



# 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

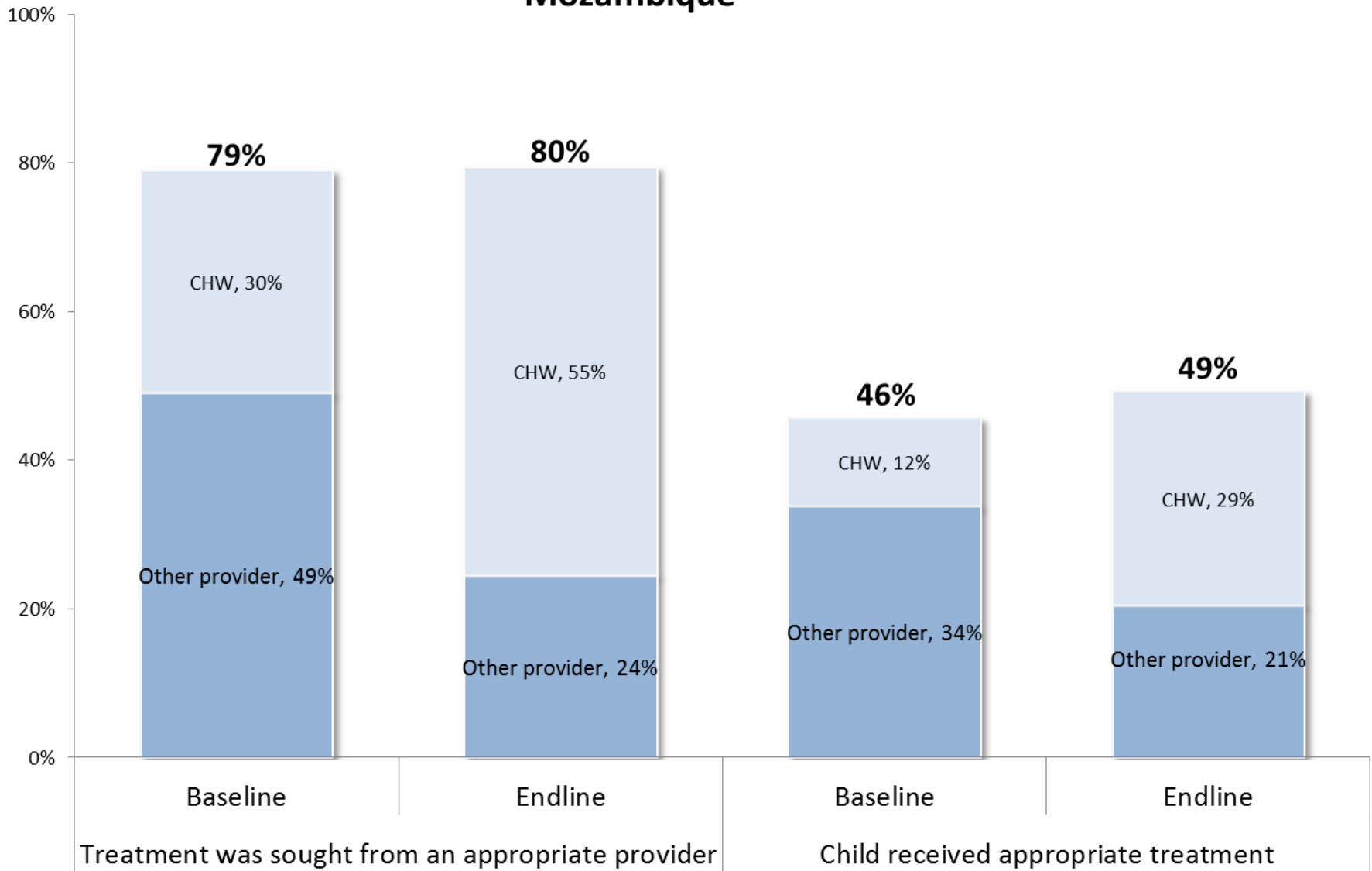
# Survey Preparations & Implementation

- 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

