RAcE Multi-Country Results Dissemination Meeting
Endline Survey Results

Republic of Mozambique
Ministry of Health

Abuja, Nigeria
24-27 October, 2017
Survey Design

Survey was conducted by the National Health Institute (INS) with technical assistance from ICF and financial & logistical support from SC; protocol & instruments were approved by the MoH’s IRB.

Design: 30x30 multi-stage cross-sectional cluster based household survey with children 2-59 months who had recently been sick with diarrhea, fever or fast breathing in the past 2 weeks prior to the survey; target was 300 surveys for each disease.
Survey Instruments

- The instruments consisted of 7 modules collecting data on 22 key indicators:
  - Caregiver & hhld background information
  - Caregiver knowledge of iCCM activities
  - A module for each major childhood illness
  - Standard demographic & health survey data
- Data were collected via mobile devices; ICF programmed the questionnaire using CommCare
- An APE survey questionnaire was implemented, which was developed using tools from the previous CIDA-funded iCCM programme and the Quality of Care survey
Survey Preparations & Implementation

- Data collection took place between 8-30 October, 2016, in the 4 provinces
- The survey was translated and uploaded into the mobile devices in Portuguese; enumerators translated it into the appropriate local languages during data collection
- A total of 12 survey teams implemented the study, each team composed of 1 supervisor and 2 enumerators
- There were various delays throughout, primarily due to the distance between clusters and poor road & connectivity issues
Data Limitations

- Despite quality control measures, the dataset had a number of errors, requiring additional cleaning and some reconstruction.

- Inhambane (MC) province had been excluded at baseline so had 2 additional clusters sampled to help provide programme-wide information - therefore endline results are based on 3 out of 4 RAce provinces.

- Both Inhambane and Nampula had deployed APEs at the time of the baseline that had been supported by Malaria Consortium and Save the Children, respectively.
RAcE Endline Survey Results:
Mozambique

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment was sought from an appropriate provider</td>
<td>Other provider, 49%</td>
<td>Other provider, 24%</td>
</tr>
<tr>
<td></td>
<td>CHW, 30%</td>
<td>CHW, 55%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child received appropriate treatment</td>
<td>Other provider, 34%</td>
<td>Other provider, 21%</td>
</tr>
<tr>
<td></td>
<td>CHW, 12%</td>
<td>CHW, 29%</td>
</tr>
</tbody>
</table>
**Profile of Caregivers: Distance to Nearest HF**

<table>
<thead>
<tr>
<th>Distance Range</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;8km</td>
<td>23.9</td>
<td>15</td>
</tr>
<tr>
<td>8-25km</td>
<td>18.7</td>
<td>31.7</td>
</tr>
<tr>
<td>&gt;25km</td>
<td>9.6</td>
<td>7.2</td>
</tr>
<tr>
<td>don't know</td>
<td>47.8</td>
<td>46.1</td>
</tr>
<tr>
<td>mean distance</td>
<td>13.7</td>
<td>14.5</td>
</tr>
</tbody>
</table>
Profile of Caregivers: Walking Time to Nearest HF

![Bar Chart](chart.png)

- **Baseline**
  - <30 min: 14.5%
  - 30-59 min: 8.5%
  - 1-<2 hours: 4.1%
  - 2-<3 hours: 1.2%
  - 3 hours or more: 35.5%

- **Endline**
  - <30 min: 33.8%
  - 30-59 min: 33.8%
  - 1-<2 hours: 14.5%
  - 2-<3 hours: 31.4%
  - 3 hours or more: 43.1%
Caregiver Knowledge & Perceptions of iCCM trained APE in their Community

- Knows APE works in community: Baseline 62, Endline 93.4
- Knows location of APE: Baseline 95, Endline 94.5
- Knows 2+ APE curative services: Baseline 49.2, Endline 69.1
- View APEs as trusted health care providers: Baseline 82.9, Endline 78.2
- Believe APEs provide quality services: Baseline 74.8, Endline 67.7
- Cite APE as a convenient source of treatment: Baseline 80.4, Endline 81.9
Caregiver Knowledge of Childhood Illnesses

