**
- Next Global Fund funding request
(proposal development): **2023**

TB Situation

Epidemiological Data (2020)



Source: Stop TB Country Dashboard
https://www.stoptb.org/static_pages/MappingTool_Main.html

Major Gaps in TB prevention and Care

- 18,797 Missing people with TB (6,234 were children)
- 6,300 people died because of TB
- 1,223 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

Community, Rights and Gender Data

The CRG assessment conducted in 2020 revealed the following:

Accessibility Barriers include lack of information about TB and TB services, Healthcare workers (HCWs) stigmatizing and discriminatory treatment towards key populations, cost of transportation to clinics and the distance to clinics. Also, rapid molecular tests is only available at district clinics.

Availability Barriers: drug stock-outs

Acceptability barriers include Healthcare workers (HCWs) stigmatizing and discriminatory treatment of key populations, lack of privacy and confidentiality at clinics and overcrowded clinics.

Quality issues: HCWs stigmatizing and discriminatory treatment of key populations, HCWs not trained to care for key populations and overcrowded clinics

Discrimination : There is no legal prohibition of TB discrimination, TB stigma and discrimination is widespread across the country. Discrimination is a barrier to TB services among key populations. Also, people with TB experience employment loss.

Freedoms: labor law protects right to privacy of health status and confidentiality of personal data but does not specifically protect rights to privacy and confidentiality of people with TB. Key populations avoid healthcare for fear of disclosure of their health status due to lack of privacy and confidentiality at clinics. TB stigma and discrimination deters health-seeking behaviour.

Gender: men are at high TB risk for occupational exposure, labor migration, crowded social environments and delay seeking healthcare. Women’s health is deprioritized, they have limited decision-making power and requires male consent to seek healthcare.

Key and Vulnerable Populations prioritized: PLHIV, female sex workers, PWID, miners and HCWs. There is no NTP strategy or data on sex workers and PWID. Key populations avoid health system due to stigma and discrimination. They are also expose to poverty, unemployment, homelessness, imprisonment, HIV, malnutrition and lack of access to healthcare. Miners are at high risk of TB due to prolonged exposure to silica dust, poor living conditions, high HIV prevalence and labor migration. HCWs are high TB risk due to occupational exposure especially in clinics with poor ventilation and infection control, low compliance or unavailable of PPEs for key population. Key population in the study had low knowledge and misconceptions about TB.

Participation: There is limited community participation in the TB response. Lack of involvement of key populations in program planning and implementation and as peer educators.

Source: HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment



Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Movimento contra a Tuberculose/ AMIMO

TB Network/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- No

Celebrities Engagement in TB response

- No

Challenge Facility for Civil Society Round 10

- Amimo-Associação de Mineiros Mocambicanos (AMIMO)
- Associação Mocambicana para a Ajuda de Desenvolvimento de Povo para Povo (ADPP)
- Movimento Contra a Tuberculose

CFCS Round 10 Regional Level Partners

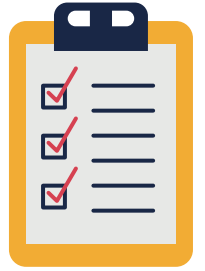
- African Coalition on TB (ACT)



Global Networks:

- TB People
- Lean on Me Foundation/TB Women



Community Rights and Gender



- CRG Assessment Complete 
- Costed CRG Action Plan Available 
 - In progress
- TB Stigma Assessment Conducted 
 - No
- TB Stigma Elimination Plan Available 
 - No
- Community-led Monitoring Mechanism in place 

CFCS Round 10 Grantees

Amimo-Associação de Mineiros Mocambicanos (AMIMO)

- **Global Fund Sub Recipient**
- Project Location: Chongoene and Chibuto Districts in Gaza Province
- Timeline: November 2021 - November 2022
- Objectives
 - To raise public awareness about TB and to eliminate TB stigma that negatively impacts access to the TB services in the districts of Chngoene and Chibuto in Gaza Province, Mozambique.
 - To create demand for TB health services among the mining in Chngoene and Chibuto Districts, Gaza Province, Mozambique, leveraging a community-driven response.
 - To orient the mining community on their rights in Chngoene and Chibuto Districts, Mozambique and to develop sustainable linkages with human rights institutions who will provide free legal aid and services to affected mining communities.
 - To lobby parliament and policymakers to initiate considerable law reforms and policies to address the widespread human rights violations faced by the mining community in Mozambique
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Associação Mocambicana para a Ajuda de Desenvolvimento de Povo para Povo (ADPP)

- **Global Fund Sub Recipient**
- Project Location: Morrumbala and Milange in Zambezia Province
- Timeline: November 2021 - November 2022
- Objectives
 - To upgrade the OneImpact CLM platform to meet the needs of the most vulnerable in Zambezia
 - To promote the uptake and use of OneImpact CLM in Zambezia.
 - To use CLM data at individual, community and programmatic levels in Zambezia for an equitable TB response and to evaluate results.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

CFCS Round 10 Grantees

Movimento Contra a Tuberculose

- **Global Fund Sub Recipient**
- Project Location: District of Matola, Province of Maputo
- Timeline: January 2022 - January 2023
- Objectives
 - To strengthen the network of people affected by TB in Matola City for a rights-based approach to TB To improve access to TB care, using a community-based model of care and support in Matola City
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

Questions? Contact us.

cfcs@stoptb.org

