



República de Moçambique  
Ministério da Saúde  
Direcção Nacional de Saúde Pública  
Departamento de Promoção de Saúde

# Community Involvement National Community Health Worker program in Mozambique

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**Integrated Community Case Management (iCCM):  
Evidence Review Symposium**  
3-5 March 2014, Accra, Ghana

# Mozambique at a glance



**Total Population** 24.300.000

**Population U5** 4.300.000

**U5 mortality rate**  
1997: 201  
2011: 97

**Rural Population** 62%

**Population below poverty line (2009)** 52%

**Life expectancy at birth** 52 years

**GDP growth (2012)** 7.5%

**Female literacy (2010)** 42.8%

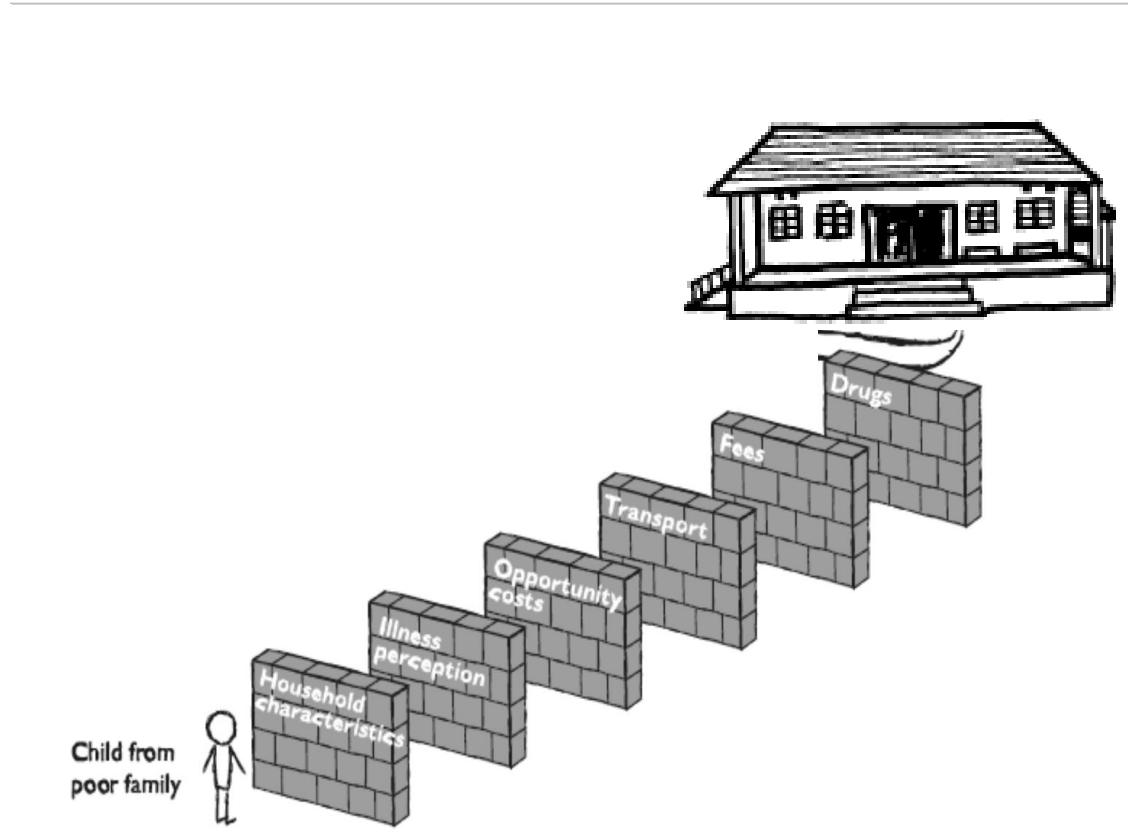
**Population using improved water sources** 47%

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# Community Involvement

Through community involvement, the MOH aims at **reducing gaps in access to preventive and curative care** for remote communities, and at promoting **action for health and social change**



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# Community Involvement: Interventions

- Build capacity of **health personnel** and partners in participatory methodologies;
- Establish **Community Health Committees**
- Establish **Co-Management Committees**;
- Implement the **CHW Programme**;
- Activities related to other community health volunteers (**TBAs, TH, activists**) and other community figures (religious leaders, teachers, etc)
- Involve **NGOs and CBOs**



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# Programa do APE: introdução



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# The CHW Programme: History

1978: APE Programme starts

2010: Revitalization  
Design and launch of the new strategy

Consolidation & Expansion

- By the end of 2014, **3,800** APEs will be trained and deployed

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# CHWs: Their Role

CHWs serve communities of between 500 and 2000 inhabitants, 8 to 25 km from the Health Facility.

