



**‘From Community Entry to Result Sharing’:  
Qualitative Assessment of Engagement,  
Acceptance, and Interpretation of COD results  
in Mozambique’s Mortality Surveillance**

Amilcar Magaço, PhD Candidate

13.04.2026

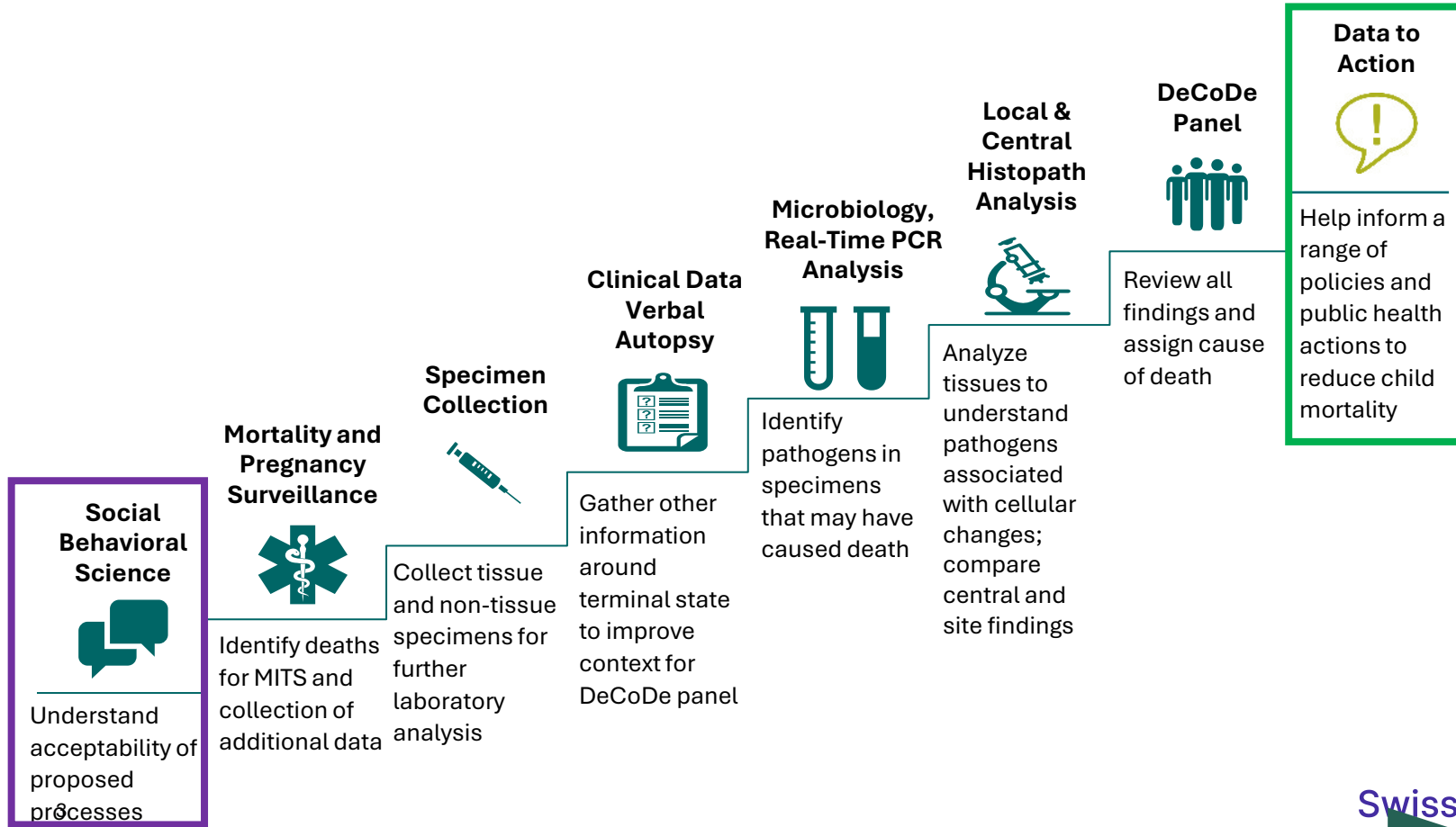
# THE CHAMPS STUDY

The Child Health and Mortality Prevention Surveillance (CHAMPS) was established in Mozambique in 2017 with the aim to:

- Strengthen vital registration systems while investigating causes of death (CoD) in children under 5 years through Verbal Autopsies (VA) and Minimally Invasive Tissue Sampling (MITS);
- Understanding and tracking causes of childhood death in high-mortality areas.

