

COUNTRY PROFILE: MOZAMBIQUE

MOZAMBIQUE COMMUNITY HEALTH PROGRAMS
DECEMBER 2013



Advancing Partners & Communities

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COUNTRY PROFILE*

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*Adapted from the Health Care Improvement Project's *Assessment and Improvement Matrix* for community health worker programs and PATH's Country Assessments of Community-based distribution programs.

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ACRONYMS

| | |
|-----------|---|
| ACS | Agentes Comunitários de Saúde |
| ACT | artemisinin based combination therapy |
| AIDS | acquired immunodeficiency syndrome |
| APE | Agente Polivalente Elementar program |
| ART | antiretroviral therapy |
| ARV | antiretroviral (drug) |
| CHT | Community Health Team program |
| CHW | community health workers |
| DMPA (IM) | Intramuscular Depo-Provera |
| DOT | directly observed therapy |
| FP | family planning |
| HIV | human immunodeficiency virus |
| HMIS | health management information system |
| IRS | indoor residual spraying |
| IUD | intrauterine device |
| MCH | maternal and child health |
| MOH | Ministry of Health |
| MSF | Médecins Sans Frontières |
| NGO | nongovernmental organization |
| ORS | oral rehydration salts |
| PMTCT | prevention of mother-to-child transmission (of HIV) |
| PPH | postpartum haemorrhage |
| RDT | rapid diagnostic test |
| SDM/FAM | Standard Days Method/Fertility Awareness Methods |
| SP | Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) |
| TB | tuberculosis |
| TBA | traditional birth attendants |
| UNICEF | United Nations Children's Fund |
| VCS | Voluntarios Comunitário de Saúde |
| VCT | voluntary counselling and testing |

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

| Mozambique currently has two community health programs, both of which are implemented by the Ministry of Health (MOH). | | |
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| I | <p>What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)?</p> <p><i>Please list all that you are aware of.</i></p> <p><i>*If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.</i></p> | <p>The Agente Polivalente Elementar (APE) program is the national community health program and is supervised by the MOH.</p> <p>The Community Health Team (CHT) program is implemented in Tete Province to supplement the health care available in the most rural region of Mozambique. It was originally implemented by Médecins Sans Frontières (MSF) and is currently managed by the MOH.</p> |

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| 2 | <p>How long has this program been in operation? What is its current status (pilot, scaling-up, nationalized, non-operational)?</p> | <p>The APE program was initially launched by the MOH in 1978 and supported by the community through a fee-for-service scheme. The objective of the APE program was to rapidly expand health care to rural areas that had been underserved during the colonial period. Between 1978 and 1988, 1,500 community health workers (CHWs) were trained.</p> <p>The program was interrupted in the 1980s during the armed conflict. The program is now functioning nationwide and began scaling up in 2010.</p> | <p>The CHT program is a combination of several MSF and MOH community programs that were piloted in Angonia District of Tete Province. The preceding programs were: Community ARV Groups, trained Traditional Birth Attendants (TBAs), Community Health Agents, and Tuberculosis (TB) Volunteers.</p> <p>Community ARV Groups were implemented in 2006 by MSF; the MOH took over ownership of the program in 2012.</p> <p>Traditional Birth Attendants were trained through an initiative of NGOs and the MOH in 2009.</p> <p>The Agentes Comunitários de Saúde (ACS) program was initially implemented by the MOH in 2006 to administer Vitamin A to children under five.</p> <p>The CHT program combined these existing programs with other community-level providers in 2007.</p> <p>Each of these programs is now rolled into the CHT program.</p> |
| 3 | <p>Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting?</p> <p><i>Please note specific districts/regions if known.</i></p> | <p>The APE program is implemented nationwide, mostly in rural areas.</p> | <p>The CHT program operates in Tete Province, in the north west of Mozambique. This province is very rural.</p> |
| 4 | <p>If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.</p> | <p>The program is scaled to size.</p> | <p>The CHT program initially started in Angonia District, Tete Province. The program has been scaled to seven additional districts in the province.</p> |