- Knows 2+ child illness signs: Baseline 86.5, Endline 92.9
- Knows cause of malaria: Baseline 67.4, Endline 75.9
- Knows fever is a sign of malaria: Baseline 64.7, Endline 74.7
- Knows malaria treatment: Baseline 72.6, Endline 86.5
Care Seeking using APE as First Source of Care (of those who sought care)
Fever cases in which care was sought from APE

<table>
<thead>
<tr>
<th></th>
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<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had blood drawn by APE</td>
<td>19.1</td>
<td>51.2</td>
</tr>
<tr>
<td>Received ACT by APE among those who had a positive blood test</td>
<td>91.3</td>
<td>64.3</td>
</tr>
</tbody>
</table>
Cases that Received Treatment from an APE vs Other Provider

**Diarrhea - ORS**

Baseline:
- APE: 22.2%
- Other Provider: 47.6%

Endline:
- APE: 50%
- Other Provider: 19.9%

**Diarrhea - Zinc**

Baseline:
- APE: 2.2%
- Other Provider: 7.6%

Endline:
- APE: 26.1%
- Other Provider: 8.8%
Cases that Received Treatment from an APE vs Other Provider

**Diarrhea – ORS +**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>APE</td>
<td>2.2%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Other Provider</td>
<td>5.4%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

**Cough with Difficulty or Fast Breathing**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>APE</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Other Provider</td>
<td>52.6%</td>
<td></td>
</tr>
<tr>
<td>APE</td>
<td>33.1%</td>
<td></td>
</tr>
<tr>
<td>Other Provider</td>
<td>25.7%</td>
<td></td>
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</tbody>
</table>
Caregivers who did not seek any care

Overall
- Baseline: 15.2%
- Endline: 15.4%

Fever
- Baseline: 11.8%
- Endline: 18.9%

Diarrhea
- Baseline: 13%
- Endline: 17.7%

Cough with difficult or fast breathing
- Baseline: 9.5%
- Endline: 9.5%
# APE Survey: Medicines and Diagnostics Availability

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of APEs with all CCM medicines and diagnostics in stock on day of assessment (artemether-lumefantrine, amoxicillin, ORS, zinc, RDTs, timer)</td>
<td>38%</td>
</tr>
<tr>
<td>Artemether-lumefantrine (1x6 or 2x6)</td>
<td>44%</td>
</tr>
<tr>
<td>RDTs</td>
<td>75%</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>81%</td>
</tr>
<tr>
<td>ORS</td>
<td>91%</td>
</tr>
<tr>
<td>Zinc</td>
<td>81%</td>
</tr>
<tr>
<td>Timer</td>
<td>78%</td>
</tr>
<tr>
<td>% of APEs reporting no stockouts of essential iCCM supplies lasting seven days or more in the month before the survey (artemether-lumefantrine 1x6 and 2x6, RDTs, amoxicillin, ORS, zinc)</td>
<td>16%</td>
</tr>
</tbody>
</table>
Main Conclusions (1)

- Caregivers live far from HF; the best way to ensure the early classification and treatment for malaria, diarrhea and pneumonia is through APEs.
- APEs are well recognized and appreciated in their communities; those who sought care for their sick children were more likely to approach their APEs as first point of care.
- There has been a significant increased treatment by an APE of diarrhea, pneumonia and testing for malaria; treatment of malaria has decreased, likely due to stockouts (confirmed by the APE survey).
Main Conclusions (2)

It can be argued that APEs that are well-stocked and supervised for service quality can provide even greater treatment rates, and the government and partners must continue to invest in the APE programme in order to contribute towards the reduction in <5 morbidity and mortality rates in Mozambique.
OBRIGADO
KANIMAMBO
THANK YOU

8 passos da consulta da criança para o APE