

Fourth Quarter Report

Project: Clinical HIV/AIDS Services Strengthening (CHASS) Project in Niassa Province

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Acronyms

ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Antiretroviral
BK	<i>Bacilo de Koch</i> (Tuberculosis test)
CBO	Community-Based Organization
CHASS	Clinical HIV/AIDS Services Strengthening
CCM	Community Case Managers
CCR	Exposed Children Attending Clinic
CDS	Diocesan Committee for Health- a local NGO
COP	Chief of Party
CT	Counseling and Testing
DBS	Dried Blood Spot
DDSMAS	District Directorate for Health, Women and Social Welfare
DPS	Provincial Health Directorate
DQA	Data Quality Assurance
FH	Food for the Hungry
FHI	Family Health International
FP	Family Planning
FY	Fiscal Year
GAAC	Community Adherence Support Groups
GRM	Government of the Republic of Mozambique
HBC	Home-Based Care
HF	Health Facility
HMIS	Health Management Information System
HQ	Headquarters
HSS	Health System Strengthening
IT	Information technology
LTFU	Loss to Follow-Up
m2m	mothers2mothers
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSF	Médicos Sem Fronteira Bélgica (Medicine Sien Fronteira)
MULEIDE	Women, Law and Development
NGO	Non-Governmental Organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PES	Economic and Social National Plan
PICT	Provider-Initiated Counseling and Testing
PLHIV	People Living with HIV/AIDS
PMP	Performance Monitoring Plan

PMTCT	Prevention of Mother-to-Child Transmission
PP	Positive Prevention
QA	Quality Assurance
QI	Quality Improvement
RH	Reproductive Health
SIS	Sistema de Informação de Saude (Health Information System)
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
VCT	Volunteer Counseling and Testing
WASH	Safe Water/Sanitation/Hygiene
WLSA	Women and Law in Southern Africa

I. Executive Summary

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health in vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS/Niassa's goal is to strengthen the Niassa provincial health system by maximizing access, quality and sustainability in the delivery of comprehensive HIV/AIDS and related primary health services. This goal contributes to the joint GRM/USG goals in health and HIV/AIDS by reducing HIV transmission, mitigating the impact of HIV on individuals and communities, and improving health for those affected by HIV/AIDS. The project's objectives are to:

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

Objective 3: Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

Key Ongoing Activities

This quarter, the CHASS project continued to provide technical and program support to clinical and community service delivery in eight districts of Niassa province: Cuamba, Mandimba, Mecanheles, Metarica, Lichinga, Sanga, Marrupa and N'gauma. The project is supporting 25 health facilities in the provision of HCT, PMTCT, and support TB-HIV diagnosis and treatment and laboratory services in nine sites; pharmacy, anti-retroviral treatment and care services in eleven of these sites.

During this reporting period the following key achievements were made:

New Strategy to increase male participation. We have recently developed various strategies for HCT for couples. Through Community Case Managers couples are encouraged to seek HCT together using community drama, community couple dialogue to empower couples. At the health facility pre-natal clinic, the nurse will attend the V.I.P patients first that is those who came with their partners. We have also recently introduced the "invitation letter" that is the nurse will give the pregnant woman a colorful letter inviting the partner to accompany her to the clinic. This intervention has been implemented in Cuamba, Mandimba, Mecanheles, inter Lago and Chimbonila with great success. It will soon be expanded to all health facilities.

Transition Lichinga Hospital from MSF to CHASS Technical Support. A transition plan has been developed between MSF, CHASS and DPS to transition patient load to the medical doctors in Lichinga Hospital who will receive on-site technical support from CHASS technical team. MSF will be departing from Niassa province on November 5th.

Continued increase of individuals testing for HIV. This quarter, a total of 37,091 individuals were tested for HIV and 2,812 of them were found to be HIV positive (7.6%) in 25 project supported sites which supports a positive trend of increased number of clients knowing their HIV status.

Increased number of children screened and tested for PCR. Cuamba and Mandimba are piloting a new tool to increase the number of infants receiving PCR test. In this reporting period 80 exposed children received a PCR test and their results of which 10% were positive and hence eligible to initiate ART which shows significant increase in number of children's at risk screened.

