Agentes polivalentes elementares workload study in Mozambique

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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:
  
  o Health promotion
  o First aid
  o Case management of simple illnesses – malaria, pneumonia (under-fives only), diarrhoea
  o 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

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<td>Household visits</td>
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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

- Case Management: 28.5%
- Health Promotion: 15.1%
- Personal activities: 56.3%
Results: frequency & timing of APE activities

[Graph showing frequency of activity over time for different categories: Personal, Case Management, Health Promotion.]
Case management

![Bar chart showing percentage of case management for various types of illnesses. Diarrhoea has the highest percentage at 29.5%, followed by Malaria at 20.8%, Respiratory infections at 23.3%, and Others at 26.4%.]

- **Diarrhoea**: 29.5%
- **Malaria**: 20.8%
- **Respiratory infections**: 23.3%
- **Others**: 26.4%

*Conjunctivitis, headaches etc.*
Health promotion activities

- Patient referral: 23.7%
- Health talks: 27.4%
- Meetings with health committee: 5.3%
- Health campaigns: 12.8%
- Counselling: 5.1%
- Other: 25.7%
Personal activities

- Farm work: 27.4%
- Housework: 13.9%
- Take care of compound: 12.7%
- Take care of family: 15.8%
- Eating: 15.8%
- Resting: 8.0%
- Sleeping: 6.4%
- Fishing: 4.4%
- Other: 9.9%
Further results

- Median number of houses visited by APEs each day in Inhambane was seven, while in Nampula it was 11.

- **Most activities were conducted on foot**, which adds to the time used (2.5 hours per day in Inhambane, 1 hour in Nampula).
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

Amount of work completed

Outreach work

Means of transport

Time for personal activities

Level of support

Hours of work

- 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