

With over half of the population living under the poverty line, Mozambique is one of poorest countries in the world. With poverty comes disease, and Mozambique suffers from significantly high rates of both Tuberculosis (TB) and HIV. The TB rate is estimated at 174 cases per 100,000 people, but given that many TB cases go undetected, the rate could actually be higher, and two-thirds of the TB patients are reported co-infected with HIV. There are many reasons for this state of affairs. Distances to health facilities are long for much of the population, the roads in rural areas are in poor condition and – perhaps most importantly – there is a great lack of adequate public education on TB.

# Mozambique

Ajuda de Desenvolvimento  
de Povo para Povo (ADPP)

Since the beginning of 2013, TB REACH Wave 3 has been supporting Development Aid From People To People (ADPP) Mozambique in increasing the number of detected TB patients and in improving their access to proper treatment. ADPP Mozambique is a local NGO with over 13 years of experience in developing on-the-ground expertise in addressing public health issues at the community level. It also boasts one of the largest networks of staff and volunteers working in the field, covering all provinces of Mozambique. Zambézia province is one of the poorest and most densely populated provinces in Mozambique, with an alarmingly low TB detection rate esti-

ated at only 22.4% in the four focus districts of Mamacurra, Morrumbala, Mocuba and Milage (NTP, 2011). The project's overall objective is to reach a total of 1,490,525 people in the selected districts. It is expected that this will result in the detection of 3,076 new TB cases.

Increased detection and treatment of TB patients will be approached through a threefold strategy: (1) exploring MTB RIF testing services, (2) expansion of the LED microscopy testing service, and (3) involvement of school teachers and children as active community-based volunteers. While the first two approaches provide the material conditions for reaching the expected results, it is the latter approach that can be considered highly innovative. It has already yielded significant results. The program began in the second quarter of 2013 by training 360 primary school teachers in screening for symptoms of TB. In turn, these teachers trained 9,000 primary school students and mobilized them to identify TB suspects within their own families and communities. Each quarter, it is expected that an additional 8,640 new students will be trained as TB activists.

The students' report detected TB suspects to their teacher, who sends a TB-trained ADPP field officer to visit the patient. The field officer works as a liaison between the schools, the patients and the local health facilities to help the patients access health services and obtain a diagnosis. To date, 20 field officers have been trained for this purpose.

After only 2 months of implementation, the students had managed to identify a total of 652 people with symptoms of TB and to refer them to local health centers. This has resulted in 131 new confirmed TB cases. Given that the ideal case detection rate is 1/6, this is a significant achievement and a clear indication of the high quality of the screening that the children do and of the effectiveness of the overall approach. The TB detection rate has also increased in actual numbers. In comparison with the control districts, the number of TB cases detected in the focus districts has almost doubled since the beginning of implementation, with 958 cases in the focus districts compared to 530 in the control districts.

An example of the effectiveness of this approach is Teresa, a student at the Veriha Primary School, Mocuba District, Zambézia Province, whose teacher had given a lesson about the signs of TB. Teresa immediately thought of a woman in a village close to hers who had been coughing for a long time and had all the signs of which the teacher spoke. Alerted by Teresa, the teacher sent an ADPP TB REACH Field Officer to visit the woman. Accompanied by Teresa, the Field Officer explained why he had come and asked if the woman would come with him to the health unit. Teresa later heard that the woman had started treatment for TB and says, "I'm very happy that I helped this woman. Nowadays she looks at me as if I was someone very special. I am now one of the TB activists of my school. I believe I am quite good at it!"



**Stop TB Partnership**  
**TB REACH**