RAcE Multi-Country Results Dissemination Meeting

Country Presentation on iCCM Programme and RAcE Project Achievements

Republic of Mozambique
Ministry of Health

Abuja, Nigeria
24-27 October, 2017

Mozambique Country Information

- Situated on south-eastern coast of Africa; borders six countries & Indian Ocean
- Population estimate: 29 million (2017)
- Portuguese is official language, spoken by ~ 50%, mostly as a second language
- Approx. 70% of population are rural
- > 50% live below poverty line
- 40% live > 8km from health facility
- Ranks 180/187 on Human Development Index

Health Status of Children under 5

- Infant mortality: 57/1000 live births
- Under 5 mortality: 87/1000
- Stunting: 43% - chronic malnutrition a major contributor to morbidity and mortality rates in children under 5
- Malaria is endemic throughout Mozambique, accounting for 29% of all deaths and 42% of deaths in children under 5

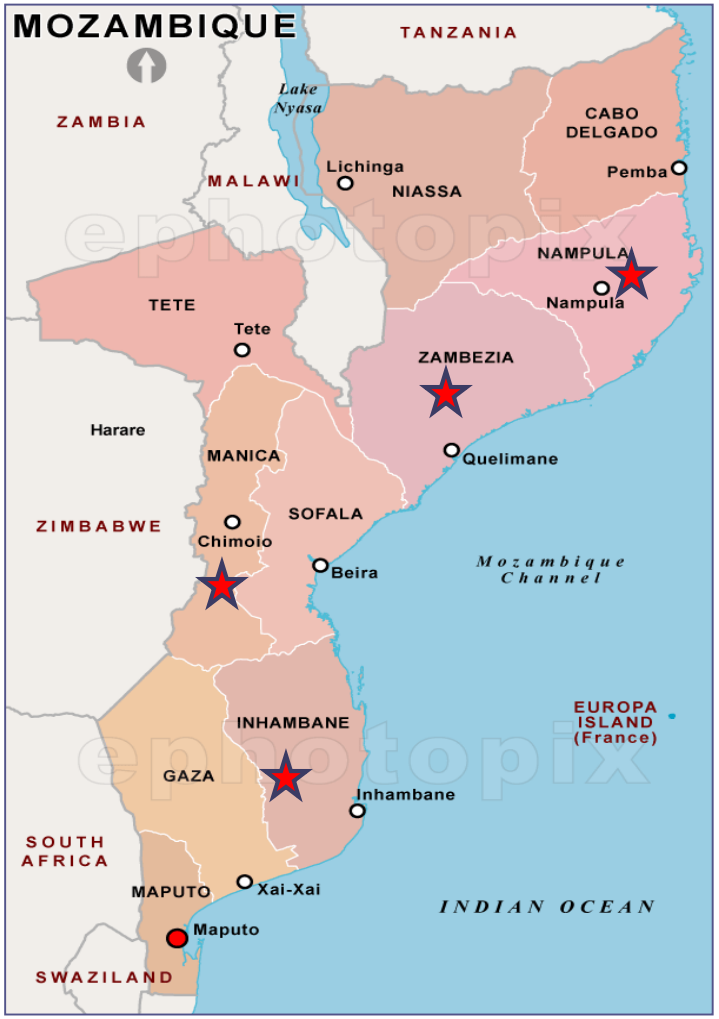
Policy Framework for iCCM

- iCCM is implemented by *Agentes Polivalentes Elementares,* known as “APEs”, who are community health workers that are part of the national health service
- In 2010, the APE program was revitalized and the national program was established in the Ministry of Health
- The national APE program is responsible for coordinating, planning and monitoring progress of iCCM
- The APE program has implementation, supervision and M&E guidelines and tools, and a 4 month standardized, pre-service training program

iCCM in the RAcE Context

- APE program created in 1970s, focus on general primary health care
- Save the Children piloted iCCM for the 3 illnesses in 1 district with 30 APEs in 2007; expanded to 15 districts in 2 provinces in 2009
- iCCM for the 3 illnesses was the focus of RAcE support; RAcE also acknowledged & supported other tasks of the APEs
- RAcE provided technical assistance to the national, provincial, district, health facility and community levels to help strengthen government support systems
- RAcE was implemented in 52 districts in four provinces by Save the Children and sub-grantee Malaria Consortium under the MoH's leadership