Activities include:

- **Health Promotion** – Through community health talks and counselling
- **Education and Disease Prevention** – Through home visits, active participation in health events (e.g. vaccination campaigns)
- **Curative services** – respiratory infections in children <5 years, and malaria and diarrhoea treatment for children and adults

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# CHW Achievements, 2013

**2,225** trained CHW in 97 districts  
(out of 128 districts)

**2.8 million** people reached through  
health education sessions

**1.6 million** home visits (of which  
more than 50% to pregnant women,  
newborns and children under the age  
of five)

**220,000** referrals to health services,  
for preventive services or for  
immediate care

**642,000** cases treated (318,000  
malaria, 179,000 ARI, 145,000  
diarrhoea)





# How was this achieved?

1. *Comprehensive community engagement strategy*
2. *Ensuring effective access*



*Increased care-seeking and treatment*

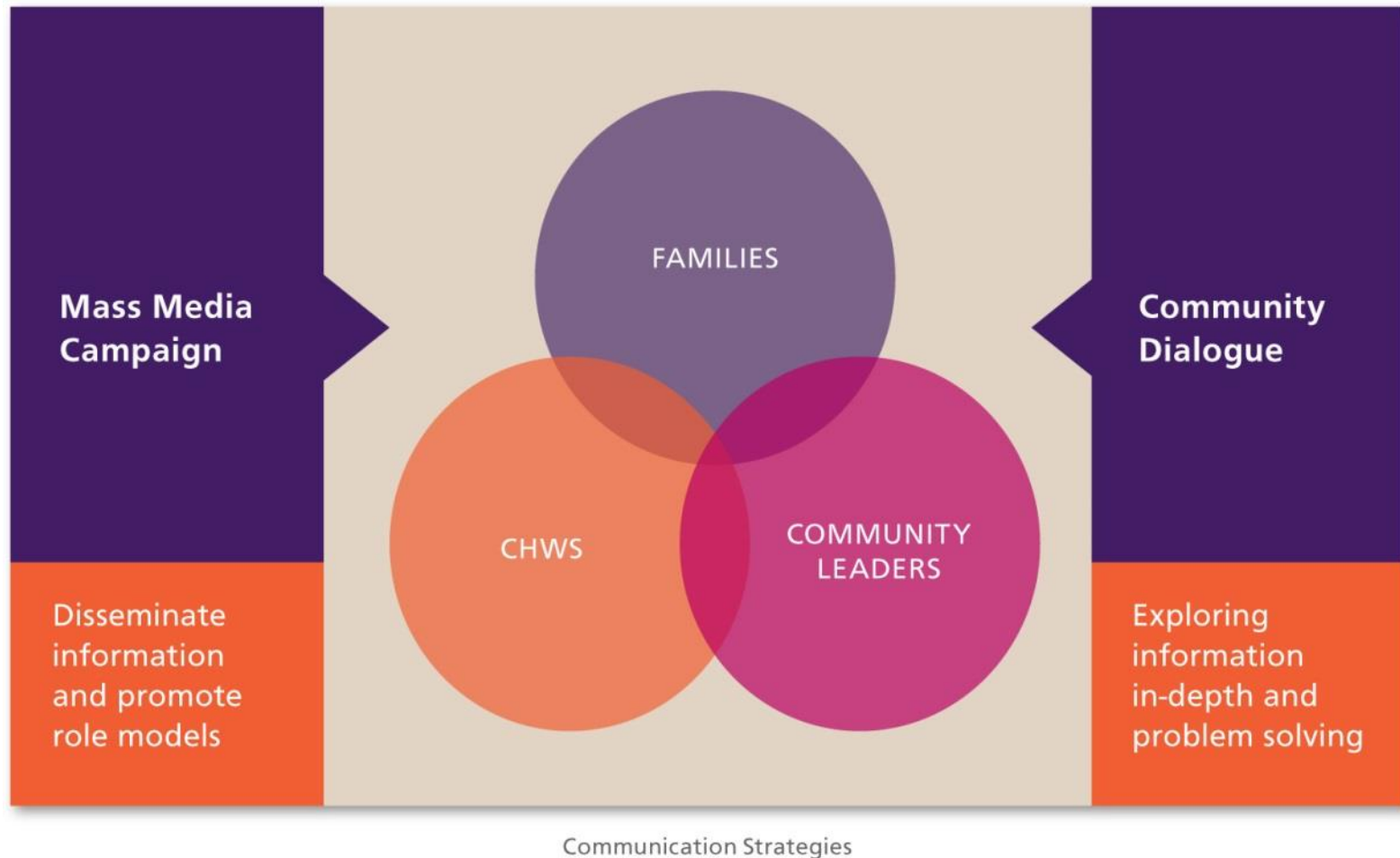
# Background: MoH/NGO Collaboration on the CHW Programme