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| 5 | Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region? | The APE program provides health promotion and prevention activities for HIV, maternal care, nutrition, and diagnostic and curative services for simple forms of the three main childhood diseases: malaria, pneumonia, and diarrhea. Additionally, the program supports vaccine brigades in weighing children and administering vaccines to mothers and children. | Through the four cadres of CHWs, the CHT program provides first aid; TB and HIV prevention and care education; distributes Vitamin A and screening for malnutrition to children under five; antenatal and postnatal care for pregnant women, skilled home delivery, and referrals for facility deliveries. |
| 6 | Are family planning (FP) services included in the defined package, if one exists? | Family planning is not included in the defined package of services under the APE program. However, some health workers distribute contraceptives, but do so informally. | No, family planning is not included in the services provided. |
| 7 | Please list the family planning services and methods delivered by CHWs. | Some health workers distribute condoms and oral pills; however, this is not included in the MOH-approved package of services and is provided in conjunction with partner NGOs. | Not applicable. |
| 8 | What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)? | The service delivery system within the APE program varies by location. Services are provided door-to-door, in a health workers' home, at an outreach site, or from health centers. | Services are primarily provided door-to-door. |

¹ The term “CHW” is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

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| 9 | <p>Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.</p> | <p>Agentes Polivalente Elementar is the only cadre of health workers in the APE program.</p> | <p>Yes, the CHT program uses three cadres of workers.</p> <p>Agentes Comunitários de Saúde (ACS') are lead CHWs and provides support to lower level cadres.</p> <p>Voluntarios Comunitário de Saúde (VCS') provide an integrated package of services to the community.</p> <p>Traditional Birth Attendants provide maternal health care to pregnant women.</p> <p>ACS' and VCS' make up the core of the CHT program and are supported by TBAs. In addition to these formal cadres, the CHT program utilizes informal community-supported HIV support groups to provide HIV psycho-social support. These groups are peer-run and not directly supported by the ACS. However, the CHT program and its cadres work closely with these peer groups.</p> | | |
| 10 | <p>Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?</p> | <p>Not applicable</p> | <p>Yes. All cadres deliver certain services, while others are divided across cadres based on training and job description.</p> | | |
| 11 | <p>Total number of CHWs in program? <i>Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.</i></p> | <p>APEs The estimated number of APEs is 2,000; training is ongoing and numbers are expected to increase.</p> | <p>ACS' Information unavailable</p> | <p>VCS' Information unavailable</p> | <p>TBA's Information unavailable</p> |
| 12 | <p>Criteria for CHWs (e.g. age, gender, education level, etc.) <i>Please break this down by cadre, if known.</i></p> | <p>APEs APEs should have a 60/40 gender mix of females and males at minimum, be a permanent resident of the community they are serving, be able to read and write Portuguese and have basic notions of arithmetic, be between 18 and 35 years old, have past experience in community development, be willing to carry out the services from his/her home, and be able to relate well both with the community to be served and with the health care system.</p> | <p>ACS' Information unavailable</p> | <p>VCS' VCS' should be acceptable to the community, speak the local language, be willing to collaborate with health center staff, and</p> | <p>TBA's Information unavailable</p> |

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| | | | | understand confidentiality and respect of clients. | |
| 13 | <p>How are the CHWs trained? Please note the length, frequency, and requirements of training.</p> <p><i>Please break this down by cadre, if known.</i></p> | <p>APEs</p> <p>Training is conducted in four blocks for a total of 18 weeks using program training manuals and curriculum. The initial training is divided into two components. The first component is 80 hours in length and covers the role of the APE and the health system structure. The second component is 120 hours in length and covers the health promotion activities that will be conducted.</p> <p>This initial training is then followed by continual training at the health facility and refresher trainings. Each training is coupled with practical activities in the field, including identifying and working with community leaders and working within a health facility.</p> | <p>ACS' & VCS'</p> <p>ACS' and VCS' receive the same training. Training includes a five-day initial training followed by bi-monthly meetings at health centers for ongoing training.</p> | <p>TBAs</p> <p>TBA's are trained by NGOs, in conjunction with the MOH. Training is variable.</p> | |
| 14 | <p>Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?</p> | <p>APEs</p> <p>APEs receive an initial comprehensive training. In policy, APEs also receive subsequent refresher trainings. However, as the project is scaling up refresher trainings have not been taking place. Instead, APEs who need refresher trainings attend the initial training course a second time.</p> | <p>ACS' & VCS'</p> <p>ACS' and VCS' receive comprehensive trainings. Regular meetings allow them to maintain their knowledge and increase skills.</p> | <p>TBAs</p> <p>TBA trainings are not regular and lead to variable quality of service within the cadre.</p> | |