RAcE Project Area and Population



Nampula (SC) - 21/ 23 districts

- Total target population: 2,387,084
- Total target population <5: 427,009

Zambezia (SC) - 12/19 districts

- Total target population: 901,602
- Total target population <5: 149,974

Manica (SC) - 6/9 districts

- Total target population: 407,784
- Total target population <5: 57,028

Inhambane (MC) -13/14 districts

- Total target population: 499,604
- Total target population <5: 85,432

RAcE Project Area and Population

TOTAL in 4 target provinces:

- Districts covered: 52/64
- Total RAcE target population (APE database): 4,196,074
- Total population in target provinces: 13,578,219
- 40% of population >8km from HF: 5,431,288

- Total RAcE target <5 population: 719,443
- Total estimated <5 pop in target provinces (17.1%): 2,321,875
- 40% of <5 residing >8km from HF: 928,750

RAcE coverage = 77% coverage of target population in the 4 provinces where it was implemented

CHW (APE) Profile

Selected by their community:

- Upstanding members of the community
- Minimally literate (Portuguese)
- Basic math skills
- 18 years +
- Target communities are 8-25km from health facility with coverage of 500-2000 population

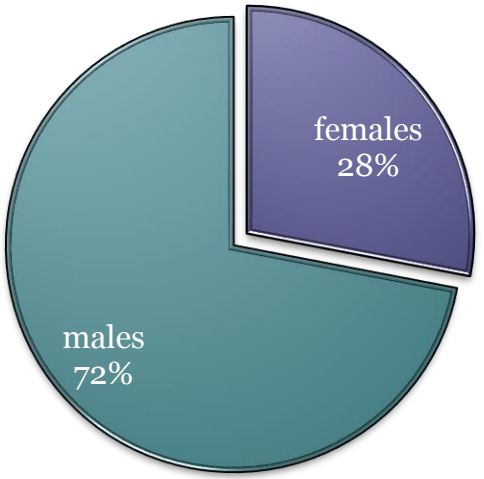
Trained in government curriculum:

- 4 months (1/2 is practicum)

Receive:

- basic working kits of materials
- 2 medicine kits per month ‘Kit C’ and ‘Kit AL (malaria specific)’
- Approximately $20 per month stipend

APE profile by sex



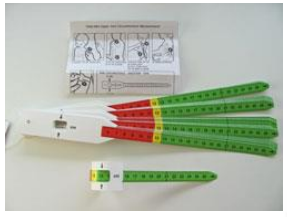
CHW (APE) Profile

- Prior to 2010, APEs worked from fixed community health posts in their communities
- Presently:
  - Mobile – no fixed posts
  - 80% health promotion and prevention and 20% treatment

Reality:

- Higher focus on treatment
- Most are mobile but also work from home or work from fixed locations in their communities

APE Working Kit



APE Training

RAcE supported

- pre-service trainings
- periodic refresher trainings
- training pilot of the new APE tasks in April 2015
  - Included new family planning methods, chlorhexidine, vitamin A, HIV and TB follow up and case finding
- Training in data quality and use in 2016

APE Pre-service Training

- Approx 25 APEs per cohort
- Held in central locations for 4 months
- 50% was practicum
- Training was provided by MoH professional staff who were trained trainers
- Trainees stayed in rented accommodation for the full period
- Curriculum was recently expanded to 5 months due to additional tasks

APE Supervision

Clinical Supervisors - direct APEs supervisors. They are:

- ✓ Head of the health facility (usually had responsibility of 1-8 APEs)
- ✓ The highest level of health professional at that health facility (typically mid-level provider)

Their role:

- ✓ Conducted community visits, policy was once per month, but in reality was less frequently
- ✓ Conducted APE clinical skills assessments at health facility once a month