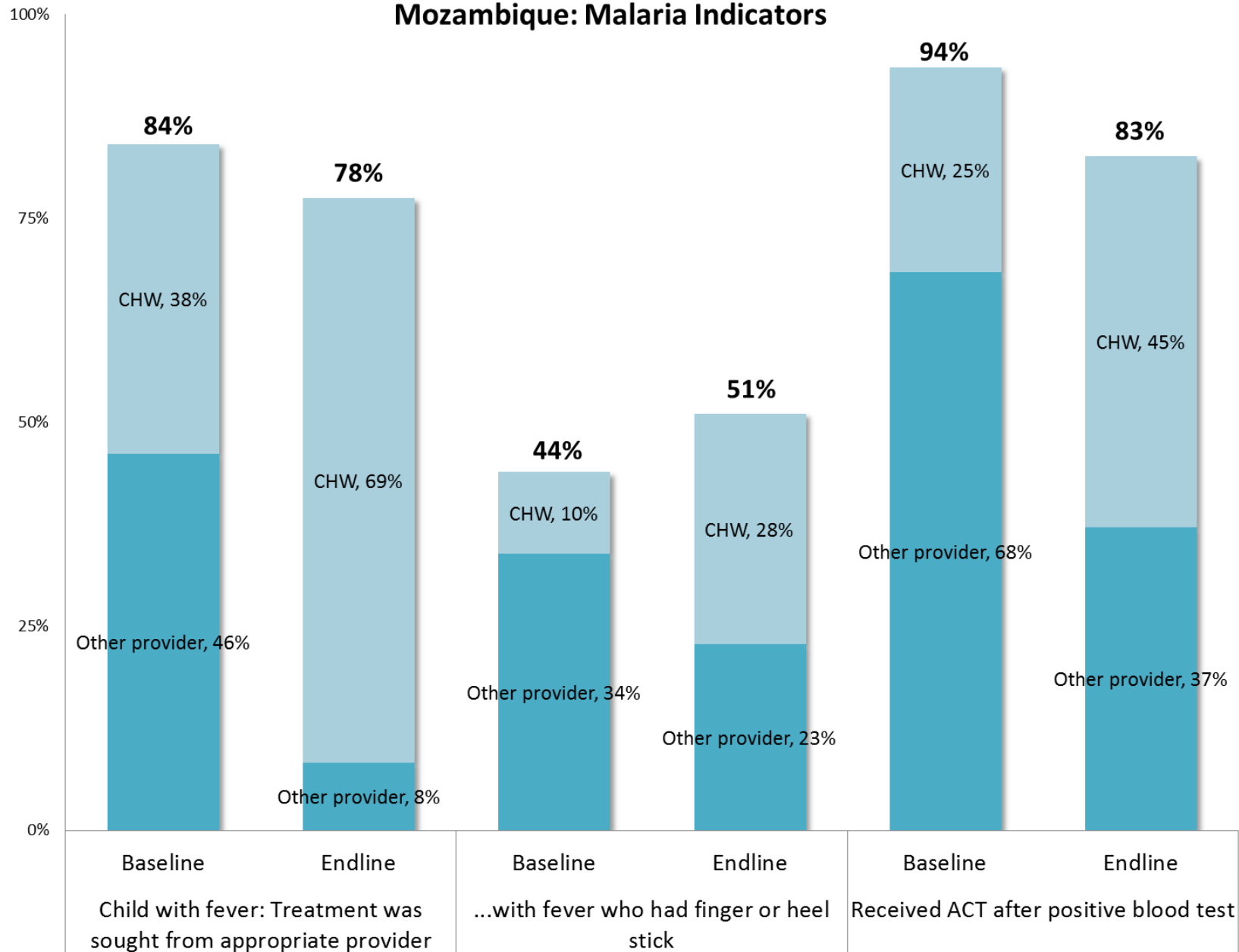
# Data Limitations

- 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

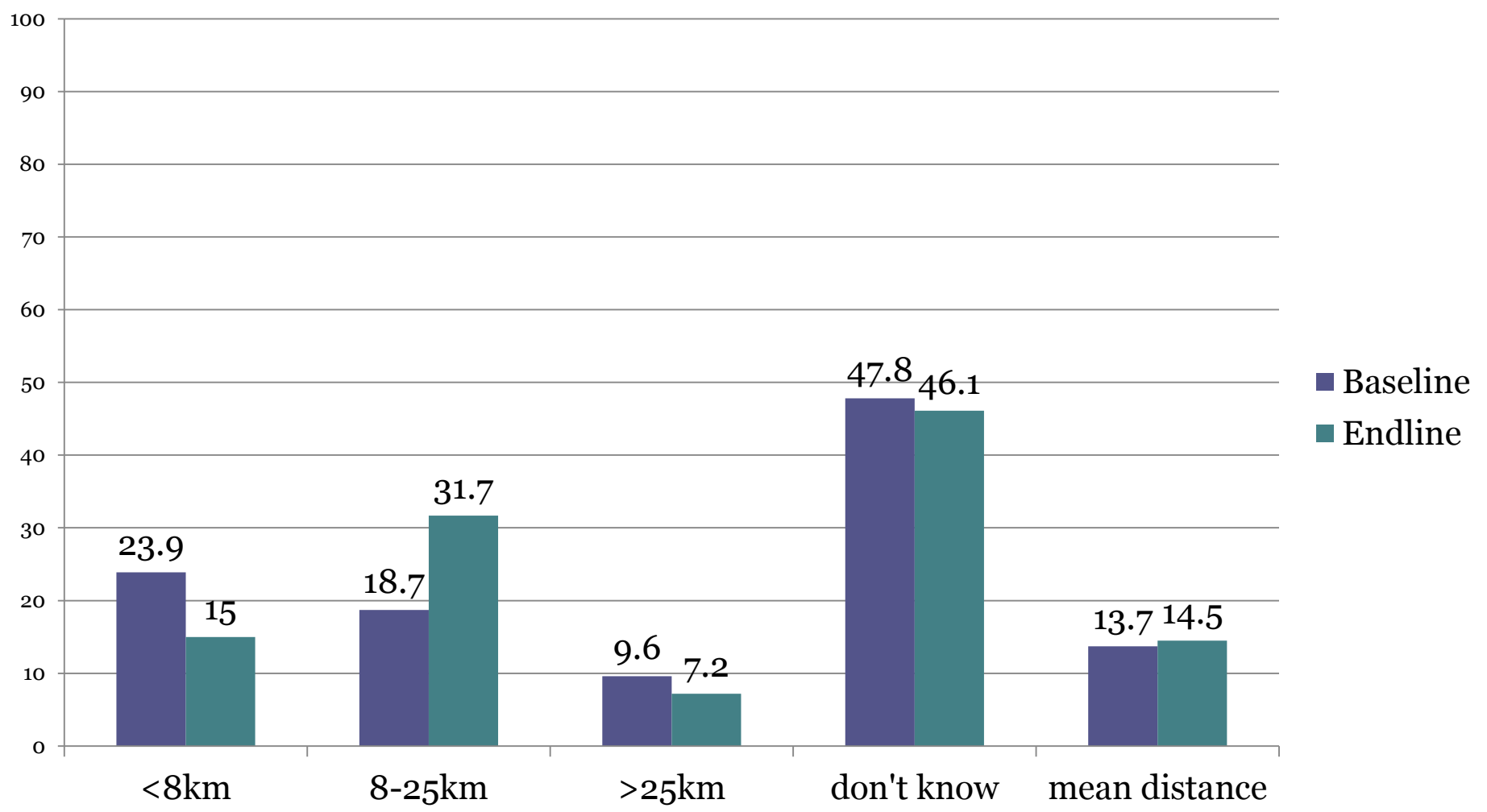
## RAcE Endline Survey Results: Mozambique