- In 2009, Malaria Consortium and Save the Children began to support the MOH's CHW programme in 2 provinces
  - Support to community mobilization around the CHW programme
  - Overall support to CHW programme (training, supervision, monitoring, provision of medicines)

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# 1. Community Engagement: Strategy Overview



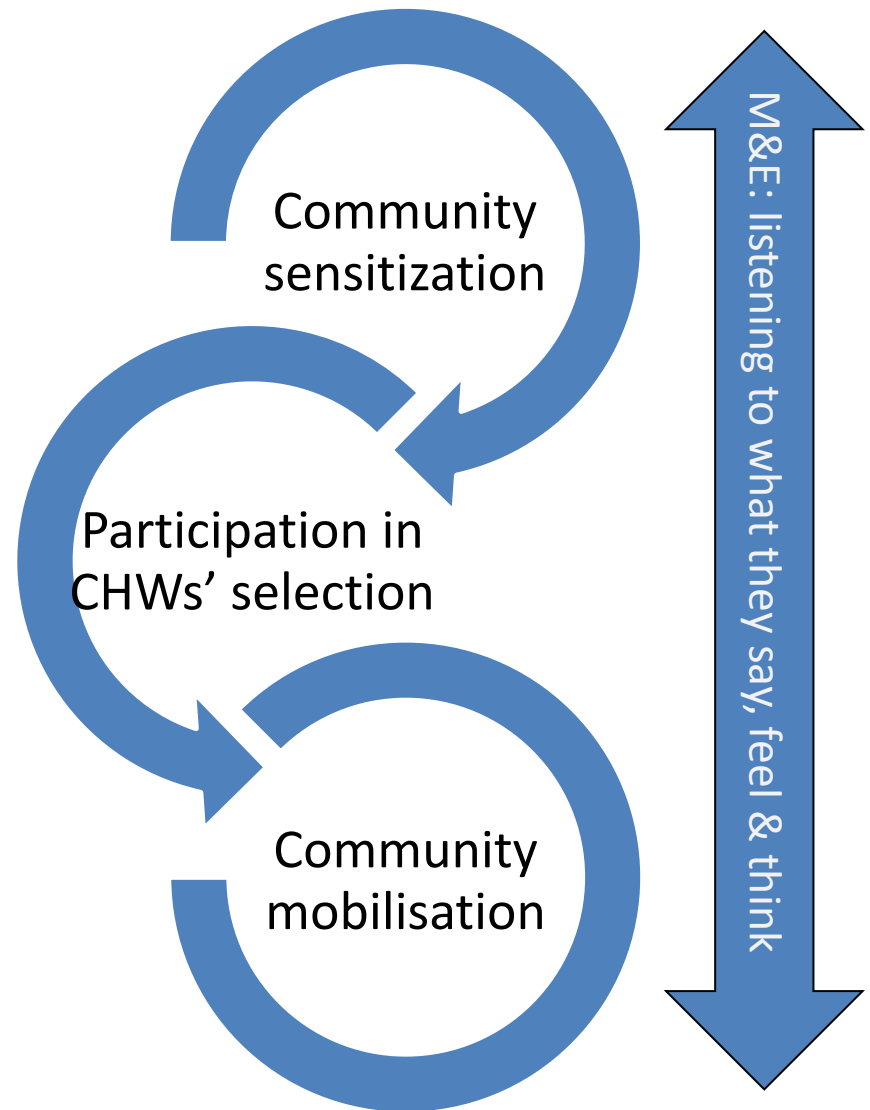
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# Community Engagement, a Continuum