Data generated has helped to drive public health policies to reduce childhood death and disability in low-resource settings.

# THE CHAMPS STUDY



# AIM AND METHODS

1: IDENTIFY CULTURAL, RELIGIOUS AND SOCIAL - BEHAVIORAL FACTORS THAT MAY INFLUENCE THE PERFORMANCE OF CHILD MORTALITY SURVEILLANCE IN MOZAMBIQUE.

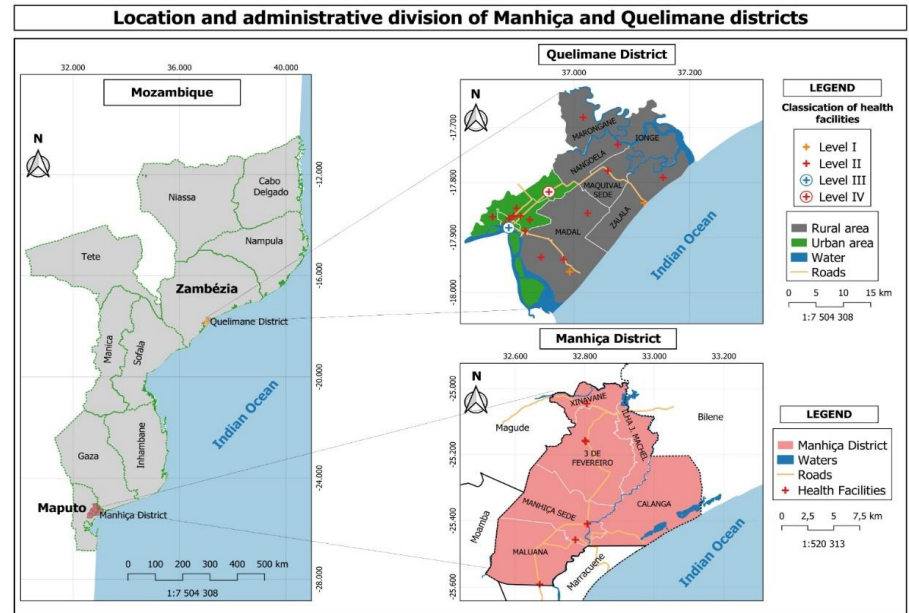
2: EXPLORED PARENTS' AND CAREGIVERS' EXPERIENCES OF RECEIVING COD RESULTS AND HOW THEY UNDERSTOOD AND USED THIS INFORMATION.

## Study design and settings



### *Qualitative Rapid Assessment*

- *Participatory workshop*



# Result: Participatory community workshops



Specific exercises  
to trigger  
discussions



Workshop Discussions:

- Community members & Community leaders

**324 community stakeholders participated in the 20 community workshops, where we reached:**

- Community Leaders (n92);
- Traditional Leaders (n35);
- Religious Leaders (n36);
- Community Representatives of Political Parties (n35);
- Influential people in the community (n33);
- Community Member (n93).

# Alignment with Community priority I

## High alignment between community priorities and CHAMPS objectives:

- ✓ Willingness to know the causes of child death to prevent the death of unborn children (MITS procedures are simple and quick to perform);
- ✓ The MITS results will solve family problems of blaming elderly for witchcraft against children.

*"...it is a good because from these analyses we'll know what is killing our children, because here many children are dying without knowing what the disease is that killed them"*  
(Community member).

*"I think this process is very good, because here, when a child dies, the family begins to look for those who killed that child in the traditional healers, then they leave it accusing the elderly of having killed the child"*  
(Community leader).

