

Malaria

Rapid Access Expansion Programme in Mozambique

April 2018

High rates of preventable child mortality

In 2010, the Ministry of Health decided to revitalize its community health worker or *agente polivalente elementar* (APE) programme, which provides a range of services, including integrated community case management (iCCM). Rural populations have better access to diagnosis and treatment services from APEs who live and work directly in their communities.

improving the coverage and quality of services for child health

RAcE programme partners worked closely with the ministry of health and international partners to update the training curriculum, simplify data collection tools, develop supervision manuals, and protocols for improving the storage and reducing the wastage of medicines. The programme also documented best practices in iCCM.

A better iCCM programme

During the RAcE programme period, quality and frequency of supervision increased, and coordination among implementing partners improved. In addition, the working tools - register books, reporting and monitoring forms - and job aids were revised and made more user-friendly.

Implementing partners

Save the Children Mozambique was the implementing nongovernmental organization and the main sub-recipient of the Canadian grant. Save the Children Mozambique, Malaria Consortium, ICF International, and WHO supported the Ministry of Health in implementing and monitoring iCCM programmes in four provinces: Inhambane, Manica, Nampula and Zambezia. RAcE partners focused on providing APE training and supervision support, mobilizing communities, and improving iCCM reporting and data quality.

Community health worker selection, training and compensation

APEs are Ministry of Health employees who provide a door-to-door service. They must be able to read and write and understand basic arithmetic. APEs were paid a stipend by the World Bank in RAcE-supported districts, and by UNICEF elsewhere in Mozambique. They received 18 weeks of training. Under the RAcE programme, they also received 6 days of specific iCCM training.

Challenges

RAcE supervisors, an essential element in programme success, were provided with motorcycles so that they could travel the long distances necessary to accomplish their tasks. RAcE Programme support for supervision and mentoring included funding for fuel and per diems, as well as ensuring that resources were available for the government to implement supervision. Forms were simplified and revised in order to ensure that APEs could follow the care protocol and fill out the case management forms.

RAcE partners also responded to the issue of medicine stock outs – the result of an inaccurate ‘push’ or standardized ‘kit’ system that did not account for the fact that APEs serve a much larger population than policy dictates. To address this issue, RAcE partners worked with the government to consider alternatives for medicine distribution and to discuss the need for a technical multi-disciplinary working group to manage the medicines.

RAcE-supported operational research

The RAcE Programme supports a study on APE supervision models and a study on barriers to care-seeking behaviour. It has been instrumental in improving the APE supervisor orientation programme and tools, including working to develop the recommendation that a specific module on APE supervision be institutionalized in the health service personnel curriculum. Community mobilization efforts increase care-seeking, and the RAcE team developed a campaign of 10 radio dramas, aired at the end of 2016, that emphasized the role of the community health worker and the importance of seeking treatment through iCCM.

The RAcE Programme in numbers

Catchment population	Catchment under-five population	CHW trained*	CHW active*	Total cumulative cases treated*
1 625 036	276 256	1192	885	<ul style="list-style-type: none"> • 1 328 893 malaria cases • 366 497 diarrhoea cases • 655 165 pneumonia cases

* Since the start of the Programme
Data April 2018



Arturo Sanabria/ Courtesy of Photoshare

A mother and child at Malhangalene
Health Centre in Maputo,
Mozambique.
