

Mozambique TB Program: Fighting a Killer Disease

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—Argentina, 37

Program Recipient

World Relief Mozambique

Mozambique has undergone numerous transformations in recent decades, emerging from a long and brutal civil war that decimated the nation. Despite progress, numerous challenges remain; according to the World Health Organization's Global TB Report 2009, there were more than 92,000 estimated new TB cases in Mozambique in 2007.

Tuberculosis (TB) presents a unique public health challenge for Mozambique. One third of the world's population is thought to be infected with tuberculosis, and the problem is particularly prevalent in developing nations such as Mozambique. TB cases are more common in the developing world due to compromised immune systems that accompany higher rates of AIDS. Currently, about 80 percent of the population in many Asian and African countries tests positive in tuberculin tests, while only 5-10% of the U.S. population tests positive.

Context for Ministry

For years, Mozambique was widely regarded as the world's poorest nation, the result of a bloody civil war and the complete disruption of society. While the nation remains very poor, peace has brought hope and the first signs of growth.

- Mozambique ranks 172nd out of 177 countries on the United Nations Human Development Index.
- The majority of the population lives below the poverty line, with more than 50% of people living on less than \$1 a day.
- Civil war ended in 1992, and by 1993 more than 1.5 million Mozambican refugees returned home – the largest repatriation in sub-Saharan African history.
- More than 75% of the population engages in small-scale agriculture.
- Infant mortality remains high, with an average of 106 deaths out of 1,000 live births.
- HIV prevalence among 15- to 49-year-olds exceeds 10%.
- A 2007 study revealed one million children do not attend school, and almost half of the nation's teachers are still unqualified.
- The population is 23.8% Catholic, 17.8% Muslim, 17.5% Protestant, 17.8% holding to animism and traditional beliefs, and 23.1% with no stated faith.
- World Relief's wide-ranging programs in Mozambique are built on several decades of active ministry in the country.

The Church: Caring for Mozambique's Sick and Poor

World Relief Mozambique's strategy for ministry is to mobilize communities – empowering church pastors and leaders to care for the sick and poor around them by meeting spiritual and physical needs.

In Mozambique, the church has seized opportunities for ministry in many areas. To address the prevalence of HIV/AIDS, local church outreach programs build on the Bible's teachings about healthy relationships. Youth pledge themselves to abstinence before marriage and monogamous relationships within marriage, while churches care for those living with AIDS, tuberculosis, early childhood illness or malnutrition.

Tuberculosis represents a growing public health menace in Mozambique, and churches are responding. World Relief Mozambique's Vurhonga Community-based DOTS Project is working in six under-served rural districts, as well as three urban areas where TB is a significant health concern. DOTS (or Directly-Observed Therapy Short-Course) is an internationally recommended strategy for TB control that promotes long-term health and hope for families. The project builds upon World Relief Mozambique's success in developing Care Group networks and Village Health Committees that are delivering impressive results in the country.

The Church in Action: Transforming Health, One Home at a Time

In 2009, World Relief was awarded a five-year matching grant to tackle the problem of tuberculosis in Mozambique. World Relief employs its successful Care Group strategy where trained volunteers teach their neighbors to recognize the early warning signs of TB so it can be treated at its very earliest stages with antibiotics.

The Vurhonga CB-DOTS program relies on already-established networks of volunteers and enjoys a collaborative relationship with the Ministry of Health (MOH) at all levels. Because TB is only one intervention and covers a large geographic area, the 10 project supervisors rotate through all of the villages, spending 2-3 weeks in each area to work with all levels of the community before moving on to the next village. The project supervisors are able to cover the entire area within 6 months.

Partnerships are vital in these efforts. World Relief's partners in implementing the project include the Ministry of Health National Tuberculosis Control Program (NTP), Gaza Province and district health facilities; Carmelo Hospital, TB CAP/FHI, Care Group volunteers, HIV HBC Activists and youth volunteers, Village Health Committees and Pastor's Networks.

Directly-Observed Therapy Short-Course (DOTS) is a Proven Strategy

The Vurhonga Community-Based DOTS (CB-DOTS) plan is designed to be sustainable over the long-term. To achieve sustainability, the project relies on three key concepts:

1. Sustained household-level behavior change
2. Community structures that are designed to support CB-DOTS
3. Ministry of Health/National Tuberculosis Program collaboration

Sustained household-level behavior change: Traditional household beliefs about the cause and transmission of TB are a significant barrier to treatment seeking in the formal health system. This was confirmed by the KPC survey in which 21% of respondents stated that if they had TB symptoms that they would seek treatment outside of the formal health system, including traditional doctors, spiritualists and/or traditional pharmacists.