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| 15 | Please note the health services provided by the various cadre(s) of CHW, as applicable (i. e. who can provide what service). | <p>APEs</p> <p>APEs are responsible for health promotion and prevention activities for HIV; maternal care, particularly antenatal and postnatal care, and nutrition; diagnostic and curative services for simple forms of the three main childhood diseases: malaria, pneumonia, and diarrhea; and assist in vaccination of mothers and children.</p> | <p>ACS'</p> <p>ACS' provide information and education for general health behaviors; first aid; screening for malnutrition; distribution of Vitamin A to children under 5; tracing TB & HIV treatment defaulters; promoting HIV testing; and referring clients to the health facility.</p> | <p>VCS'</p> <p>VCS' provide information and education for general health behaviors; home visits to sick people; distribution of TB treatment, including directly observed therapy (DOT); HIV and TB medication adherence support; tracing TB & HIV treatment defaulters; information and education for care of people living with HIV to family members; promoting HIV testing; and referring clients to a health facility.</p> | <p>TBAs</p> <p>TBAs assist ACS' and VCS' with information and education for the entire community, tracing TB and HIV treatment defaulters, and promoting HIV testing.</p> <p>TBAs also refer pregnant women to health facilities and provide information and education to the community to increase hospital births.</p> |
| 16 | Please list which family planning services are provided by which cadre(s), as applicable. | <p>APEs</p> <p>Not applicable</p> | <p>ACS', VCS', & TBAs</p> <p>Not applicable</p> | | |
| 17 | Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products? | <p>APEs</p> <p>APEs distribute essential drug kits and artemisinin based combination therapy (ACT) and rapid diagnostic test (RDT) kits. Some APEs distribute cotrimoxazole and zinc supplements.</p> | <p>ACS'</p> <p>ACS' distribute Vitamin A to children.</p> | <p>VCS'</p> <p>VCS' distribute TB therapy to TB patients.</p> | <p>TBAs</p> <p>Not applicable</p> |

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| 18 | <p>Are CHWs paid, are incentives provided, or are they volunteers?</p> <p><i>Please differentiate by cadre, as applicable.</i></p> | <p>APEs</p> <p>All APES have a contract with the local government and receive a stipend in line with the country's minimum wage (equivalent to about USD50.00 per month). The contract is signed on an annual basis. In case of poor performance, the contract will be terminated if attempts to correct the situation are unsuccessful.</p> | <p>ACS', VCS', & TBAs</p> <p>All three cadres within the CHT program are volunteer cadres.</p> | | |
| 19 | <p>Who is responsible for these incentives (MOH, NGO, municipality, combination)?</p> | <p>APEs</p> <p>APEs currently receive a stipend funded by the United Nations Children's Fund (UNICEF). The money is distributed at the district level, as local health facilities do not have a mechanism to distribute the money.</p> | <p>ACS', VCS', & TBAs</p> <p>Not applicable</p> | | |
| 20 | <p>Do CHWs work in urban and/or rural areas?</p> | <p>APEs</p> <p>APEs work in rural areas; many work in hard to reach areas.</p> | <p>ACS', VCS', & TBAs</p> <p>These cadres all work in Tete Province, a particularly rural area.</p> | | |
| 21 | <p>Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?</p> | <p>APEs</p> <p>APEs are selected from the same community where they work. The selection process is managed by the District Health Directorate in conjunction with the community.</p> | <p>ACS', VCS', & TBAs</p> <p>Yes, all cadres are selected from the community in which they work.</p> | | |
| 22 | <p>Describe the geographic coverage/catchment area for each CHW.</p> | <p>APEs</p> <p>One APE is selected per community; each district has 25 APEs.</p> | <p>ACS'</p> <p>Each ACS serves 15,000 people, and serves 10-15 community areas.</p> | <p>VCS'</p> <p>Each VCS works in one community area, called a <i>chiwanga</i>. A <i>chiwanga</i> is a group of villages. Each VCS serves approximately 1,000 people in the <i>chiwanga</i>.</p> | <p>TBAs</p> <p>Information unavailable</p> |
| 23 | <p>How do CHWs get to their clients (walk, bike, public transport, etc.)?</p> | <p>APEs</p> <p>APEs walk or bike to reach their clients.</p> | <p>ACS', VCS', & TBAs</p> <p>All three cadres walk or bike to reach their clients.</p> | | |

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| 24 | Describe the CHW role in data collection and monitoring. | <p>APEs</p> <p>APEs collect data for the health management information system (HMIS) on a monthly basis. This data is submitted to the district level and aggregated for the entire district.</p> | <p>ACS', VCS', & TBAs</p> <p>The three cadres submit one report on services activities as a team. This report is submitted to the health facility at monthly meetings. It is also used as a feedback mechanism to improve health workers performance and inform community members of the contributions of the health workers.</p> |
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IV. MANAGEMENT AND ORGANIZATION