Challenges: insufficient transportation to reach APE communities; insufficient time to support APEs vis-à-vis their other responsibilities; frequent transfers of supervisors

APE Supervision in Communities

- ✓ Reviewed patient registry books
- ✓ Clarified any questions, resolved concerns
- ✓ Reviewed stocks in kits
- ✓ Observed APE with patients (as possible)
- ✓ Discussed APE performance with Community Health Committees or Community Leaders

- ✓ Provided mentoring to APEs who had difficulties; noted concerns in the back of their registry books for follow up

APE Clinical Supervisor Training provided by RAcE

- New clinical supervisors were trained in five day trainings
- In-service training/coaching was provided as needed by RAcE staff
- Refresher trainings were provided to update supervisors on new M&E tools, new APE tasks
- Training on data use and quality
- A total of 951 clinical supervisors received initial or refresher trainings during the RAcE program

RAcE Support for MoH APE Supervision System

RAcE provided support for national, provincial and district levels of the APE program:

- Provided technical assistance with planning, coordination, data review / M&E, reporting at all levels
- Provided financial & technical support for quarterly meetings at the district level, annual meetings at the provincial level
- Financed national joint supervision to all the RAcE provinces annually
- Procured & delivered 47 motorcycles for APE supervision
- Provided transportation/per diems for supervision visits at all levels

APE supervisions are integrated into the national health system; all APE supervisors and coordinators have specific and clear roles on how they support APEs

Monitoring and Evaluation

APEs

- Patient registry book
- Monthly summary forms: all key information, submitted to Supervisor at health facility

Health Facility Supervisor

- Compiles APE forms + health facility information, submits to district level

District level

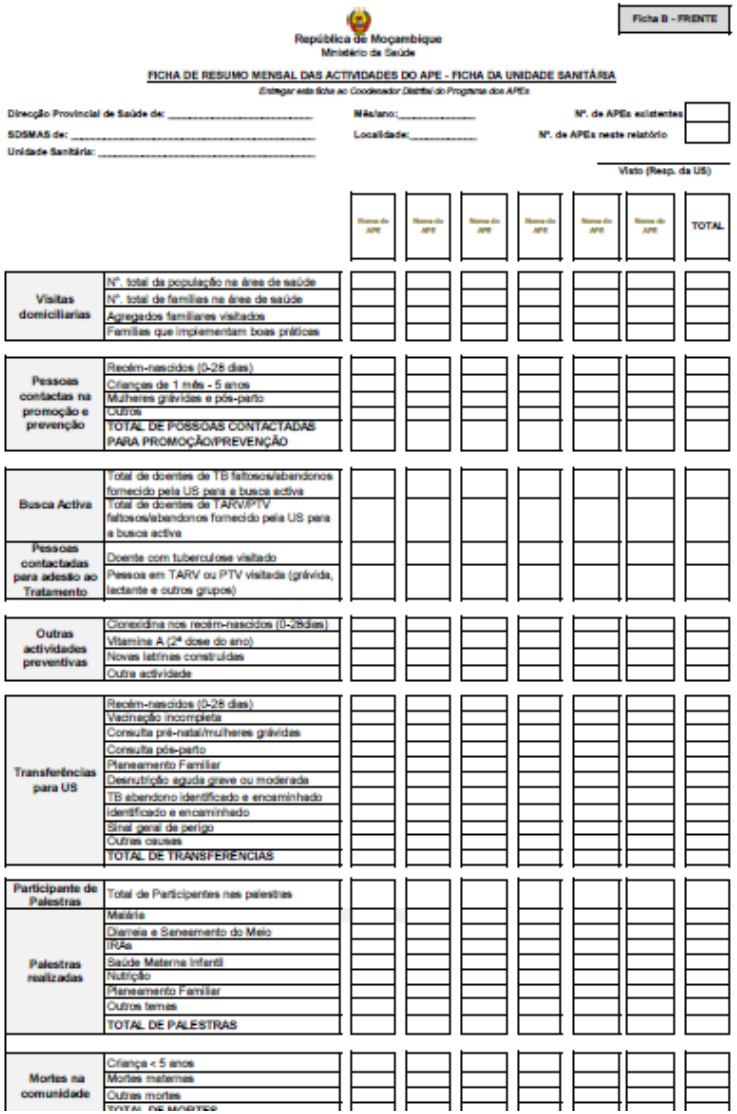
- Compiles health facility forms, submits to province