The project begins by orienting the village to prevention activities and then training Care Groups of volunteers, Village Health Committees and community and church leaders. Traditional healers are also invited to participate in the village level trainings – women with the Care Groups, and men with the village leaders. Staff members also conduct home visits to monitor how well volunteers are following through with their expected home visits for behavior change communication.

Behavior Change and Community Support

Behavior change has been noticeable. World Relief staff members report that they have seen a positive response to their work in the community that underscores the need for education, as well as the opportunity to effect change. In the majority of community-level meetings on TB, a spirited discussion ensues; traditional beliefs are challenged and the merits of new information are considered. Group members have moved toward acceptance of

the new information over the course of discussion. Momentum continues to build in favor of appropriate medical treatment for TB that is reasonable to expect to be sustained.

Community structures: In Mozambique, community structures are vital in reaching each household with the Stop TB message and to maintain that message in the community. In rural communities, the Care Group structure of volunteers is central to reaching each household. The TB work also depends on links between the volunteer health committees and Ministry of Health as well as support from community leaders and other influential members of the community.

MOH/NTP collaboration: The capacity of MOH/NTP will be strengthened in a variety of ways. This includes training for laboratory technicians, supervision conducted jointly by MOH District Supervisors with project staff and the implementation of TB-DOTS. Data flow from household to community TB register to MOH health facility is designed not to depend on project staff for its continued functionality.

Transforming Health in Mozambique

World Relief Mozambique's TB-DOTS initiative seeks transformation. Not only health outcomes, but attitudes and communities, must be transformed.

At the end of its first year, the project has recorded the following impressive accomplishments:

- Selection, hiring and training of 1 Monitoring and Evaluation Officer and 10 supervisors
- Development and completion of the Baseline KPC (Knowledge, Practices, and Coverage) Survey
- Development of the Health Facility Assessment Tool and quarterly implementation at 10 Health Facilities to track relevant TB indicators
- Surveying health centers to assess lab facilities, electricity and motorbike access
- Development and signing of Memorandum of Understanding with Provincial Ministry of Health
- Joint training of all six Ministry of Health District Supervisors on CB-DOTS with Provincial Ministry of Health
- Printing of job aids for community education on TB and CB-DOTS
- Training 100 volunteers in the Orphans and Vulnerable Children ministry and 73 Home-Based Care Activists on CB-DOTS in urban areas
- Rolling out CB-DOTS training at community level in 58 of 146 total villages
- Revitalizing/confirming volunteer membership in 167 of the projected 342 Care Groups
- Project staff trained the following people at village level in TB and CB-DOTS:
 - 2750 women in the community
 - 1772 community leaders
 - 1312 care group volunteers
 - 252 church leaders
 - 210 prison inmates
 - 183 village health committee members
 - 168 traditional healers
 - 58 TB focal point volunteers

Argentina's Story: 'I've Found Hope'

The TB-DOTS program has impacted many lives. Here is one of several success stories:

My name is Argentina and I am 37 years old. I live in the 5th Barrio in Tomanine in the District of Guija, Gaza. I am a mother of four children and I have a husband who works in South Africa.

I became sick in December, 2010. I had chest pain and coughing. I could not breathe well and I started to lose weight. I went to the local hospital and they gave me some medicine, but I did not get better. I decided to go to Guija and they gave me another type of medicine. It did not make me feel better, and I was getting worse. I could not even sleep because of the chest pain and the coughing.

One day, my neighbor – a TB-DOT volunteer – visited me. She asked me what I was feeling and I explained it to her. She also asked me if I had done a TB test and I said no. The following day we went to Guija and I did the sputum test. I also had an x-ray. After the results came out they informed me that I had TB. I started the specific treatment the same day, in June 2011. Each morning, my neighbor comes to me with the medicine and she watches me drink it.

Thank God I now feel better. I can sleep and I can do my housework. I say thanks to the TB-DOT program and my neighbor who supports me.

I had lost hope of living but now I've found hope!

Your Partnership: Provide Health for Families in Mozambique

This vital ministry is supported by a USAID grant of \$223,481, in addition to a required match of \$74,271. World Relief is seeking the support of the Assemblies of God, one of its oldest and most reliable partners, to help provide that match. Your partnership gift will help us meet this match requirement and help the church transform health in Mozambique.