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| 25 | Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)? | <p>Yes. The program is managed at the:</p> <ul style="list-style-type: none"> • National • Provincial • District levels. <p>There is one national APE program coordinator, about 10 provincial coordinators, and about 50 district coordinators.</p> | <p>Yes. The program is managed at the:</p> <ul style="list-style-type: none"> • National • Tete Province • Districts • Local health facility levels. <p>The program is only implemented in Tete Province.</p> |
| 26 | Is the MOH responsible for the program, overall? | Yes. | Yes. |
| 27 | <p>What level of responsibility do regional, state, or local governments have for the program, if any?</p> <p><i>Please note responsibility by level of municipality.</i></p> | Each District Health Directorate is responsible for the APEs in their district. Local governments do not have any responsibility for APEs. | <p>The Tete Provincial Health Directorate is responsible for the program implementation. Each District Health Directorate works with the local health facility to manage the CHT and provides staff to attend the monthly supervision meetings.</p> <p>Community involvement is important to the CHT program, and communities are provided with feedback reports after monthly supervision and training meetings.</p> |
| 28 | What level of responsibility do international and local NGOs have for the program, if any? | NGOs provide some support to APEs including supervision and HMIS data collection. | <p>MSF assisted in program implementation and management; the MOH is now fully responsible for the program.</p> <p>NGOs provide some training to TBAs, though this support is not routine.</p> |
| 29 | Are CHWs linked to the health system? Please describe the mechanism. | Yes, they are recognized by the health facilities as health outreach workers, but they are not considered formal health providers of the MOH. | The CHT is linked directly to the health system and provides needed access to health services. However, they are not considered formal health providers of the MOH. |

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| 30 | Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities. | APEs report directly to the district coordinator in the district where they work. The district coordinator works closely with the provincial coordinator in the supervision process. | The CHT is supervised by the local district authorities and community leaders. The CHT meets monthly at the local health facility with the other CHTs in the region and the local district authorities. Within the CHT, VCS' and TBAs receive support from the ACS. |
| 31 | Where do CHWs refer clients for the next tier of services? Do lower level cadres refer to the next cadre up (of CHW) at all? | APEs refer clients to the nearest health center for all services. | The CHT refers clients to the nearest health facility that has the capacity to provide the services required (e.g. the CHT is aware of which health facilities have access to a CD4 machine for HIV care). |
| 32 | Where do CHWs refer clients specifically for FP services? <i>Please note by method.</i> | | APEs |
| | | <i>Standard Days Method/Fertility Awareness Methods (SDM/FAM)</i> | Health post |
| | | <i>Condoms</i> | Health center |
| | | <i>Oral pills</i> | Health center |
| | | <i>Intramuscular Depo-Provera (DMPA (IM))</i> | Health center |
| | | <i>Implants</i> | District hospital (not a common method, and only available in some hospitals) |
| | | <i>Intrauterine devices (IUDs)</i> | Health center |
| | | <i>Permanent methods</i> | Provincial hospital |
| | | <i>Emergency contraception</i> | Private pharmacies |
| 33 | Are CHWs linked to other community outreach programs? | The APE program is the main community outreach program in Mozambique. APEs do work with other NGO outreach programs and support MOH outreach through vaccine or outreach days. | The CHT program works closely with the APE program in Tete Province. In some instances ACS' are also APEs. |

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| 34 | What mechanisms exist for knowledge sharing among CHWs/supervisors? | All APEs in a district attend supervision meetings together. These quarterly meetings include knowledge sharing among APEs. | All CHTs in a district attend supervision meetings together. These quarterly meetings include knowledge sharing among CHTs. Additionally, as CHTs are a group of three cadres of health workers, they are constantly working together and sharing lessons learned with each other, such as when they draft their monthly data reports. |
| 35 | What links exist to other institutions (schools, churches, associations, etc.)? | There are no formal links to other institutions. Linkages may occur in an informal manner. | Information unavailable |
| 36 | Do vertical programs have separate CHWs or "share/integrated"? | APEs provide integrated services. | The CHT provides integrated services. The cadres within the CHT also provide integrated services, though specific responsibilities are divided across the cadres. |
| 37 | Do they have data collection/reporting systems? | Yes, APEs submit reporting forms to the national HMIS. | Yes, the CHT submits a report to the health facility. |
| 38 | Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees). | The program is supported by donor funding. | Information unavailable |
| 39 | How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)? | APEs receive supplies from the local health facility. APEs who work in Maputo Province are able to access drug kits. However, those working in more rural areas often face stockouts. | Information unavailable |
| 40 | How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)? | Information unavailable | Information unavailable |