Provincial level

- Compiles district-level forms, submits to central level

Central level

- Compiles provincial-level forms



Ficha B - FRENTE

República de Moçambique
Ministério da Saúde

FICHA DE RESUMO MENSAL DAS ACTIVIDADES DO APE - FICHA DA UNIDADE SANITÁRIA

Entregar esta ficha ao Coodenador Distrital do Programa dos APEs

Direcção Provincial de Saúde de: _____ Mês/ano: _____ Nº. de APEs existentes
SDSMAS de: _____ Localidade: _____ Nº. de APEs neste relatório
Unidade Sanitária: _____

Visto (Resp. da US)

		Nome do APE	Nome do APE	Nome do APE	Nome do APE	Nome do APE	Nome do APE	TOTAL
Visitas domiciliarias	Nº. total da população na área de saúde							
	Nº. total de famílias na área de saúde							
	Agregados familiares visitados							
	Famílias que implementam boas práticas							
Pessoas contactas na promoção e prevenção	Recém-nascidos (0-28 dias)							
	Crianças de 1 mês - 5 anos							
	Mulheres grávidas e pós-parto							
	Outros							
	TOTAL DE POSSOAS CONTACTADAS PARA PROMOÇÃO/PREVENÇÃO							
Busca Activa	Total de doentes de TB faltosos/abandonos fornecido pela US para a busca activa							
	Total de doentes de TARV/PTV faltosos/abandonos fornecido pela US para a busca activa							
Pessoas contactadas para adesão ao Tratamento	Doente com tuberculose visitado							
	Pessoa em TARV ou PTV visitada (grávida, lactante e outros grupos)							
Outras actividades preventivas	Clorexidina nos recém-nascidos (0-28dias)							
	Vitamina A (2ª dose do ano)							
	Novas latrinas construídas							
	Outra actividade							
Transferências para US	Recém-nascidos (0-28 dias)							
	Vacinação incompleta							
	Consulta pré-natal/mulheres grávidas							
	Consulta pós-parto							
	Planeamento Familiar							
	Desnutrição aguda grave ou moderada							
	TB abandono identificado e encaminhado							
	identificado e encaminhado							
	Sinal geral de perigo							
	Outras causas							
	TOTAL DE TRANSFERÊNCIAS							
Participante de Palestras	Total de Participantes nas palestras							
Palestras realizadas	Malária							
	Diarreia e Saneamento do Meio							
	IRAs							
	Saúde Materna Infantil							
	Nutrição							
	Planeamento Familiar							
	Outros temas							
	TOTAL DE PALESTRAS							
Mortes na comunidade	Criança < 5 anos							
	Mortes maternas							
	Outras mortes							
	TOTAL DE MORTES							

Monitoring and Evaluation

- Funded the salaries of 2 M&E staff in APE program
- Assisted with the development of an APE database & APE mapping
- Data use training: conducted at all levels in 2016 to facilitate data review, verify quality, understand disease trends, and assist decision-making

2017 and beyond:

- APE malaria data is now incorporated into new national Monitoring & Evaluation System (SISMA)
- Data for diarrheal diseases, pneumonia, family planning, HIV & TB adherence, Vitamin A, Chlorhexidine, Misoprostol will be incorporated into the District Health Information System (DHIS 2) through mobile technology

Supply Chain

APEs receive 2 kits per month

- APE kit (‘Kit C’): amoxicillin, oral rehydration salts (ORS), Zinc, paracetamol, etc. procured by government’s National Directorate of Medicines & Medical Supplies (CMAM) with various donor support; APE kits are assembled outside of country
- AL kit: rapid diagnostic test (RDT) + artemether/lumefantrine (AL) treatment, assembled in Mozambique by the Deliver program, funded by the Global Fund
- Both kits are shipped together with other medicines to provinces

