



Agentes polivalentes elementares workload study in Mozambique

Investigators: Dr F. Mbofana (MISAU), Dr Humberto Rodrigues (DNSP),
Dr S. Chicumbe (INS), Teresa Cerveau (MC), David Borges (MC)

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Introduction

Policy to revitalise community health worker programme: Mozambique Ministry of Health, March 2010

- Included a **four-month training programme** to enable *agentes polivalentes elementares* (APEs) to perform a range of duties:
 - Health promotion
 - First aid
 - Case management of simple illnesses – malaria, pneumonia (under-fives only), diarrhoea
 - Screening for malnourished children, and referral for treatment
- APEs should spend just **20% of time on case management**
- Plans to **increase range of services provided by APEs**

Study design

- RAcE programme in provinces of **Inhambane** (Malaria Consortium) and **Nampula** (Save the Children)

- Descriptive study looking at time/movement

- APEs recorded their activities and time taken for each in semi-structured diaries for 14 days

- **Districts covered:** 13 districts of Inhambane province; 5 districts of Nampula province

- **Approval:** Mozambique national bioethics committee approval (017/CIBS-INS/2014)

- **Data collection:** between May and June 2014

Study methodology

- **238 APEs from total of 371 selected**, based on proportional sampling with each province – mostly male (64%)

- APE activities were grouped into **preventive, curative and monitoring and supervision** - personal activities also recorded

- Data were analysed by descriptive statistics

- Focus group discussions were conducted on **APEs' perceptions of their workload**

Activities grouped in semi-structured diary

CATEGORIES	SUB-CATEGORIES 1	SUB-CATEGORIES 2
Travel/transport		
Household visits	Case management	Diarrhoea/Malaria/Respiratory infections/Others
	Health education	
In health post	Case management	Diarrhoea/Malaria/Respiratory infections/Others
	Health education	
	Supervision	
	Monitoring (i.e. completion of registers/reports)	
At home	Case management	Diarrhoea/Malaria/Respiratory infections/Others
	Health education	
	Supervision	
	Monitoring (i.e. completion of registers and reports)	
In health facility	Supervision	
	Referral of patients	
	Personal issues	
	Other	
Personal activities	Farming	
	Housework	
	Resting/sleeping	
Community activities	Health talk	
	Health committee meeting	
	Health campaign	
Other		

Main study results

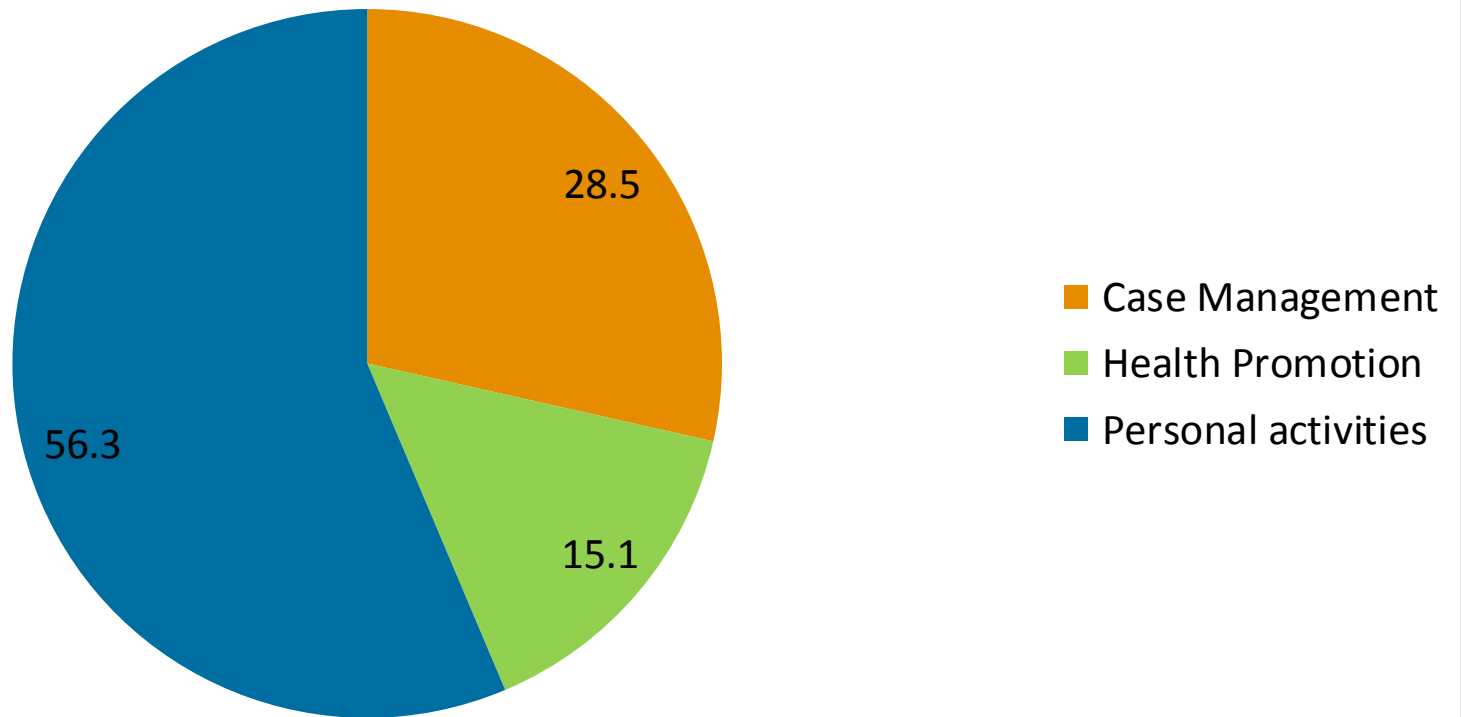
- Out of a total of 3,332 daily records, 3,101 were considered valid for analysis (90.4%) after review and coding