## Mozambique: Malaria Indicators

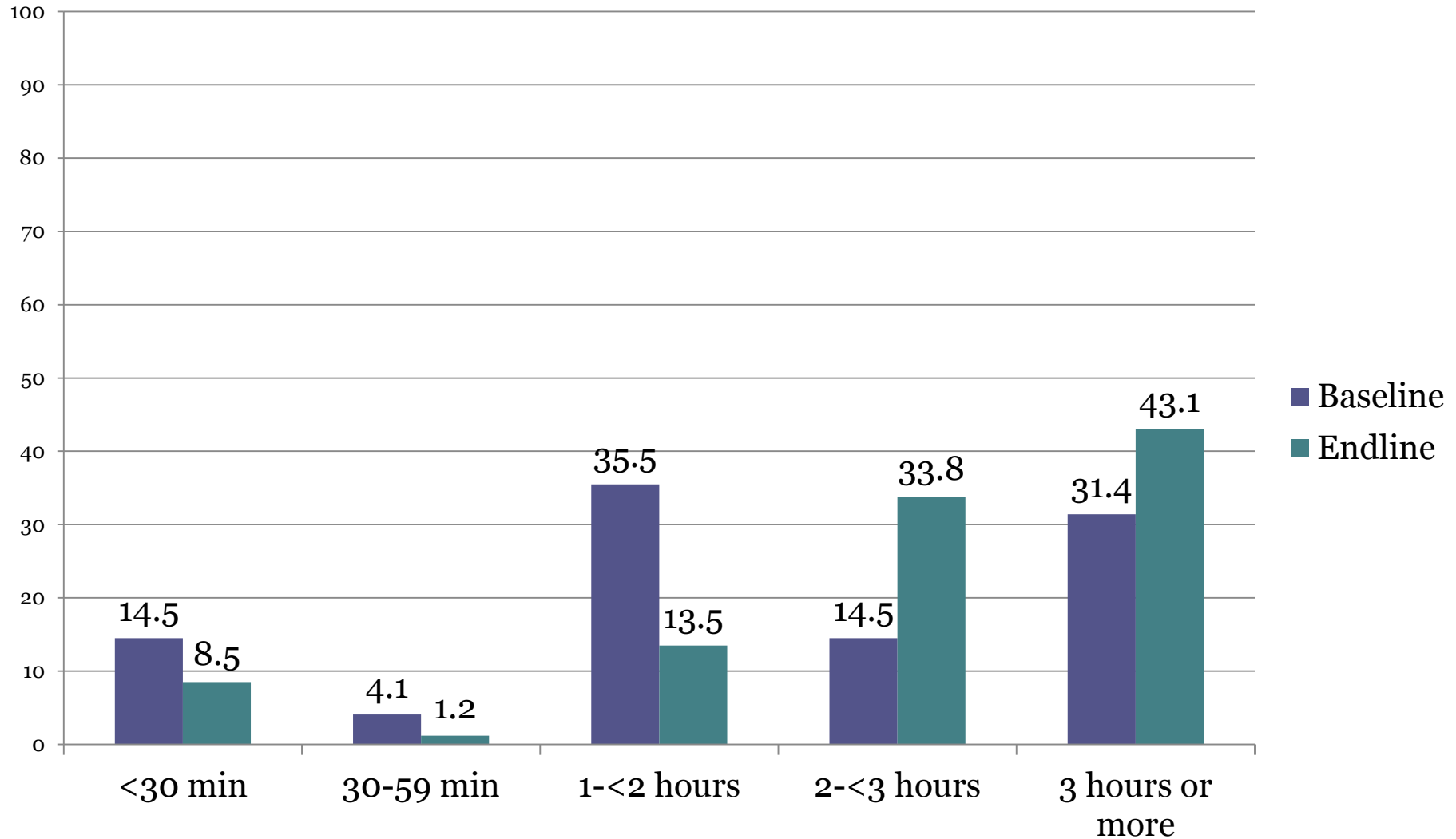


# Profile of Caregivers: Distance to Nearest HF