Supply Chain

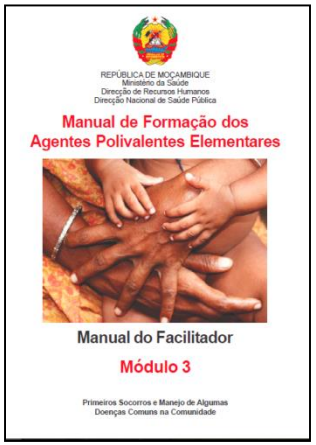
Stock outs

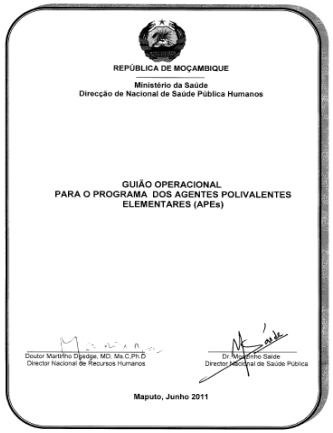
- Ranged from serious stock-outs (>3 months) to monthly shortages
- RAcE helped to reduce transportation bottlenecks in provinces
- RAcE worked with National Directorate of Medicines & Medical Supplies (CMAM) and JSI Deliver to troubleshoot stock-out issues

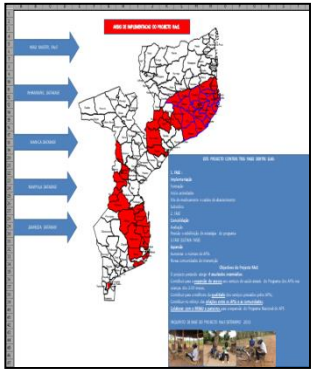
Disposal of expired medicines and poor storage conditions at APE residences effecting efficacy are still a concern

Country Achievements: Policy Contribution

- RAcE provided technical support at the national level for developing and refining all the major APE documents, training modules, guides, manuals, tools, and job aids
- Operational research
  - APE Supervision Models (MC)
  - APE Workload Study (MC)
  - Barriers to Health Care Access (MC),
  - Quality of Care (SC)