- **Case management was the predominant daily activity** – reported as an activity for 70.5% of days in Inhambane, 67.4% of days in Nampula

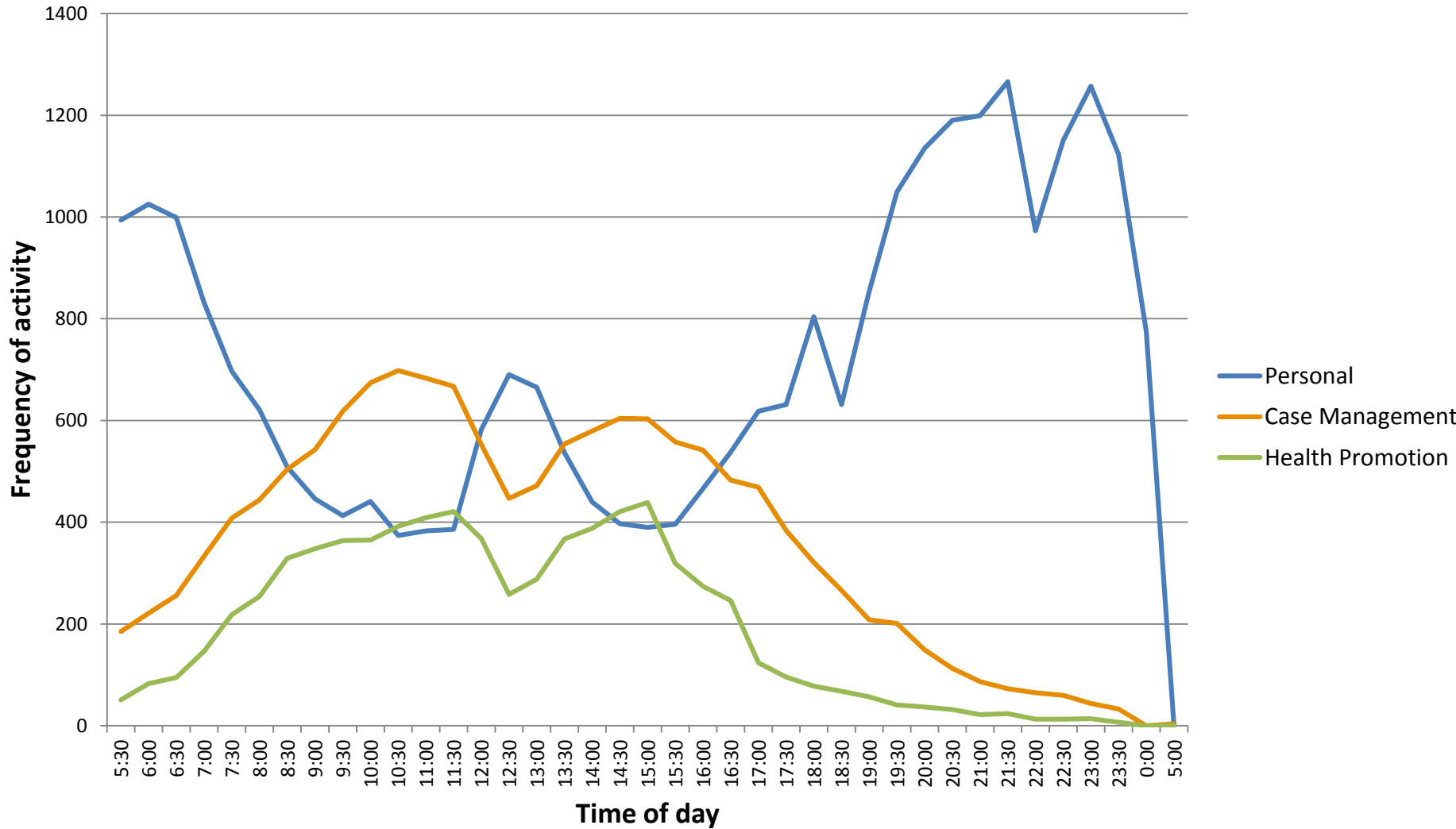
- **Health promotion** was the next frequent activity was, reported on 41.9% of days in Inhambane, 51.3% in Nampula