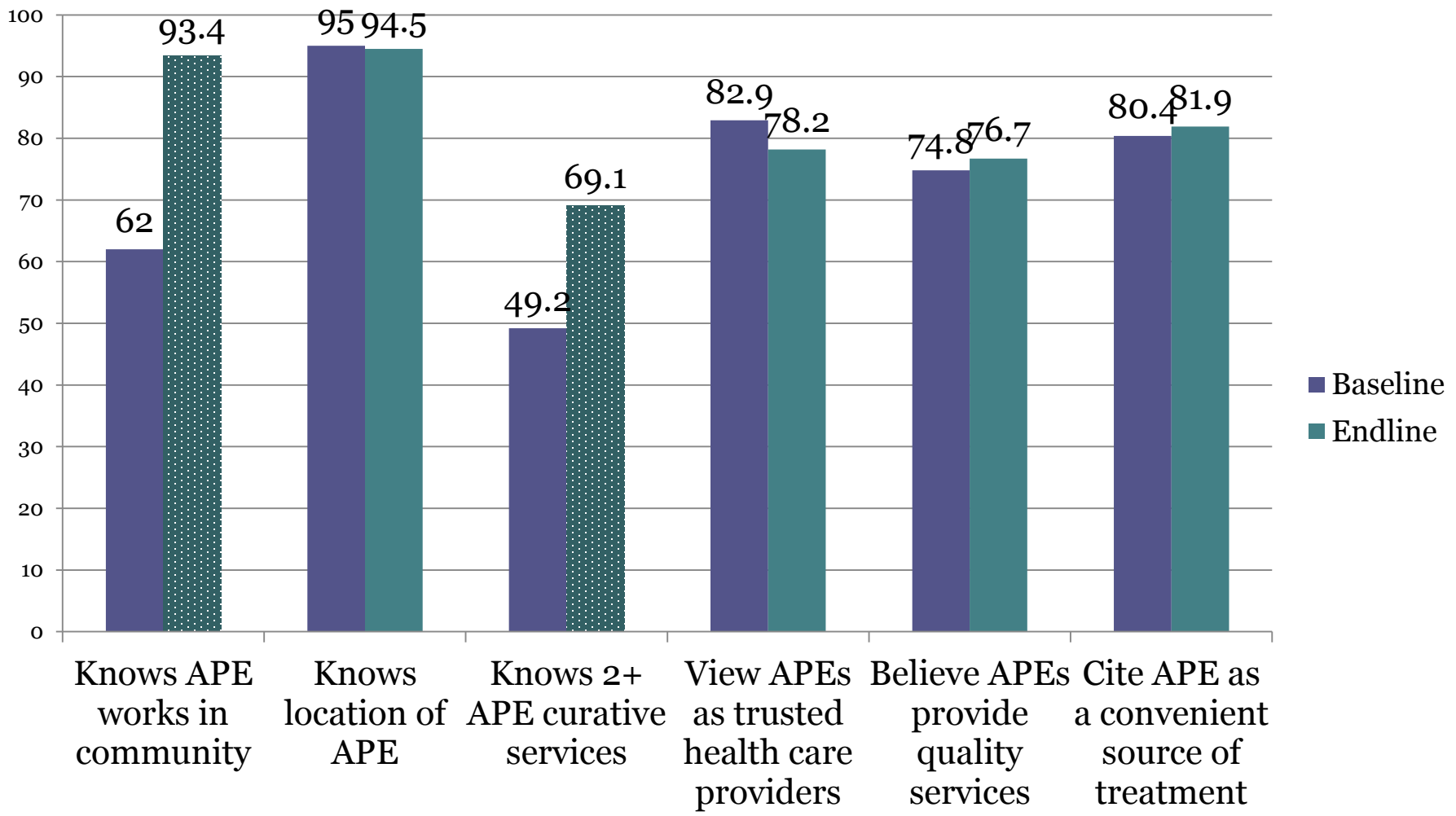




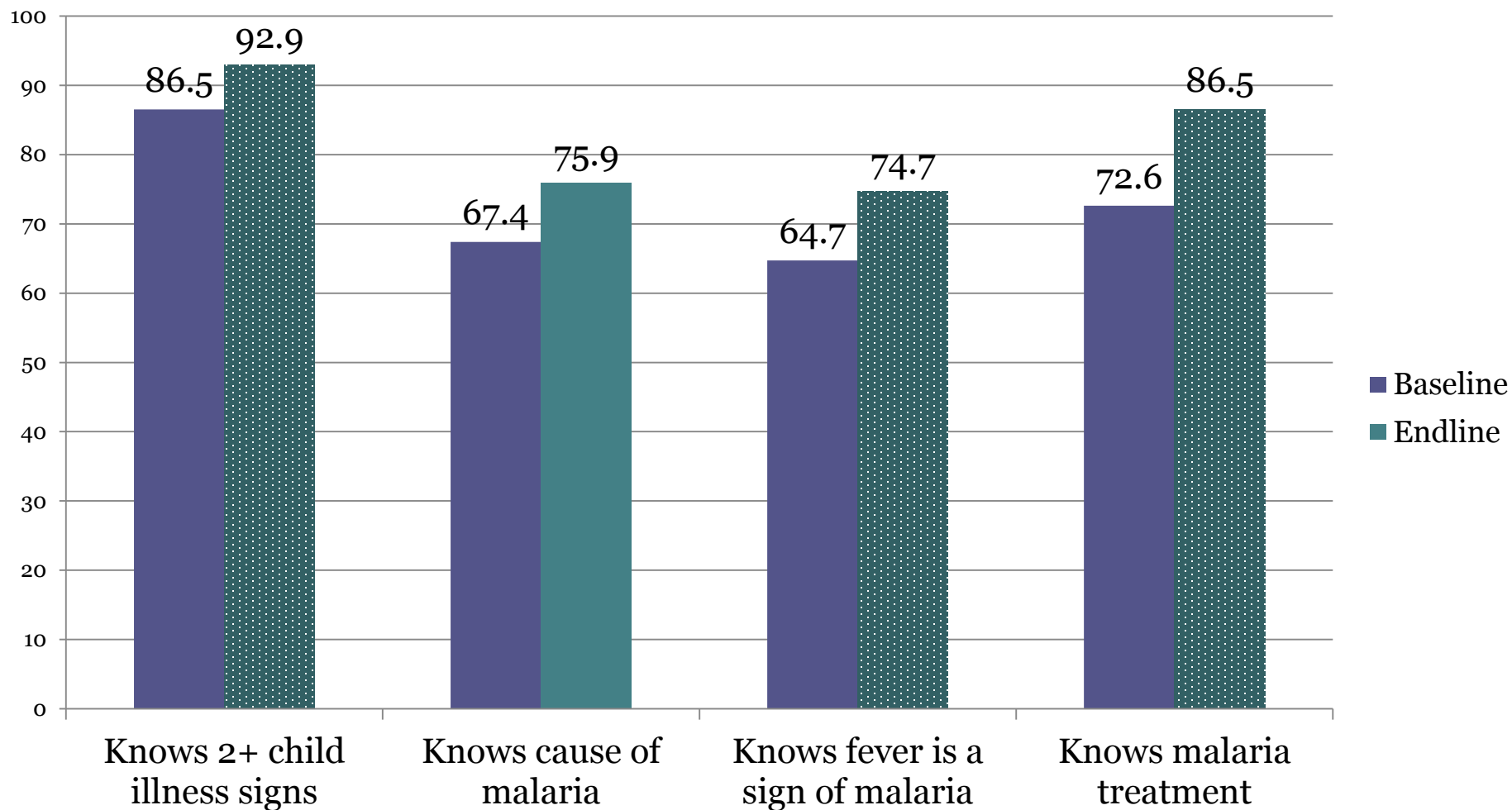
# Profile of Caregivers: Walking Time to Nearest HF