Country Achievements:
APE training numbers April 2013 - December 2016

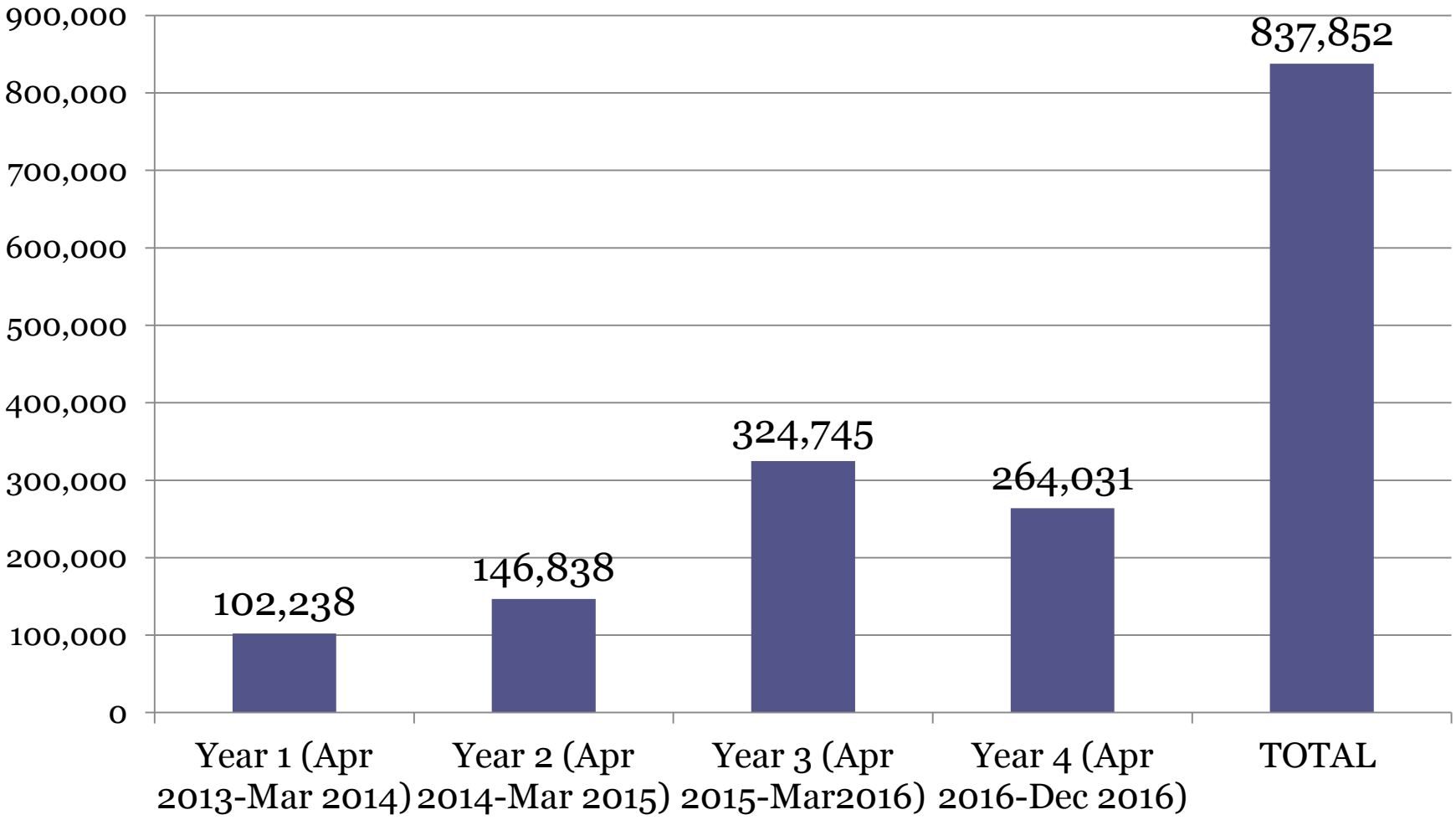
APEs trained in iCCM	1,445
APEs trained in new package of interventions	755
APEs trained on data quality and use	1,325
APEs providing iCCM services	1,344
Clinical supervisors trained	951
Health Facilities with trained APE Supervisors (Mar 2016)	393/429 (92%)
APEs who reported (Dec 2016)	1,232 (93%)

- RAcE trained & deployed 200 APEs in Zambiezia with RAcE funding
- Trained 335 APEs in Nampula with World Bank funding
- Provided TA for several trainings funded by UNICEF and Irish AID
- Facilitated the deployment of 173 APEs in Nampula who weren't able to work due to lack of government documents