- **Monitoring and supervision** was much less frequently reported – at 8.5% of days in Inhambane, 8.2% in Nampula

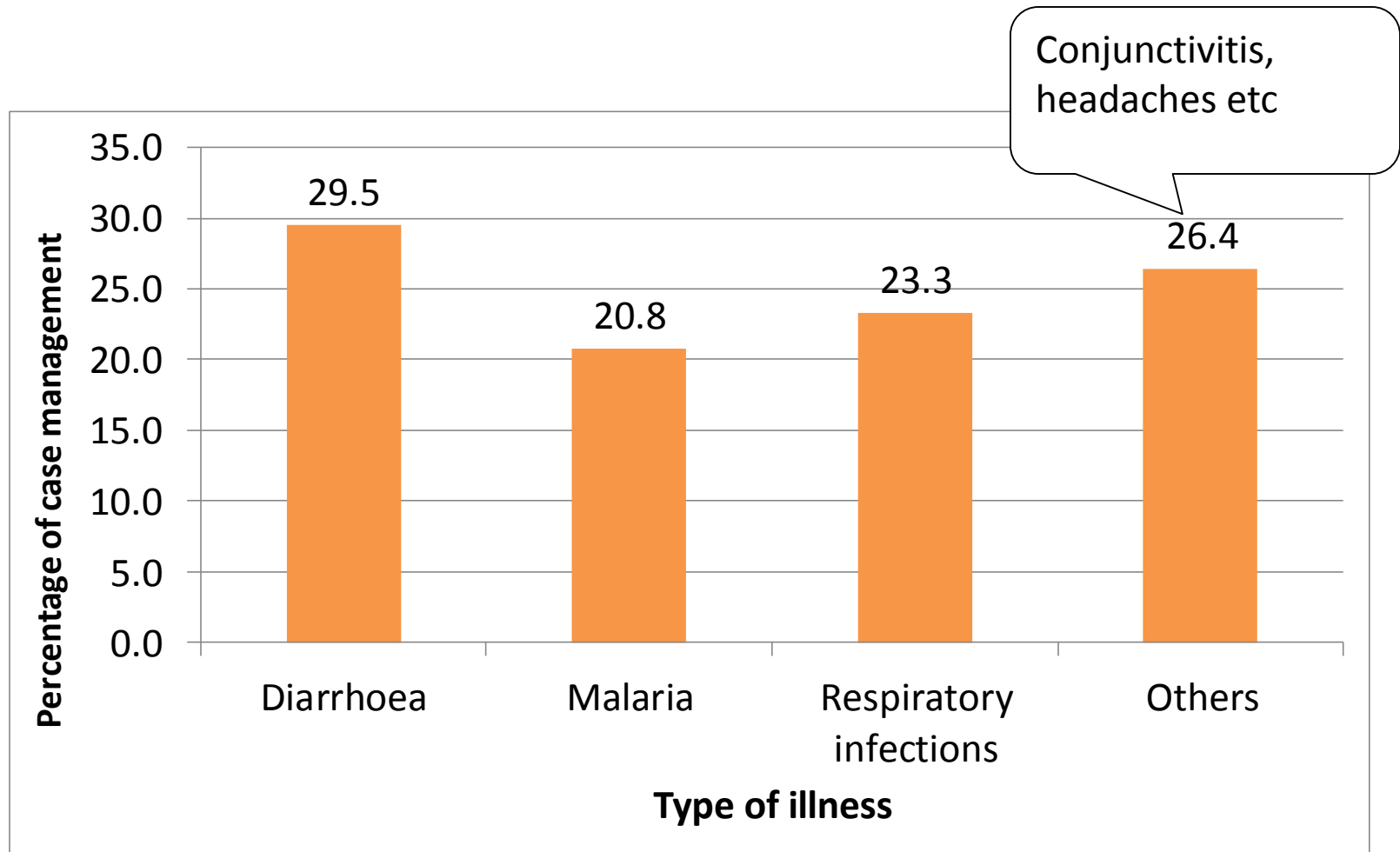