Strengthening forecasting in the provincial and district warehouses. CHASS technical teams are working closely with the warehouse staff to train them on electronic tracking systems, tools to forecast pharmaceutical needs and to monitor the current drug supply.

Community case managers continue to find success in locating patients lost to follow-up.

This quarter, was another successful period where CCM were able to refer 879 individuals from the community to the health facilities, of which 495 (56%) received services at the health center. From the health facilities, CDS received a list of 630 lost-to-follow-up patients (*faltoso e*

abandonos), out of which 428 (68%) were found by CCMs and 360 (84%) have re-initiated treatment.

II. Accomplishments by Objective

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

Key Accomplishments this Quarter

Improvements from the previous quarter are reflected below:

- 228 new individuals started ART, a total of 3,338 individuals are currently receiving ART;
- The GAAC strategy was initiated with the involvement of clinicians; and
- 80 exposed children were PCR tested and received their results of which 8 are positive.

Expansion to New Sites

During the last quarter, CHASS technical staff prepared for expansion to 20 new sites. Meetings were held with the DPS and SDSMAS to discuss inclusion of activities into the sub agreement. Staff at the new sites, including SDSMAS officials were oriented on the goals and strategy of the CHASS project, followed by an assessment of clinical service quality, infrastructure, equipment and human resources needs.

By October 1st, CHASS technical staff will start the provision of technical support to the 20 new selected health centers; this includes the four former MSF sites in Lichinga city. In total in Year 2 the project will support 45 health centers in 14 districts of the province. In addition, during this reporting period Year 1 goals were reviewed and planning meetings were held to prepare for Year 2.

Transition MSF activities to FHI in Lichinga City District

In order to transition activities in Lichinga city from MSF technical support to FHI, planning meetings were held between both teams to discuss the challenges in clinical services, PMTCT, pharmacy and laboratory. While similar challenges are encountered in other Niassa sites and Lichinga, there were different strategies employed by MSF such as direct provision of ARV's, OI's medicines and laboratory reagents in the event of stock outs. This resulted in a parallel procurement system to that of MoH. This will be discontinued under CHASS. Furthermore, MSF clinicians and nurses directly attended to all TB and HIV patients in the health centers. As part of the phase-out strategy, during the last 12 months MSF reduced this to 5% of the patients in the HIV clinical treatment, primarily critical cases, drugs adverse effects and multi drug resistant cases. Medical doctors in Lichinga Hospital will take over the patient load previously managed by MSF. CHASS technical staff will provide technical support to the clinicians to ensure on-going quality case management of these patients. By November 5th MSF will phase

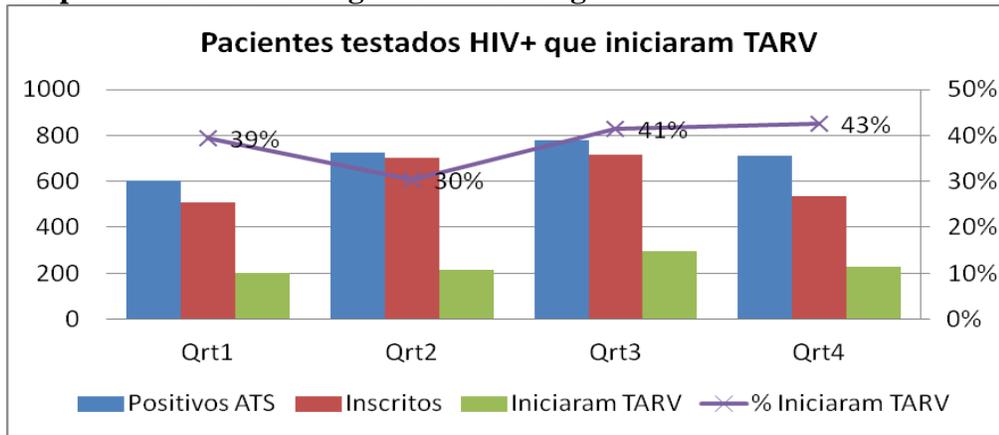
out and close their offices in the province. FHI has started the transition with a first step introducing the CHASS technical staff (clinical ART and PMTCT) to the health facility staff in Lichinga district.