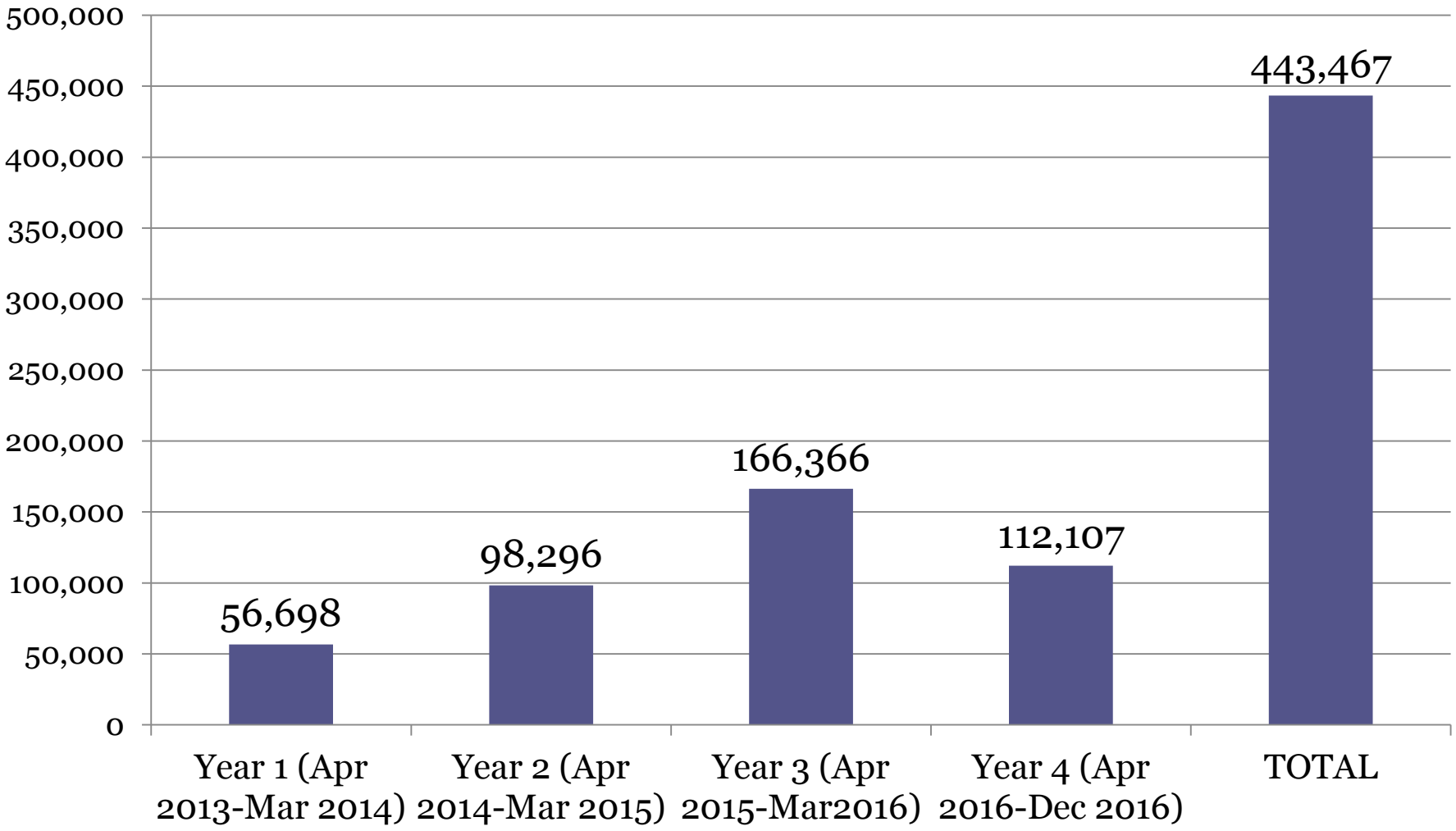
Country Achievements:
Treatment numbers April 2013 - December 2016

Cases of malaria in children <5 treated with ACT	837,852
Cases of children <5 pneumonia (defined as coughing and/or fast breathing) treated with Amoxicillin	585,989
Cases children <5 with diarrhea treated with ORS/and Zinc	443,467