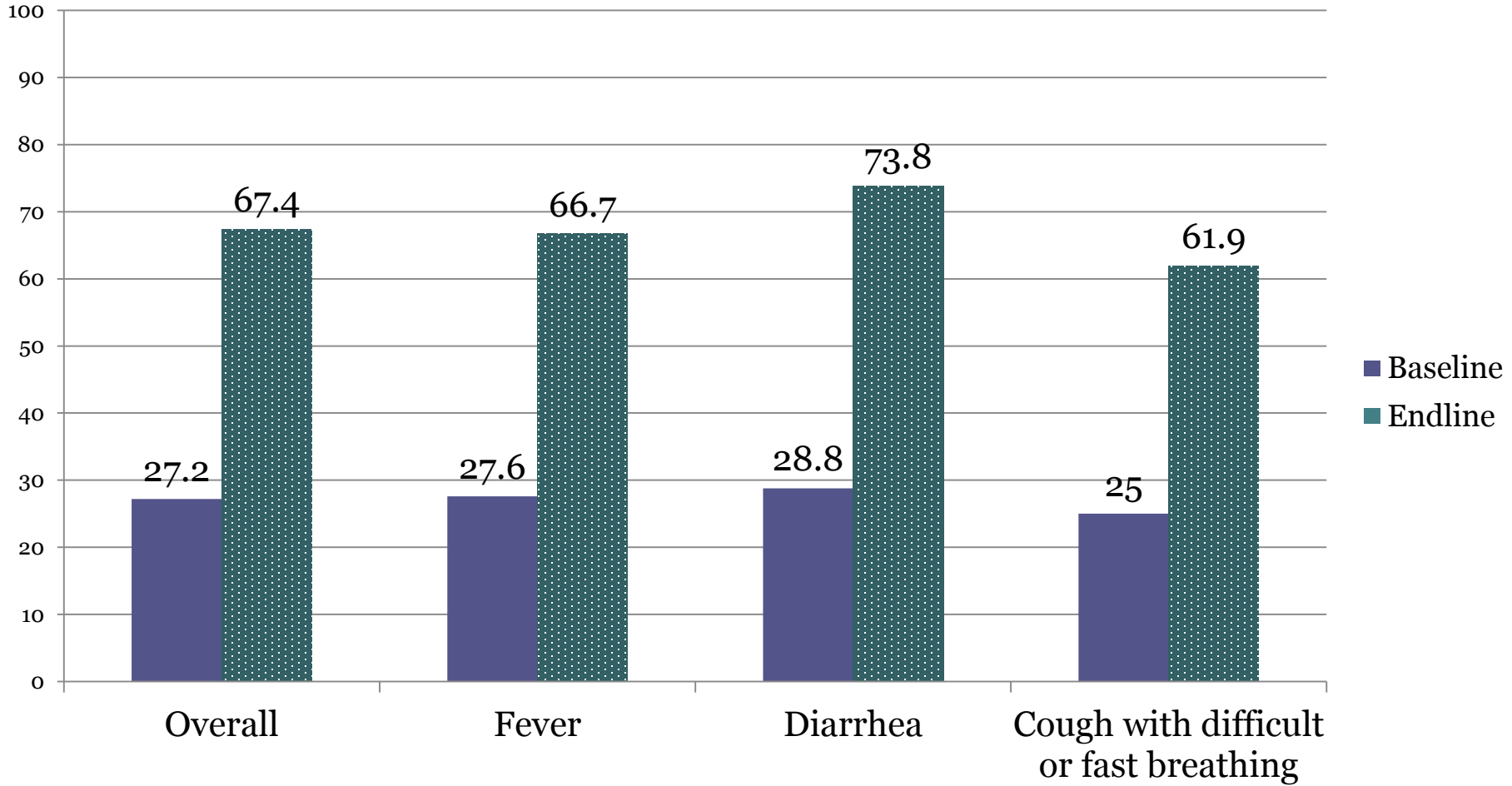
# Caregiver Knowledge & Perceptions of iCCM trained APE in their Community