MSF had supported a group of volunteers to become a legalized community association called Associação Renascer a Vida (ARV). The CHASS project is developing a sub agreement with this new local organization to continue funding active finding of loss to follow up patients, provide information, education and communication sensitization activities and community counseling and testing (CCT) in Lichinga City.

Adult Care and Treatment Technical Support

Currently, 3.338 individuals are on treatment in the 11 CHASS ART supported sites. The CHASS technical staff and DPS are working to ensure that all patients fulfilling eligibility criteria are initiated on ART in a timely manner.

Graph 1: Patients Testing HIV+ Initiating ART



Approximately, 40% of enrolled patients were initiated on ART which is a positive trend, as the national recommendation is to enroll at least 25% of the registered HIV positive patients. (See Graph 1)

During this reporting period, several trainings were held to further develop the skills and knowledge of clinicians and nurses in HIV clinical treatment. Sixty MoH staff including medical doctors, clinicians and nurses received training in rapid detection, classification and management of malnourished suspected cases, including clinical nutritional rehabilitation. Participants were divided into two groups and had the option to attend the course in Lago or Cuamba. UNICEF financed the training which is part of a national level nutrition curriculum. During the training, participants were oriented on the registration forms for nutrition however in practice forms are currently not available at the clinic site. Until the forms are disseminated, clinicians are including nutritional data in the patient record to capture each patient’s nutritional assessment.

Trainings on positive prevention were held in three districts namely Mandimba, Cuamba and Metarica for 72 health staff. CHASS project staff continue to support districts in the

implementation of the MoH guidelines on post-exposure prophylaxis. During this reporting period, 8 total cases were reported in five facilities; 1 case in Cuamba rural hospital and 1 case in Marrupa HF, Chimbonila, Mandimba and Mecanhelas identified 2 cases per health center.

In Mandimba the Cha Positive groups are operational with regular monthly meetings held. In this reporting period, the intervention expanded to Sanga with participation of 20 PLHIV.

CHASS technical staff continued to participate and facilitate support to the committee on management of clinical services meetings (*Comité provincial de gestão dos serviços clínicos*) led by the Provincial HIV/AIDS Supervisor. During the meetings held in the last quarter, the district medical chief was updated on the new PMTCT/PF norms and has committed to follow-up on use at the health facilities. Additional discussions held focused on the CD4 count machine which is currently not functional in Lichinga Hospital. A decision was made to send the samples to Cuamba in the interim. The importance of GAAC implementation and the need to reinforce active finding of LTFU patients was also reinforced. Last quarter the CHASS project staff reactivated the national pharmaco-vigilance program for patients who have adverse effects to ARV treatment. A case detected in Mandimba health center was referred to Lichinga Provincial Hospital, while collected samples have been sent to national level laboratory for testing.