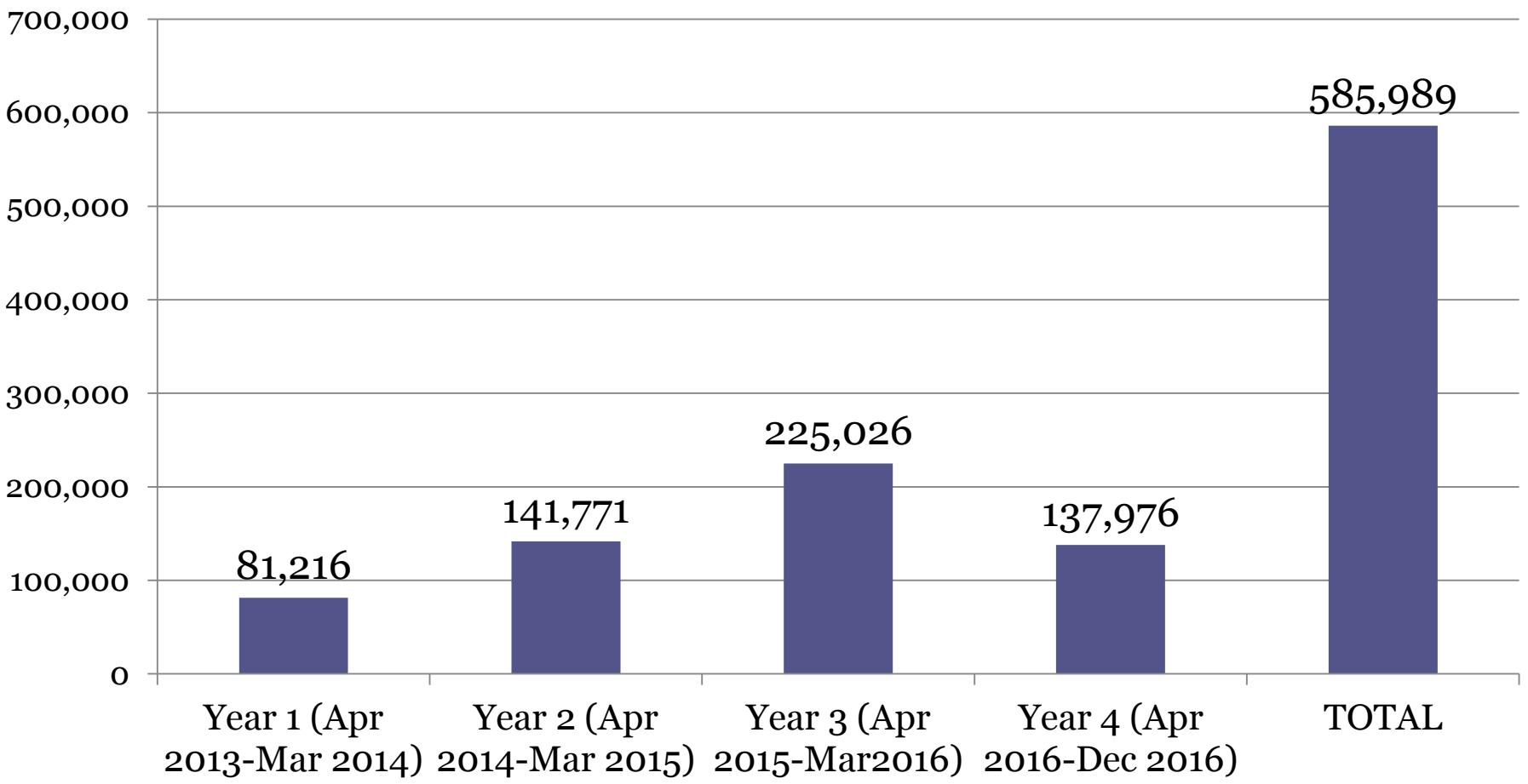
Country Achievements: Malaria Treated Per Year



Country Achievements: Diarrhea Treated Per Year



Country Achievements: Pneumonia Treated Per Year



Main Challenges: ICCM in Mozambique

- Implementing regular supervision visits
- Continuous stock-outs, particularly AL
- Data quality for decision-making
- Difficulty attracting and keeping female APEs
- Sustainability of the program – still dependent on donor funding

Conclusion

- The APE program and iCCM play a critical role in the provision of services to remote communities who would otherwise not promptly seek care
- In order to function optimally, supervision (especially transportation) and the supply chain still require strengthening
- During RAcE, the MoH & RAcE: strengthened the supervision structure and facilitated supervision activities; adapted and strengthened M&E systems; developed policies, guides, tools, job aids; nearly doubled the number of APEs in communities; helped analyse supply chain issues and resolve provincial supply chain bottlenecks; advocated for iCCM care seeking and promoted APEs through radio broadcasts; lobbied for donors to continue to invest in the program

OBRIGADO.

KANIMAMBO.

THANK YOU.