

Context and challenge: Mozambique is one of the world's poorest countries, with gross national income per capita of just US\$340 in 2006 and an under-five mortality rate of 138 deaths per 1,000 live births. Life expectancy at birth is just 42 years, more than 40 per cent of children under five are suffering from moderate or severe stunting, and only one third of the population is using adequate sanitation facilities. Access to essential health-care services is limited, with 23 per cent of infants lacking a measles vaccine. Only 10 per cent of children sleep under a mosquito net (treated or untreated). And almost two thirds of the population live in rural areas, where only 1 in every 4 has access to an improved source of drinking water.

The challenge was to deliver an effective community-based child survival programme to rural communities with poor physical and environmental health infrastructure, and verify that the community programme contributed to mortality reduction.

Approach: The Chokwe Ministry of Health and World Relief partnership project in operation during 1999–2003 used the 'Care Group' approach to implement a child survival programme that aimed to address three elements of Community Integrated Management of Childhood Illness (C-IMCI):

- Improved partnerships between the health system and the community.
- Increased accessible care for community-based providers.
- Promotion of essential household practices for child health.

The Care Group approach trains community educators through group interaction. One volunteer Women's Health Educator provides peer-to-peer health education to 15 surrounding households, and 10 Women Health Educators form a Care Group that meets once a month with a paid supervisor. During monthly Care Group meetings, a health field staff member or a Women's Health Educator supervisor presents health messages about child survival and women's health. The Care Group members then practise training with each other, sharing the information presented. Before the next Care Group meeting, each volunteer is responsible for visiting the households under her jurisdiction to relay the messages she has just learned.

The child survival programme was designed to be comprehensive, integrating breastfeeding, complementary feed-

ing, use of oral rehydration therapy and insecticide-treated mosquito nets. The programme strengthened referral to local health facilities and case management of common illnesses at the facilities.

Partnerships with UNICEF and the International Committee of the Red Cross facilitated the provision of free insecticide-treated nets, vaccines and vitamin A supplements. Close cooperation with village health committees and local pastors provided support for the volunteers in carrying out health promotion and community mobilization for such as activities as distribution of insecticide-treated mosquito nets and conducting immunization campaigns.

Results: The project also implemented a community-based vital registration and health information system through the 2,300 community volunteers who collected data on births, deaths and childhood illnesses every month. These data were aggregated during the monthly meetings and the registers sent to health posts operated by community providers, or *socorristas*, who were trained by the district Ministry of Health. The collated information was sent back to local village health committees, health centres and the Ministry of Health.

Data from the community-based vital registration and health information system showed a 66 per cent reduction in infant mortality and a 62 per cent reduction in under-five mortality. To check the reliability of these findings, an independent mortality assessment was carried out by experienced researchers using a pregnancy history survey based on standard methodologies applied in the Demographic and Health Survey. This mortality survey found reductions of 49 per cent and 42 per cent in infant mortality and under-five mortality, respectively.

These results demonstrated the effectiveness of the Community IMCI and validated the fact that community health workers can collect reliable health data for monitoring mortality.