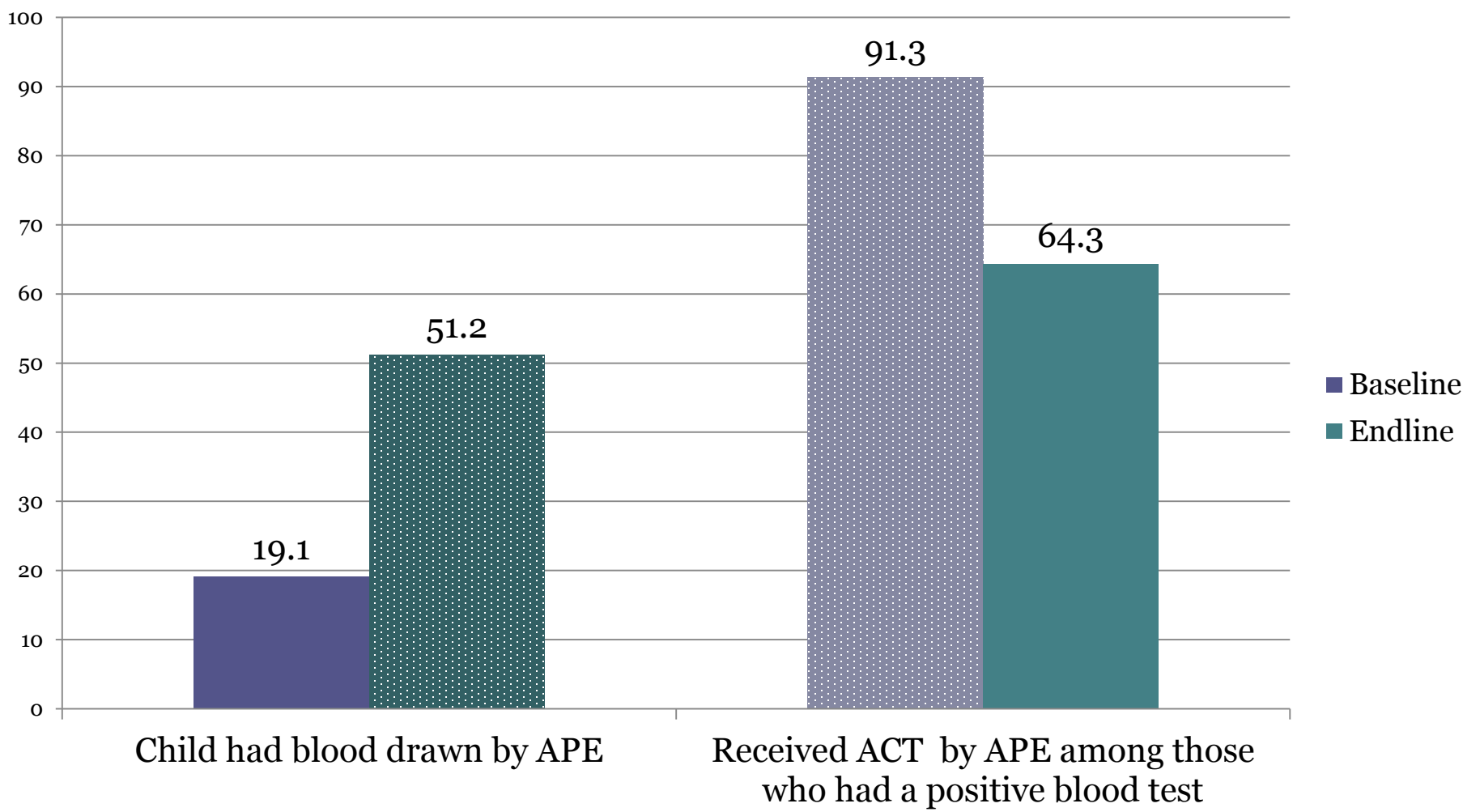
# Caregiver Knowledge of Childhood Illnesses