Formative research showed a need to go beyond “messaging”

***Focus on “Dialogue”***



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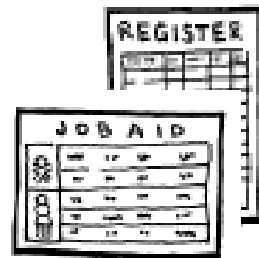
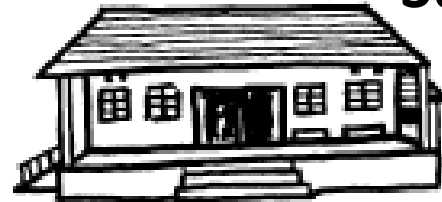


# 2: Ensure Effective Access

Sustainable?

- For effective access, the CHW must be:

- EQUIPPED
- ACCESSIBLE
- AVAILABLE
- MOTIVATED
- SUPERVISED



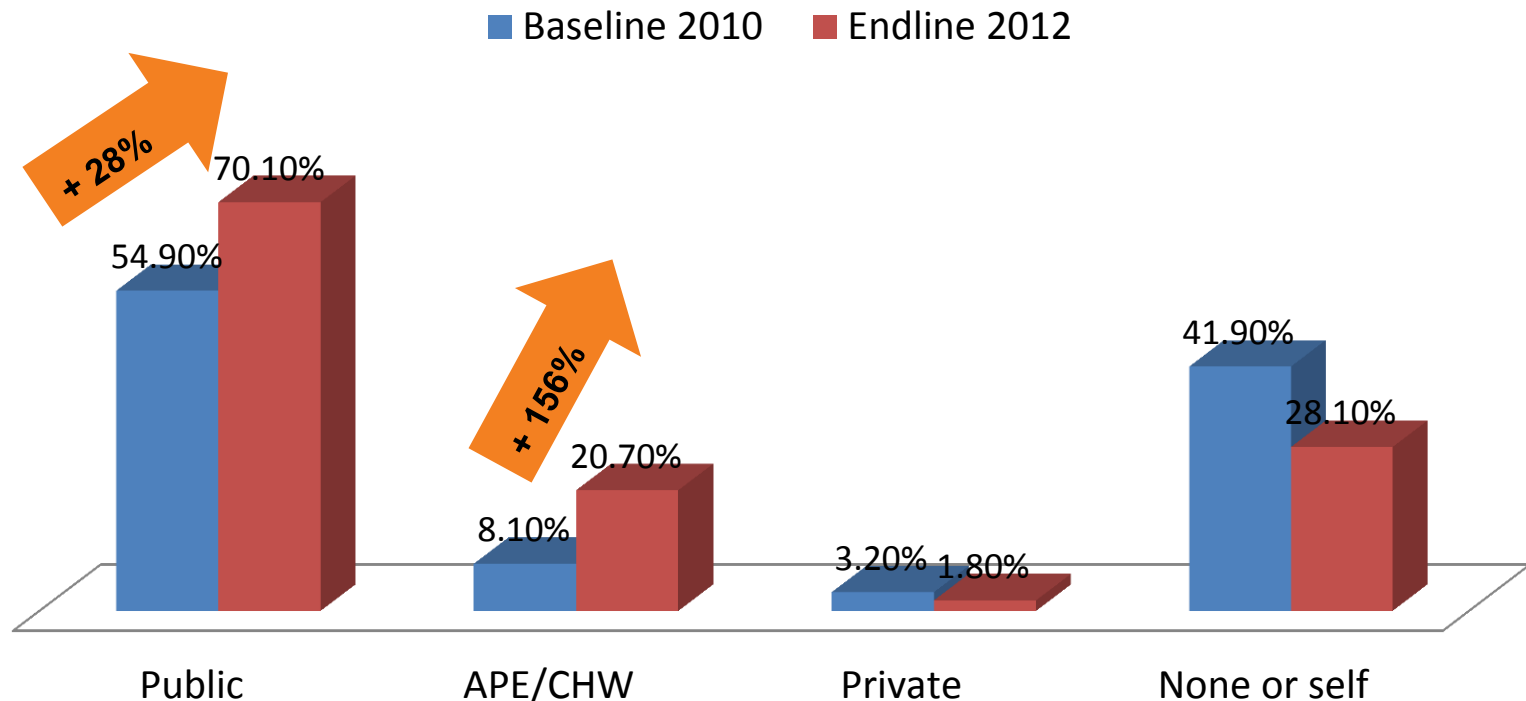
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# Results from Inhambane province

