

## Action Points to Include in Country Plan

### What are our most critical priorities across thematic areas? How do they link to existing plans?

- Improve inter-agency coordination to harmonize assistance to iCCM and APE system; and better coordination within MISAU to develop a coordinated plan (NMCP and DePROS)
- Close gap between national policies and actual practice for APE system and Community Mobilization strategy. Address this through in strategic and operational plans.
- Need for a more solid financial sustainability plan for APE system.
- Increase the coverage of iCCM through increased training, deployment and support of APEs
- Reinforcement of supervision system for APEs
- Analyze RACE data to calculate the approximate coverage of APEs for the 3 diseases – (i.e., What % of the expected cases are APEs seeing)? This is needed to see if APEs are being sufficiently utilized by communities.
- Promote the role of the APEs as a central element of the community participation plan, to increase community demand for iCCM services
- Improve supply chain for iCCM (e.g., consider use of a system similar to Malawi’s mobile logistics platform (cStock) , so that APEs in remote areas do not wait until their infrequent visits to their home facility to report stockouts)

### What is achievable in the next 6 months?

- Improve the coordination within the MoH and between other partners
- Review the financial situation (gap analysis, including changes in the program management: training, supervision )
- Review of the supply chain issues to assure commodities (i.e. data flow, consider e-solutions like Malawi’s cStock program)
- Review and update of the supervision and monitoring systems/tools (focus on quality of case management), as follow up to national refresher training rollout that ends in 2014

### In the next year?

- Review human resources implications of engaging community resources
- Training of 300 new CHWs and refresher training of 3,000 CHWs
- Strengthen postnatal care home visits for newborn by TBAs (parteiros tradicionais), with coordination with APE through the local Community Health Committee to which they both belong

### What additional resources will we need for each priority area?

- Coordinated proposal to Global Fund to improve training, supervision, and stock system
- Gap analysis to determine need for additional funding from USAID, UNICE, and others for commodities (antibiotics, ORS, timers) in APE package.

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### **What are our next steps as a country to implement these next steps?**

- Meeting and harmonization between NMCP & Health Promotion Department (DeProS) to support coordinated development of Global Fund plan and gap analysis for additional needs
- Engaging development partners through the MCH SWAp Technical Work Group to build a comprehensive action plans
- Report back to Ministry of Health, Ministry of Finance and other partners on progress

### **Summary statement on approach and next steps:**

The most effective community programming combines curative services with health promotion activities. Mozambique has placed iCCM in this expanded community service package and also a larger community mobilization process. While the APE program started in the 1970s, it is only now being revitalized and modernized, after years of low activity. Much progress has been made over the last three years, and MISAU has a solid commitment to iCCM within a larger community service and mobilization framework. The first order of business is to ensure that the 2,700 newly trained and deployed APEs are sufficiently supported. The revitalization process is still early and Mozambique has much to learn from others to solve ongoing problems with supervision, quality control, and stock management. These challenges can be addressed in a coordinated NMCP/DePROS Global Fund application. To most efficiently and effectively address the remaining gaps, other donors (especially US Government and UNICEF) should harmonize plans through the MCH SWAp Technical Group. MISAU's Fondo Comun funds should also be used to fill gaps.