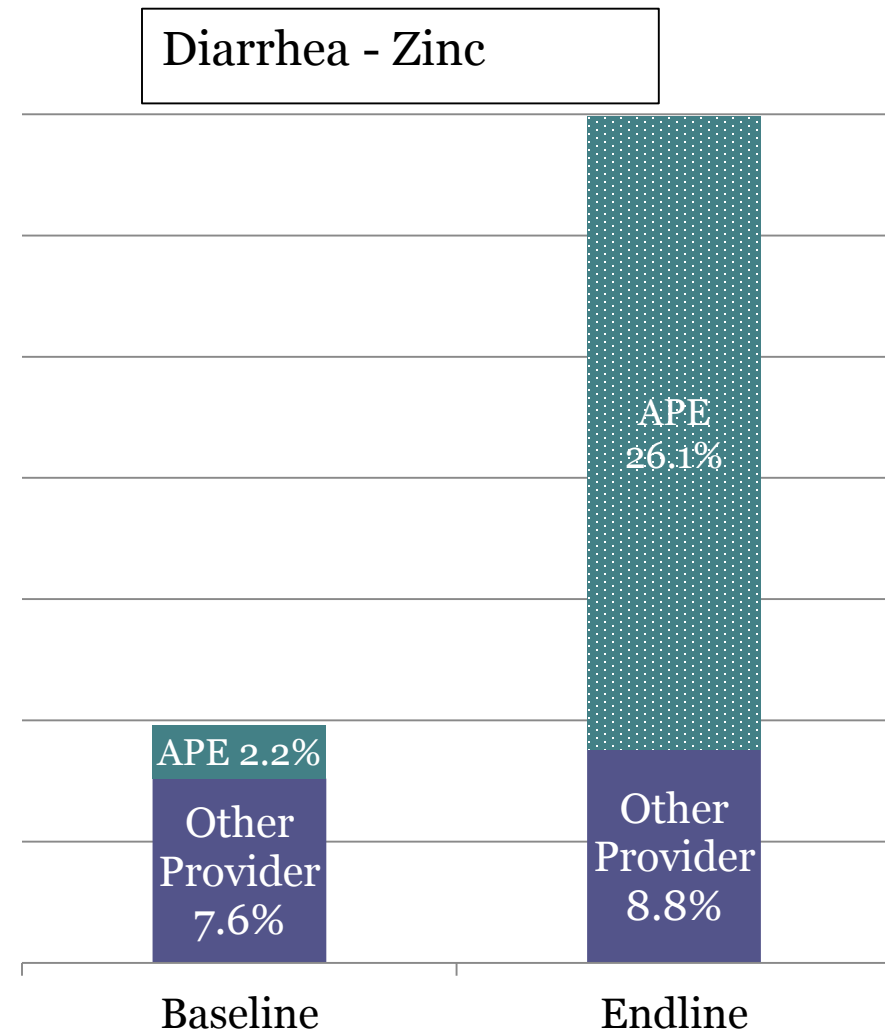
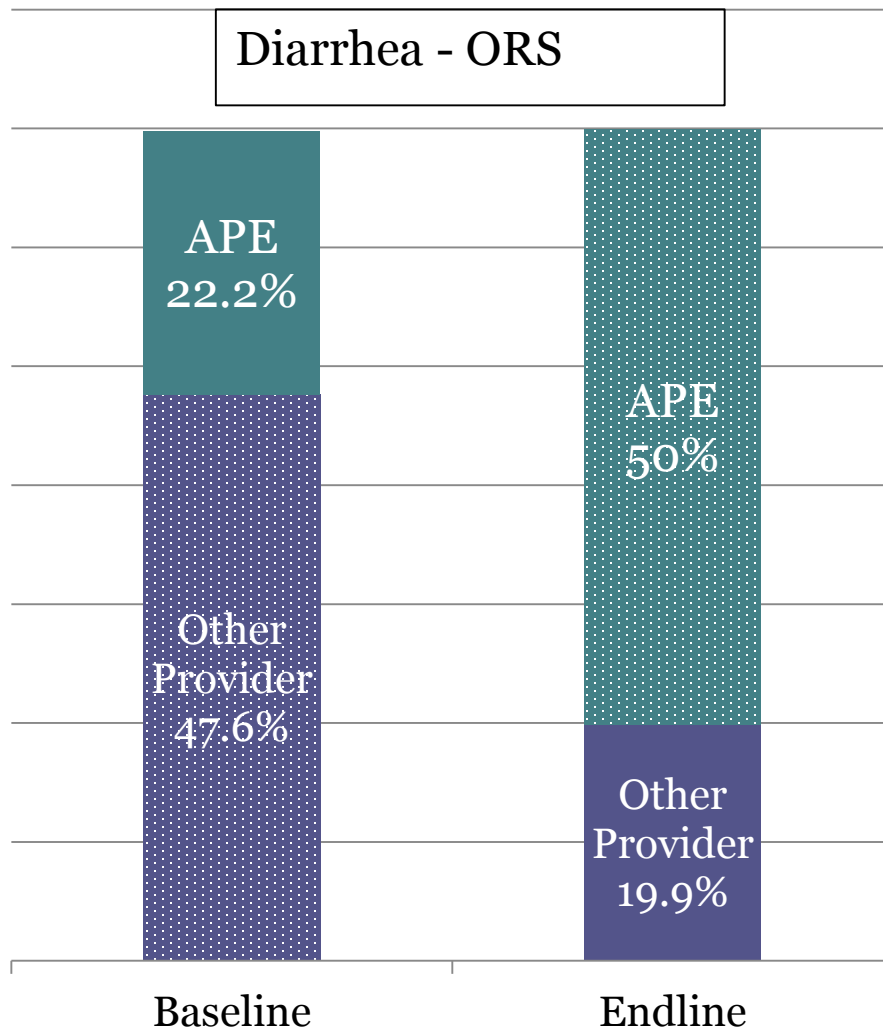
# Care Seeking using APE as First Source of Care (of those who sought care)



