

Support for rapid response to COVID-19 at community level via the upSCALE digital platform



Technical support meeting where APEs exchange experience to better serve their communities

The COVID-19 pandemic has affected many malaria-endemic countries, including some of the most heavily burdened, such as Mozambique. Community health workers, known locally as *agentes polivalentes elementares* (APEs), are trained to provide basic healthcare and conduct health promotion activities in the remote areas in which they live. This includes providing integrated community case management (iCCM) for malaria, pneumonia and diarrhoea and, as of 2014, family planning, pregnancy tracking and antenatal and post-partum care.

In the context of COVID-19, APEs are now facing additional challenges. Misinformation arising from a lack of accurate and up-to-date evidence on the virus and confusion over diagnoses due to similarities of some COVID-19 symptoms to those of malaria and pneumonia has made it more difficult for APEs' to do their job effectively and support the COVID-19 response. Incorporating COVID-19 surveillance into existing surveillance networks, including the likely spread of COVID-19 in the community and signs the health systems is becoming overburdened, are all essential to tackling the new threat.

Malaria Consortium's response

In response, Malaria Consortium is adapting the existing upSCALE digital platform to support APEs to respond to the pandemic. New COVID-19 modules have been developed that cover: awareness, education, disease surveillance and stock control. Changes in government advice and new symptoms as they are identified will be communicated via the app – including SMS, audio and video message. Knowledge and awareness mapping surveys will be added as well as a stock management system to track levels of equipment – such as PPE – provided by Mozambique's Ministry of Health.

Since activities began four weeks ago 30,000 SMS messages have been sent to APEs in relation to COVID-19, with 15% of APEs saying they have

learned about COVID-19 from UpSCALE. It is anticipated that this research will further highlight how important digital platforms are in supporting frontline health workers in their lifesaving work.

Malaria Consortium is committed to fighting the COVID-19 pandemic. It is our mission to protect the most vulnerable, and COVID-19 is a new addition to a list of communicable diseases that still includes malaria, pneumonia, diarrhoea and dengue. Any diversion from tackling these diseases would be devastating for millions of people across Africa and Asia at a time when health systems are fragile and likely to be stretched to breaking point by the added burden of COVID-19. For more information about how we're adapting our work, visit our COVID-19 hub.

upSCALE improves the quality of services provided by APEs

My name is Marcelina Clementino, I am from the district of Balama and Tawani community. I started working as a community health worker (locally known as elementary polyvalent agent-APE) in 2005. I was motivated to become an APE because of the need to help my community. I was entrusted with community involvement, specifically in health committees where I clarify basic issues related to health promotion, allowing the community to be informed and sensitised. I have also supported the District Services of Health, Women and Social Action Service (SDSMAS), providing the necessary primary healthcare, where health personnel are unable to provide coverage, and promote health care in the area of nutrition, family planning, diarrhoea and malaria.

The biggest difficulties that I have faced in my work is in the transfer of sick people and pregnant women, a few years ago we didn't have transportation for that. The community was suffering because it is more than eight kilometres to reach the health centre. It was very difficult and they did not know how to solve it. Pregnant women sometimes gave birth on the way to the health unit, in poor conditions and this was very complicated for everyone.

The upSCALE digital app is very interesting, easy to use and facilitates our work in patient care. When we are with the patient we are instructed by the app on what to do, it tells us what action we should take. If it is to give a treatment, it says what type of treatment and also if we should transfer the patient. The app

even tells you how many pills to give the patient and determines the dates of home visits needed. Before we had the app, there was not a clear script and it was even possible to err on the type of treatment and dosage of medicines.

With the application I plan my activities better, I manage to have everything well organised with the respective dates. I want to encourage our APE colleagues to use the app more because it is our steering wheel, it guides us in all our actions.



Marcelina Clementino- Balama district and Tawani community APE

APEs promote good family planning habits and fight child malnutrition

I am Felisberto Luís Biaque, live in Mirate, district of Montepuez. Married, father of six children and thirteen grandchildren; I have worked for about 30 years in the health sector as an elementary polyvalent agent better known as APE.

In my locality in Mirate, it was common that women of new-born babies were becoming pregnant again long before the period of exclusive breastfeeding ended, so they stopped breastfeeding the baby for being pregnant but had difficulties accessing or purchasing milk. Their babies ended up suffering from malnutrition, growing poorly and with many diseases.

When I became aware of these situations, I was very concerned, I tried to understand the problem and found the issue was linked to family planning because if couples did family planning they could avoid unwanted pregnancies and also malnutrition in babies. I started giving lectures to the families around me and my community about the importance of family planning, use of contraception and nutrition.

In the beginning, people did not want to receive me or understand the reason for the lectures, it was men who made it more difficult, women were calmer and accepted to listen. The challenge was to speak to the men, mainly because many of them had a big influence on women in families.

I had to involve community leaders in the awareness-raising process. I made leaders aware and explained the importance of family planning, use of contraceptive methods and child nutrition. Initially they were not very easy to convince, they seemed to be against the use of contraceptive methods due to some taboos that were being given by people in the community, for example, that using condoms was not good or could be harmful for health.

I calmly explained that the use of condoms as well as other contraceptive methods is not harmful to health, on the contrary it helps a lot in the family planning process because using these methods they can choose when to have children and can prevent unwanted pregnancies. But I also said that they could go to the health unit to use other methods like implants and intrauterine devices (IUDs).

After many sessions they decided to help talk to the other members of the community (mainly men, for whom it was difficult to raise awareness with), the sessions with the participation of community leaders greatly improved the climate and the environment, people were calm and listened to advice about family planning, use of contraceptive methods and child nutrition (breastfeeding).

The sessions became more interactive, at some point I didn't need to speak anymore, people started to understand the theme, they found that it was important to do family planning because in addition to women being able to continue breastfeeding the baby, it could prevent unwanted pregnancies and they could decide when to have children.

I do not say that it was easy to get people to change their attitude, it was not easy but now the situation has improved a lot. I no longer see pregnant women with babies and it makes me very happy because I feel that my work is giving positive results, people are having positive habits. Currently more than 100 people come to receive contraceptives and now, people are more concerned with family planning and breastfeeding the baby.

Finally, I want to advise new APEs to have a lot of courage, to be APEs you have to be very strong, have a heart full of will and faith, people will not always open the doors of their homes, they will not always want to hear them but they must always gently convey the message.



Felisberto Luís Biaque- Locality of Mirate in the district of Montepuez APE



Team from the Provincial Health Directorate of Inhambane and Malaria Consortium, washing their hands before entering the SOS village grounds





Provincial focal point of the Malaria program, Dr Beula explaining to Director Esperança Agapito and her colleagues, the importance of using the mosquito net for malaria prevention at the Inhambane Provincial Infantry



Focal point of monitoring and evaluation of the malaria program, Dr Gregório explaining the importance of using mosquito nets to caring mothers in the village of SOS



Dr Crimildo Helena, Head of the Department of Public Health, Dr António Beula, responsible for the Malaria Program and Carlos Gregório, focal point for monitoring and evaluation in the Malaria program delivering the masks to Director Esperança Agapito

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