V. POLICIES

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| 41 | Is there a stand-alone community health policy? If not, is one underway or under discussion? <i>Please provide a link if available online.</i> | Yes, the <i>Community Involvement for Health Strategy 2007</i> is the community health policy. |
| 42 | Is the community health policy integrated within overall health policy? | Yes, the policy is integrated into the overall health policy, Health Sector Strategy 2007-2012 . |
| 43 | When was the last time the community health policy was updated? (months/years?) | Both the <i>Community Health Strategy</i> and the <i>Health Sector Strategy</i> were revised by the MOH in 2007 as part of the process of revitalizing the APE program. |
| 44 | What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?) | Nationwide |
| 45 | Does the policy specify which services can be provided by CHWs, and which cannot? | Yes. |
| 46 | Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)? | The 2011-2015 Family Planning Strategy states that APEs should be used for the distribution of pills and male and female condoms, as well as family planning information and education. |

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VII. AT-A-GLANCE GUIDE TO MOZAMBIQUE COMMUNITY HEALTH SERVICE PROVISION

| Intervention | | Agentes Polivalente Elementar | | | | Agentes Comunitários de Saúde | | | |
|----------------------------|--|-------------------------------|------------|--|----------|-------------------------------|------------|--|----------|
| | | Information/ education | Counseling | Administered and/or provided product | Referral | Information/ education | Counseling | Administered and/or provided product | Referral |
| Family Planning | <i>Services/Products</i> | | | | | | | | |
| | SDM/FAM | | | | | | | | |
| | Condoms | | | | X | | | | |
| | Oral pills | | | | X | | | | |
| | DMPA (IM) | | | | X | | | | |
| | Implants | | | | X | | | | |
| | IUDs | | | | X | | | | |
| HIV and AIDS | Voluntary counselling and testing (VCT) | | | | | X | | | |
| | Antiretroviral therapy (ART) | | | | | | | | |
| | Prevention of mother-to-child transmission (of HIV) (PMTCT) | | | | | X | | | |

| | | | | | | | | | |
|--|--|---|--|-------------------|--|---|--|---|--|
| Maternal and Child Health (MCH) | Misoprostol (for postpartum hemorrhage) | | | | | | | | |
| | Zinc | | | X (in some areas) | | | | | |
| | Cotrimoxazole | | | X (in some areas) | | | | | |
| | Oral rehydration salts (ORS) | | | | | | | | |
| | Immunizations | | | | | | | | |
| | Vitamin A | | | | | X | | X | |
| | Malnutrition screening | | | | | X | | X | |
| Malaria | Bed nets | | | | | | | | |
| | Indoor Residual Spraying (IRS) | | | | | | | | |
| | Sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria) (SP) | X | | X | | | | | |
| TB | DOT | | | | | X | | | |

| Intervention | Services/Products | Traditional Birth Attendants | | | | Voluntarios Comunitário de Saúde | | | |
|------------------------|------------------------|------------------------------|------------|--------------------------------------|----------|----------------------------------|------------|--------------------------------------|----------|
| | | Information/education | Counseling | Administered and/or provided product | Referral | Information/education | Counseling | Administered and/or provided product | Referral |
| Family Planning | SDM/FAM | | | | | | | | |
| | Condoms | | | | | | | | |
| | Oral pills | | | | | | | | |
| | DMPA (IM) | | | | | | | | |
| | Implants | | | | | | | | |
| | IUDs | | | | | | | | |
| | | | | | | | | | |
| HIV and AIDS | VCT | X | | | | X | | | |
| | ART | X | | | | | | | |
| | PMTCT | X | | | | X | | | |
| MCH | Antenatal care | X | | | X | | | | |
| | Misoprostol (for PPH) | | | | | | | | |
| | Zinc | | | | | | | | |
| | Cotrimoxazole | | | | | | | | |
| | ORS | | | | | | | | |
| | Immunizations | | | | | | | | |
| | Vitamin A | | | | | | | | |
| | Malnutrition screening | | | | | | | | |

| | | | | | | | | | |
|----------------|----------|---|--|--|--|---|--|---|--|
| Malaria | Bed nets | | | | | | | | |
| | IRS | | | | | | | | |
| | SP | | | | | | | | |
| TB | DOT | X | | | | X | | X | |



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