# Alignment with Community priority II

## Medium possibility of tension caused by issues such as:

- Religious beliefs;
- Different traditional beliefs and practices;
- Wrong perception regarding MITS objectives;
- Weak leadership involvement and unviable partnerships with CHAMPS

*“The procedures for moving, cutting or stinging the body after death is disrespectful to the deceased... Allah may not receive and bless that body”*

*(Religious leader).*

*“It is a problem because they may be suspicious that they want to take organs as other institutions have already been accused. So people can refuse to perform these MITS”*

*(Community leader).*

# Sharing MITS-driven COD Results & Family Interpretation

# STUDY METHODOLOGY AND APPROACH

## Participant Observation

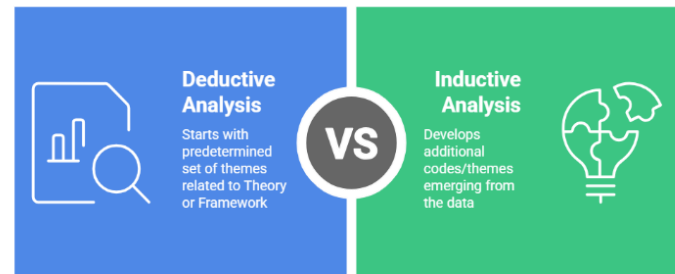


## Qualitative Interview



NVIVO

Data analysis approach



# Delivery CoD Results and family reaction

Causes of Death in Children disclosure		The reactions of the majority of families	Results delivery triggered immediate action on the side of families:
<p>The baby died because the placenta was punctured inside the mother's belly (Father of the deceased child 01, Manhiça).</p>	<p>breath upon birth</p>	<p><i>"The child died because he had pneumonia and was explained that it is a disease of hunger" (Mother of the deceased child 03, Manhiça).</i></p>	<ul style="list-style-type: none"> <li>• Initiation of antenatal care for new pregnancies</li> </ul>
<p>Deficient intra-uterine growth</p>	<p>Problems in the lungs</p>	<ul style="list-style-type: none"> <li>• Linked to</li> </ul>	<p>nts</p>
<p><i>"The child had no disease, the mother had the disease. I already imagined that it was this disease, that the child's mother had, that caused the child's death" (Father of the deceased child 08, Manhiça).</i></p>	<p>of</p>	<ul style="list-style-type: none"> <li>• Clearan suspicion</li> </ul>	<ul style="list-style-type: none"> <li>• Accepting treatment or other family members (e.g. syphilis, hypertension)</li> </ul>
<p>Infections in the mother affecting the fetus</p>		<ul style="list-style-type: none"> <li>• Blar</li> </ul>	<p>ant women from stic chores</p>

The child passed away because he had HIV / AIDS and lung problems. I thought the child passed away because of Kutsamiwa that she had already treated.

# Perceived Credibility, Usefulness, and Social Value of MITS-Derived CoD

## *Credibility, accuracy & Clinical Usefulness*

*"MITS gives us the evidence that our child passed away due to a condition that my wife and I can treat directly. We will now continue with the consultations and treatment so that we can have a baby without any problems in the future."*