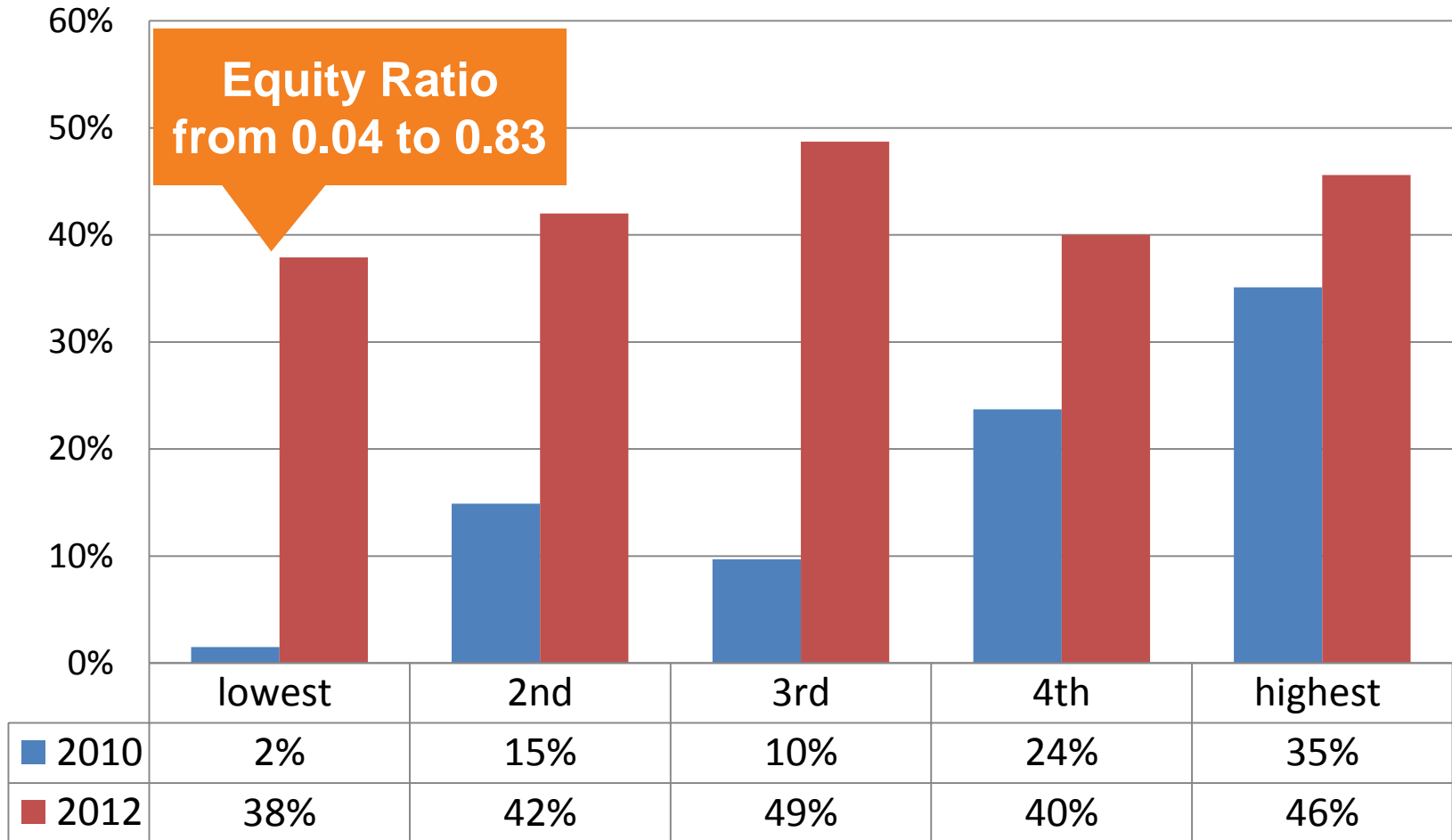
## Primary source of treatment if any assistance sought