# Fever cases in which care was sought from APE

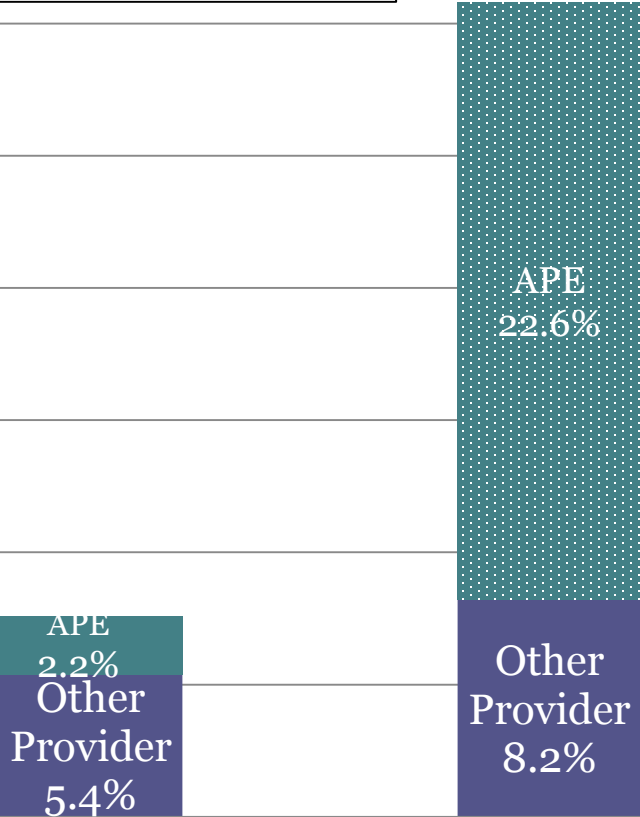


# Cases that Received Treatment from an APE vs Other Provider



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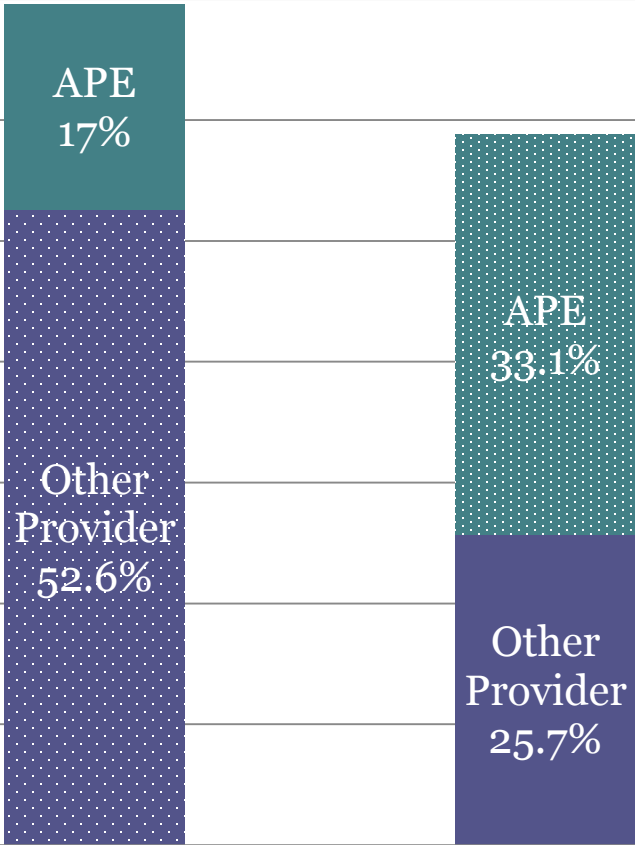
Diarrhea – ORS +



Baseline

Endline

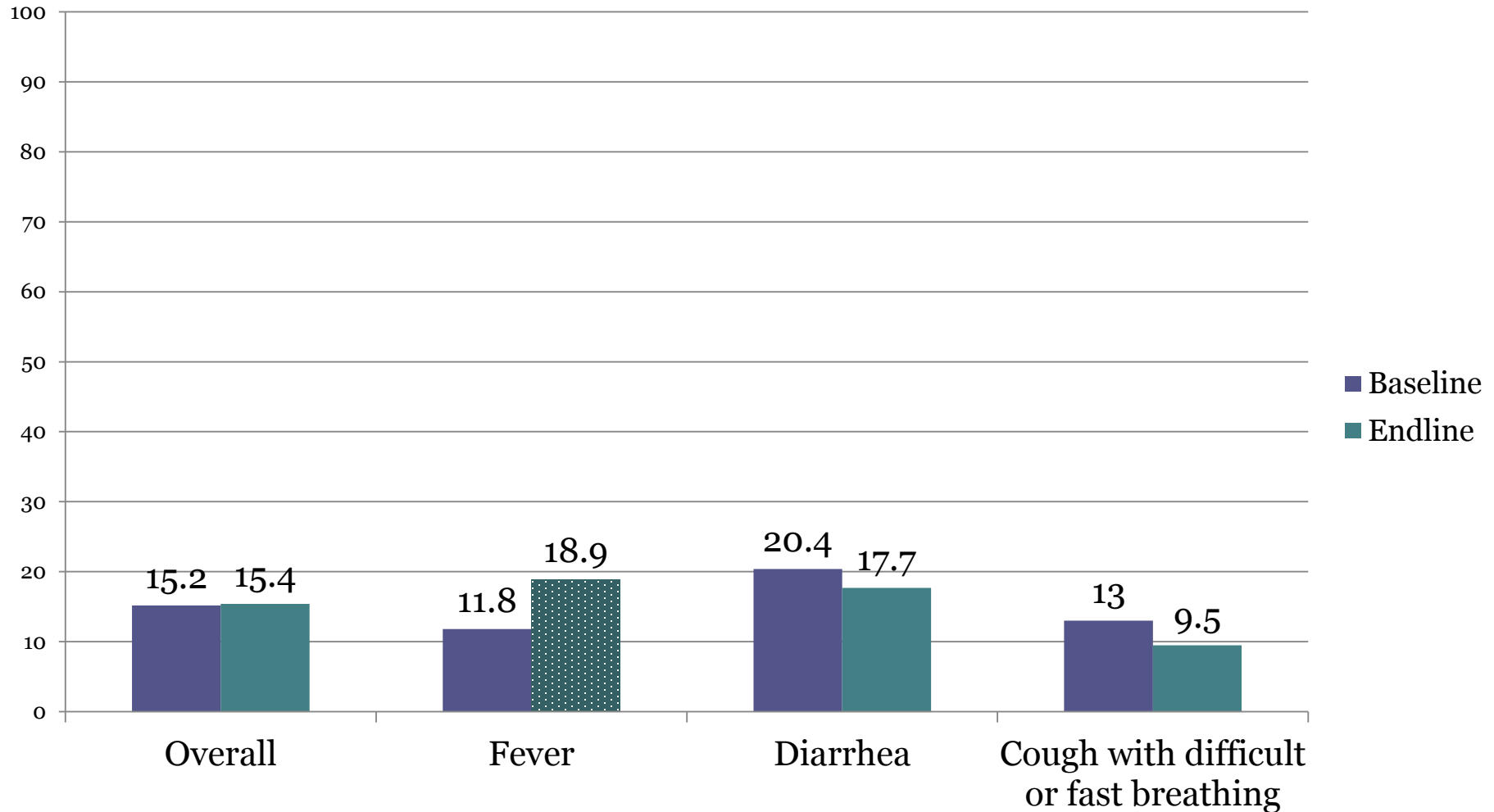
Cough with Difficulty or Fast Breathing



Baseline

Endline

# Caregivers who did not seek any care





# APE Survey: Medicines and Diagnostics Availability

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

# 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**