*Father, Manhiça*



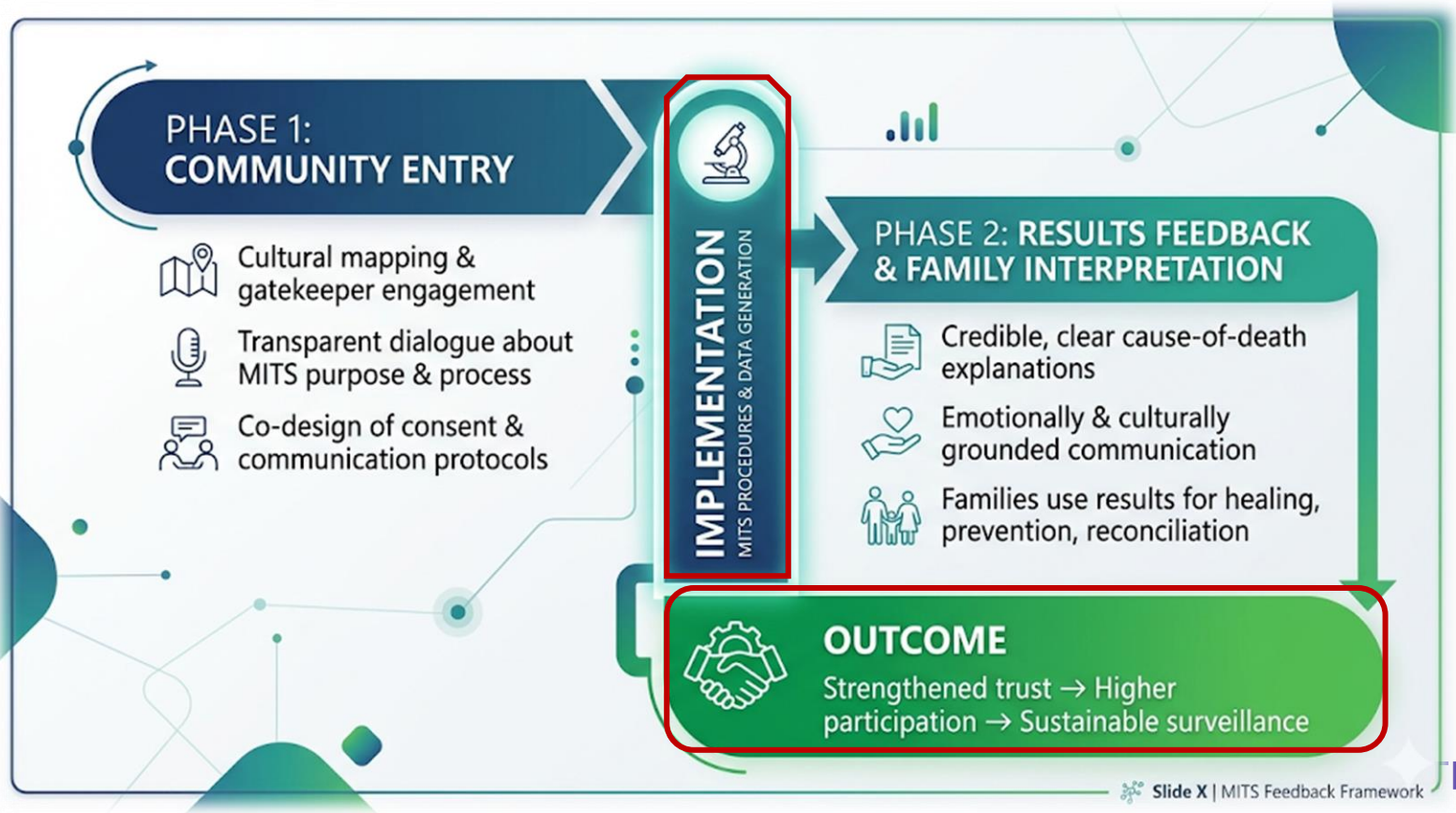
## *Social Value: Reducing Stigma, Guilt, and Conflict*



*"We used to believe that a child died because someone bewitched them. But when they explained that it was due to anaemia, the whole family began to understand."*

*Grandmother, Quelimane*

# Connecting the Dots – The Engagement Continuum in Child Mortality Surveillance



# Conclusion

---

## From Community Entry

- Constructive dialogue achieved through culturally-sensitive entry strategy
  - High acceptability possible when **cultural & religious beliefs** are respected
  - **Community authorities** essential for minimizing tensions
-

# Conclusion

---

## From Community Entry

- Constructive dialogue achieved through culturally-sensitive entry strategy
- High acceptability possible when **cultural & religious beliefs** are respected
- **Community authorities** essential for minimizing tensions

## From Results Delivery

- Results triggered **immediate family action** for health improvement
- **Delays in results delivery** increase distress & drive alternative explanations
- Findings have direct **implications for health service strengthening**

# THANK YOU for your attention!

# OBIGADO pela atenção!

[amilcar.magaco@swisstph.ch](mailto:amilcar.magaco@swisstph.ch)

[amilcar.magaco@manhica.net](mailto:amilcar.magaco@manhica.net)

