

Mozambique

Community, Rights and Gender Country Profile

Working Document



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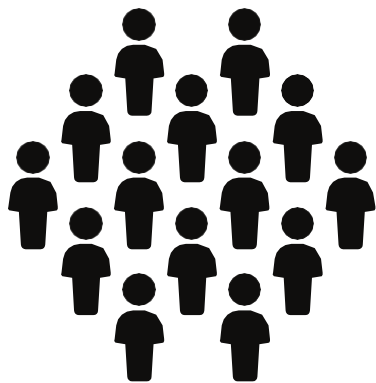


CFCS Round 11 Partners



Country Level Platform Partnership

Quick Facts



32 million people (2021)

Working Document



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



High Impact Africa 2

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



Prevention Therapy (2022)

Total PT Targets: 217,020

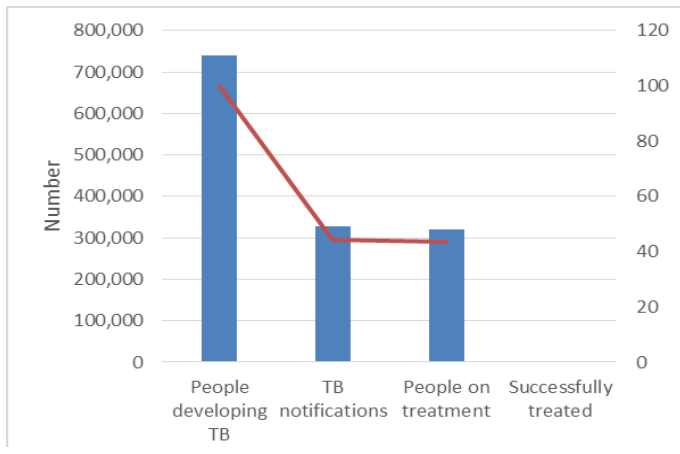
*Please note that this will be updated in October after 2023 UNHLM on TB
Source: [Stop TB Partnership Dashboard](#)

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)



Major Gaps in TB Prevention and Care

18,079 Missing people with TB (6,473 were children)

14,000 people died because of TB

1,253 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

Community, Rights and Gender Data

The [CRG assessment](#) conducted in 2020 revealed the following:

Accessibility Barriers lack of information about TB and its services, stigmatizing and discriminatory treatment of key populations by healthcare workers (HCWs), transportation costs, and the distance to clinics. Additionally, rapid molecular tests were only available at district clinics. Availability barriers were identified as drug stock-outs. Acceptability barriers included the stigmatizing and discriminatory behavior of HCWs.

Availability Barriers: include drug stock-outs

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

overcrowded clinics affected patronization of TB services

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: include people living with HIV (PLHIV), female sex workers, people who inject drugs (PWID), miners, and HCWs. However, there was no national tuberculosis program (NTP) strategy or data specifically addressing sex workers and PWID. Key populations avoided the healthcare system due to stigma and discrimination, while also facing other challenges such as poverty, unemployment, homelessness, imprisonment, HIV, malnutrition, and limited access to healthcare. Miners were particularly vulnerable to TB due to prolonged exposure to silica dust, poor living conditions, high HIV prevalence, and labor migration. HCWs were also at high risk of contracting TB through occupational exposure, especially in clinics with inadequate ventilation and infection control measures, low compliance, or unavailability of personal protective equipment (PPE) for key populations. The study revealed that key populations had low knowledge and misconceptions about TB.

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

Source: HHR: Health and Human Rights Journal 2021: 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 Round11Regional Partner

• African Coalition on TB (ACT)

Lawyers Alert

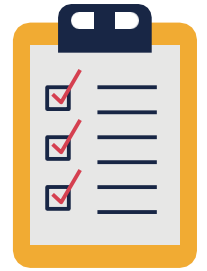
Association Makurdi

Global Networks:

• Lean on Me Foundation



Community, Rights and Gender



- **CRG Assessment Complete** 
- **Costed CRG Action Plan Available** 
 - **In progress**
- **TB Stigma Assessment Conducted** 
 - **In progress**
- **TB Stigma Elimination Plan Available** 
 - **No**
- **Community-led Monitoring Mechanism in place** 
- **Legal and Human Rights Scorecard Assessment** 
 - **No**

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.

CFCS Round 11 Grantees

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

- Project Location: Milange, Mocuba, Mopeia, Morrumbala and Quelimane Districts in Zambezia Province
- Timeline: March 2023 - March 2024
- Aim:
 - To scale up OneImpact-CLM as a tool for strong community engagement, and promotion of Human Rights, Advocacy and Accountability in Mozambique
- Objectives
 - To make OneImpact accessible to a wider audience and build capacity to optimize its use and contribution to the TB response in Mozambique
 - To maintain OneImpact-CLM operations with increased access and coverage in 5 districts in Zambezia Province in Mozambique
 - To empower TB affected communities and engage 4500 PWTB to actively participate in systematic and policy-level processes to improve the TB response in Mozambique
 - To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels.

COUNTRY PROFILE MOZAMBIQUE

CFCS Round 11 Grantees

Amimo-Associação de Mineiros Mocambicanos (AMIMO)

- Project Location: Gaza and Inhambane provinces.
- Timeline: May 2023- April 2024
- Aim:
 - To increase TB cases detection, thereby increasing awareness of TB and HIV coinfections and the availability of TB treatment among Key Populations and their dependents through community sensitization meetings and advocacy dialogues at national and local levels to ensure timely diagnosis and treatment of TB by monitoring patients through OnelImpact in Gaza province.
- Objectives:
 - To further adapt OnelImpact Mozambique to identify barriers to access for the mining communities in Limpopo and Mandlakazi districts.
 - To roll out OnelImpact Mozambique in Limpopo and Mandlakazi
 - To identify human rights, stigma and barriers including gender barriers to access for mining communities in Limpopo and Mandlakazi districts, using OnelImpact.
 - To identify the key asks to ensure that the barriers to access are systematically overcome for the mining communities in Limpopo and Mandlakazi districts.
 - To monitor and evaluate CFCS Round 11.
 - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

Country Level Platform Partnership

CCS Centro de Colaboração em Saúd

Project Location: Mozambique

Timeline: November 2022 to May 2024

Overall Aim:

- To generate high level advocacy targeting at country stakeholders and decision makers to ensure a person centered TB Response in alignment with the UNHLM and End TB Targets

Proposal Objectives:

- To establish of stop TB Mozambique governance and internal capacity
- To foster full engagement of government, PNCT-MOH, people affected by TB, journalists and celebrities in TB response

Questions? Contact us.

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