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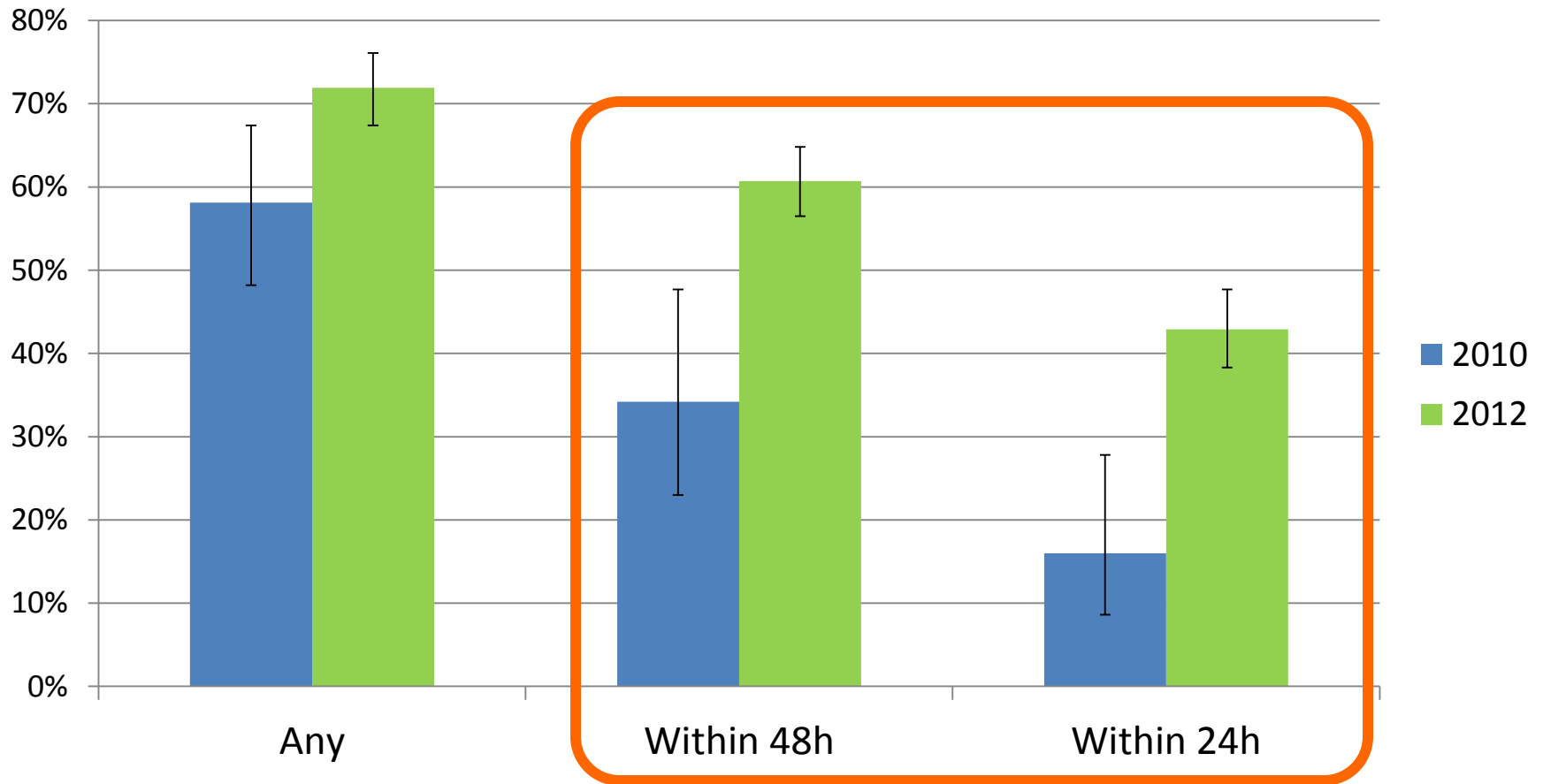
# Seeking assistance within 24 hours