Distribution of APE activities



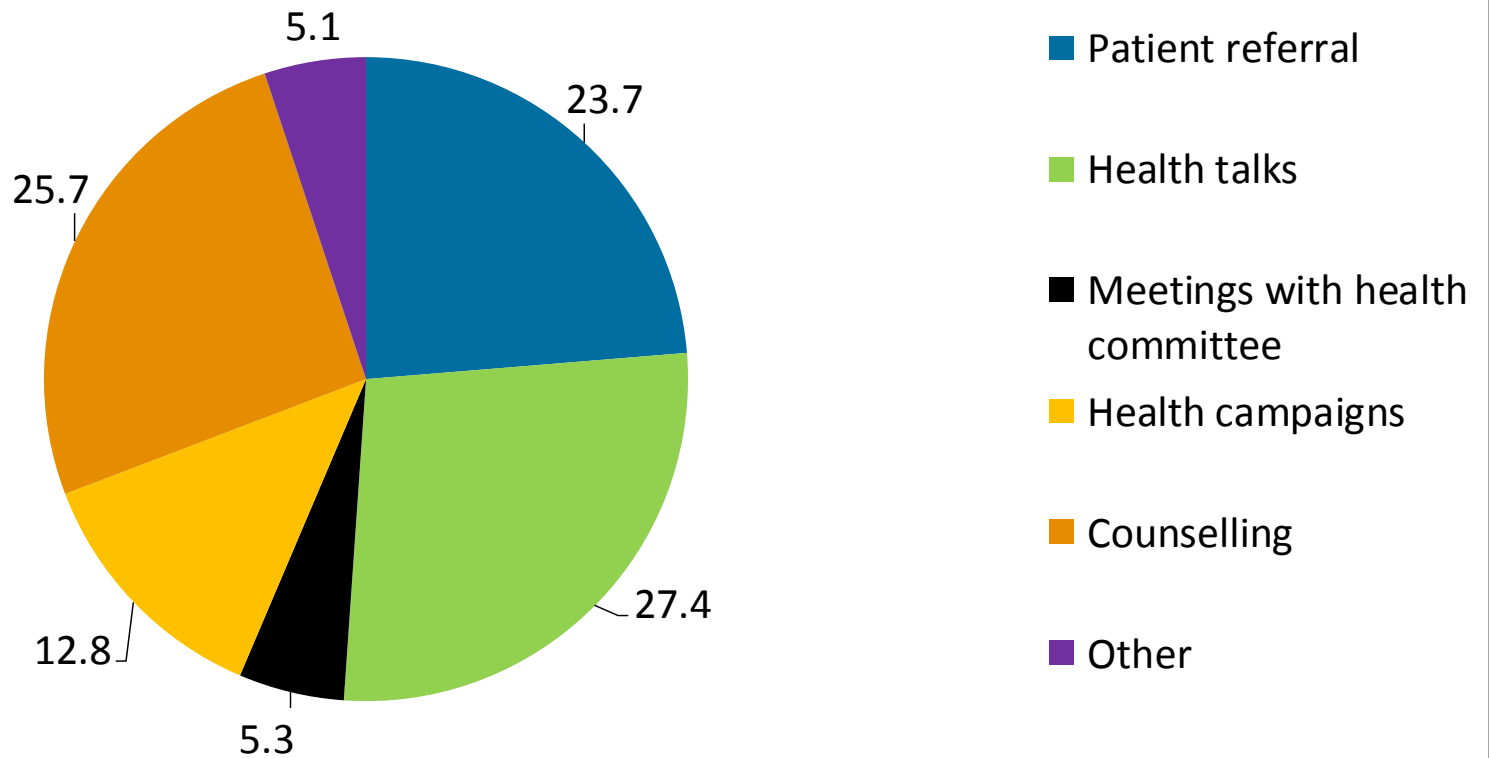
Results: frequency & timing of APE activities