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# Treatment seeking behaviour for illness

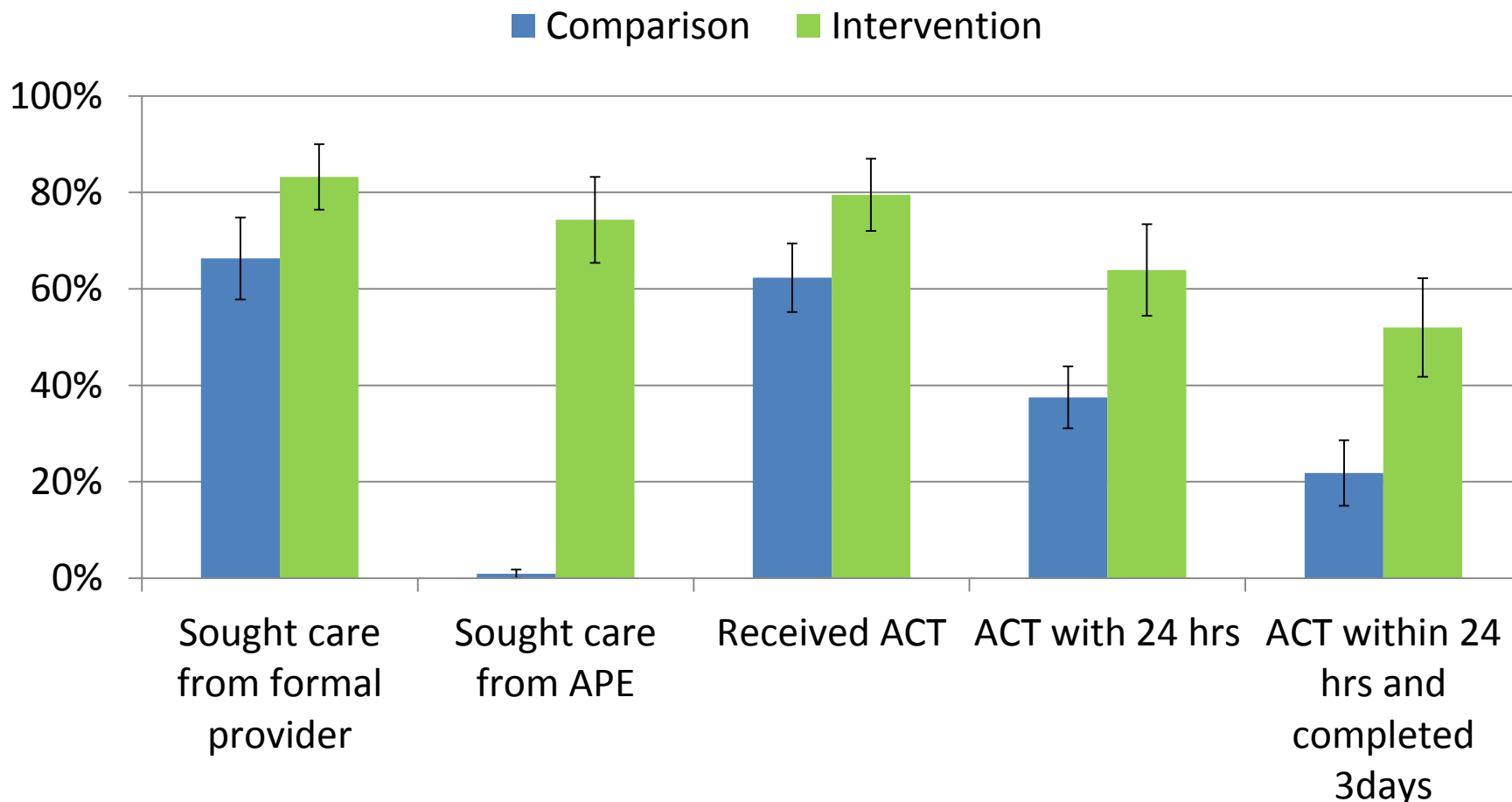


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# Results for Malaria care-seeking and treatment from Nampula province, 2012