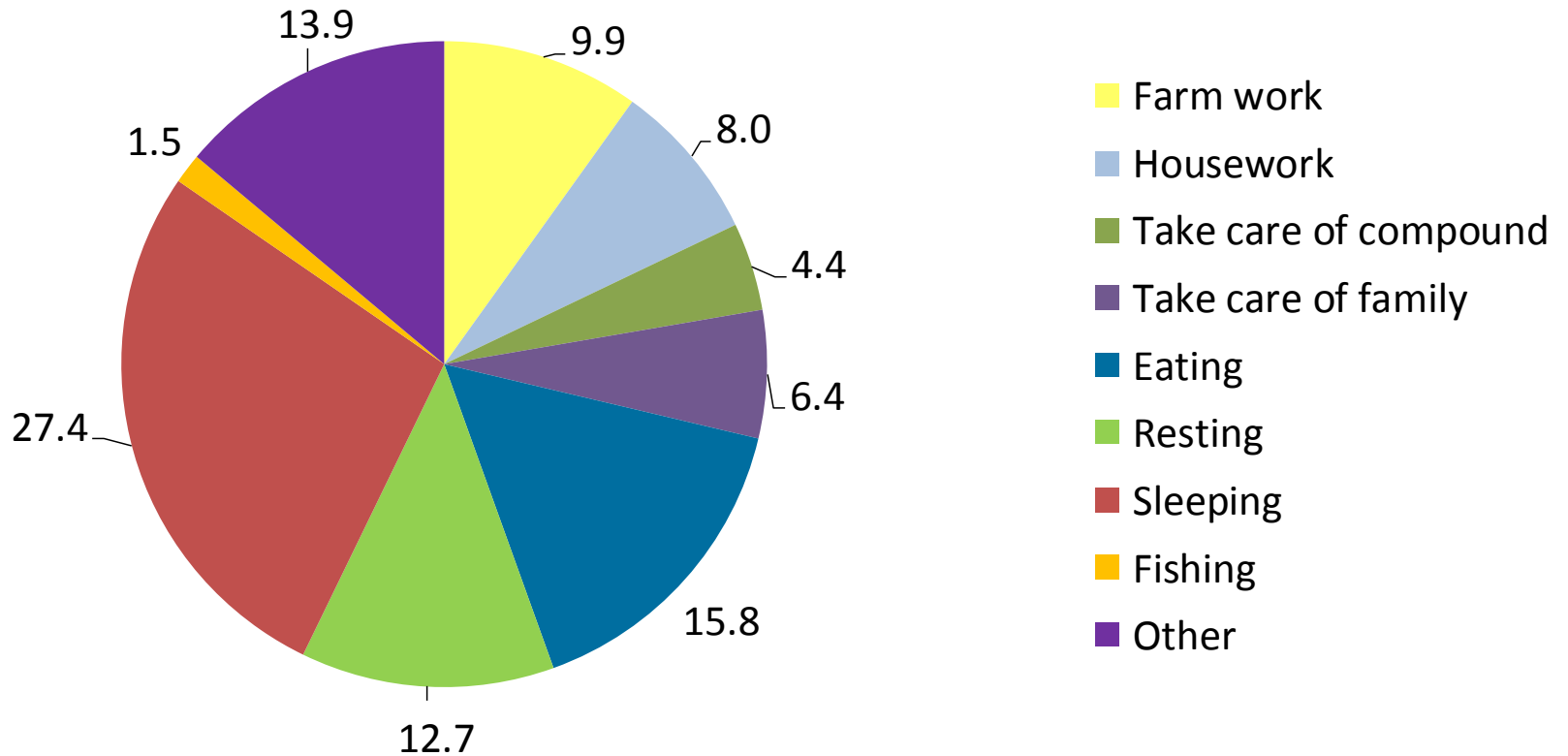
Case management



Health promotion activities



Personal activities



Further results

- Median number of houses visited by APEs each day in Inhambane was seven, while in Nampula it was 11
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- **Most activities were conducted on foot**, which adds to the time used (2.5 hours per day in Inhambane, 1 hour in Nampula)
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APEs' perceptions of workload

Six focus group discussions held with APEs, 11 per group:

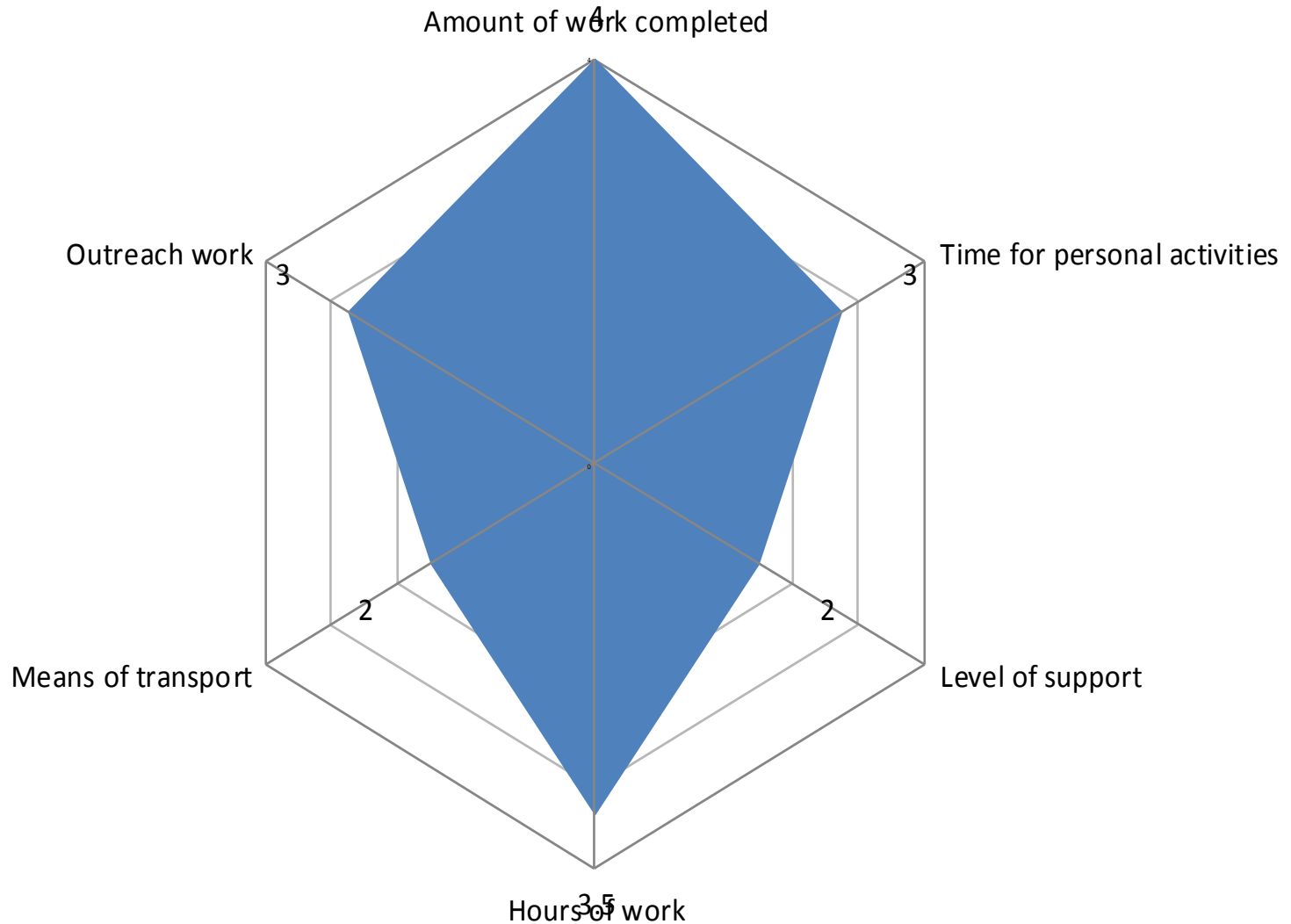
- **Most APEs felt their workload was high:**

“There are days when I get to attend about 10-15 people, especially on Mondays... What makes it worse is that we have to walk from house to house and visit 8-10 houses in a day”

- Many also felt they **do not have enough time for personal activities** due to their APE activities and time to attend to patients:

“...[I] have sometimes been very frustrated because of the responsibility... but it has also been very rewarding when we help people in our community to improve their health”

Perceptions of APEs on their current workload



Study recommendations

- Since this study was completed, **the APE role was extended to include family planning, pregnancy tracking, antenatal care, post-partum care, healthy child check-ups, as well as tuberculosis and HIV patient follow-up for treatment adherence counselling**
- There is a need to re-assess the APE workload **to ensure they are not over-burdened and becoming demotivated**
- This **re-assessment should include their supervisors** as supervision can also be challenging to implement

Thank you