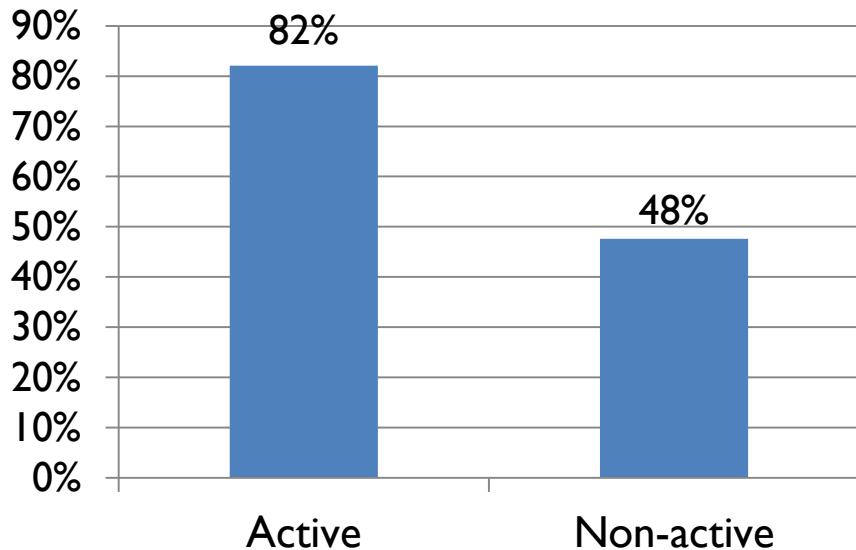


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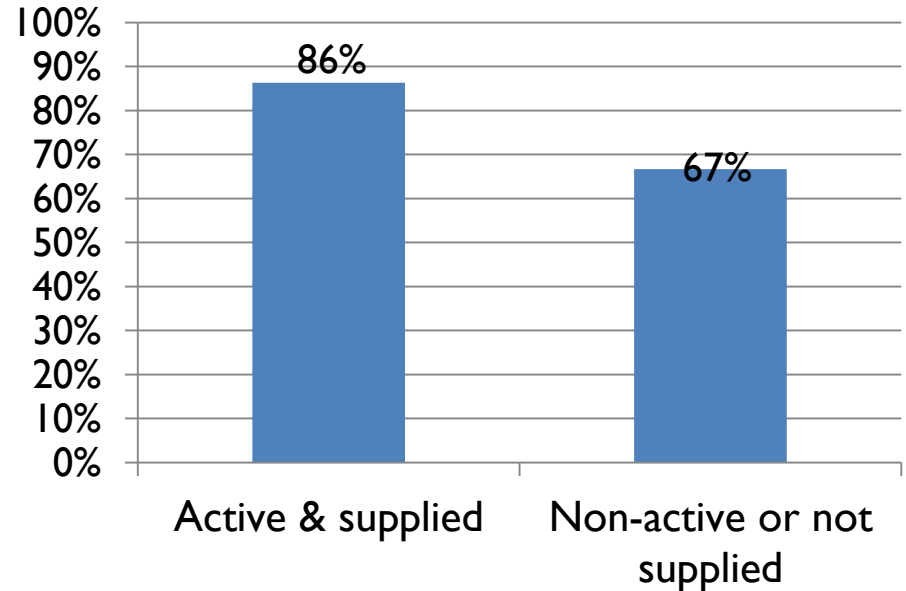
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# Results from Nampula province, 2012

## Care-seeking for fever from CHW



## Received ACT for fever



# Key Findings & Lessons learnt

- CHWs seen as a “Health Leader” by the communities
- Recurrent demands from community members: health post; treat adults; better quality of care at facility-level; regular supply of medicines
- Community readiness & local leadership: key for accountability and mobilization
- Collaboration and coordination between CHWs and Community Health Committees
- Gender: a critical barrier to accessing health services

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# Experience in Mozambique

- To ensure we meet the demand:
  - Case management activities more effective when integrated in a comprehensive approach that include health promotion and prevention
  - iCCM activities need to be integrated in a larger community involvement programme
  - Meet pre-requisites for effective access
  - Promote Community Dialogue approach for community empowerment
  - Design more targeted strategies to overcome gender-related barriers

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**OBRIGADA  
THANK YOU**