Pre-ARV Care and treatment

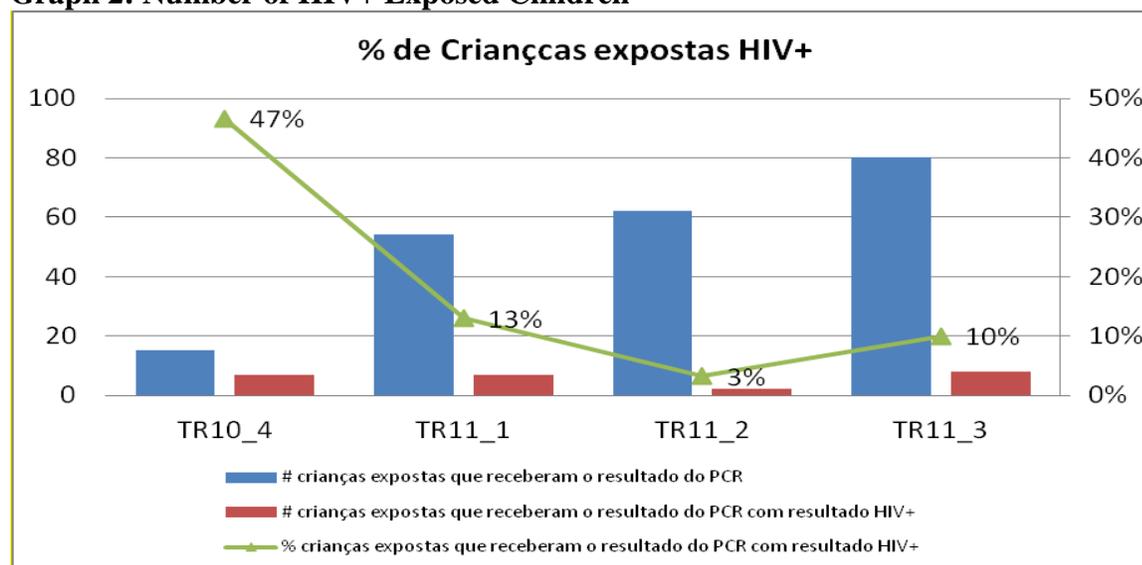
During this reporting period, the CHASS clinical staff continues to review patient clinical folders (*processos clínicos*) and registers to identify patients fulfilling the new eligibility criteria to start ART. Community case managers continue use this successful approach in identifying patients loss-to follow-up and register these patients to initiate ARV treatment.

The strategy of universal access which authorizes initiating ART to patients with CD4 of ≤ 350 and patients diagnosed with TB/HIV to start ART irrespective of CD4 count, has already been discussed in provincial level ART meetings . While all clinicians are aware of the strategy it has not yet been fully implemented in part due to the limitation of ARV stock. CHASS project is supporting the DPS to estimate and forecast needs of ARV in order to start this intervention.

Pediatric Care, Treatment and Technical Support

During the reporting period, DPS staff in collaboration with CHASS is piloting a referral tool for exposed children attending CCR. Cuamba and Mandimba were selected as pilot sites and early results indicate an increase in the number of infants receiving PCR test and its results (see graph below). CHASS project is planning to scale up the intervention to the entire province. In this reporting period 80 exposed children received a PCR test and their results of which 10% were positive and hence eligible to initiate ART which shows significant increase in number of children's at risk screened. This is in part due to the involvement of CCM and m2m in referrals, greater lab access including the support to transport samples and the improvement of the PMTCT registers.

Graph 2: Number of HIV+ Exposed Children



To further improve case detection of HIV among children, the MoH has designed and shared a strategy to increase the number of children screened (*despiste*) for HIV. The CHASS project is supporting the implementation of this strategy in vaccination sites and during consultations. As previously described, the introduction of new registration books will improve the tracking of loss-to-follow-up children. In addition, the mother to mother groups and the CCM continues playing a role in community mobilization, supporting patients with early adherence and follow-up at the health facilities, management of *ficheiros movies*, referrals and counter-referrals to services within the health facilities.

At the provincial level a follow-up training on the new guidelines for pediatric ART was held during the clinical meetings, technical planning meetings and on-the-job training targeting medical doctors, clinicians and MCH nurses. Approximately, 84 health staff in five districts received the training and the remaining districts will be covered in the next quarter.

Improving Loss-to-Follow-up

This quarter, Committee Diocese Saúde (CDS) through CCMs referred 879 individuals from the community to the health facilities, of which 495 (56%) received services at the health center. From the health facilities, CDS received a list of 630 lost-to-follow-up patients (*faltoso e abandonos*), out of which 428 (68%) were found by CCMs and 360 (84%) have re-initiated treatment. This is an increase in terms of patients follow-up in part because most of the cases are *faltosos*, as per the MoH definition is referring to those who miss an appointment, even once. The role of the CCM is contributing to a reduced number of *abandonos* (patients who do not show up more than 60 days). (See Table 1 below).

Table 1: Summary of Clients Lost-to-Follow-Up

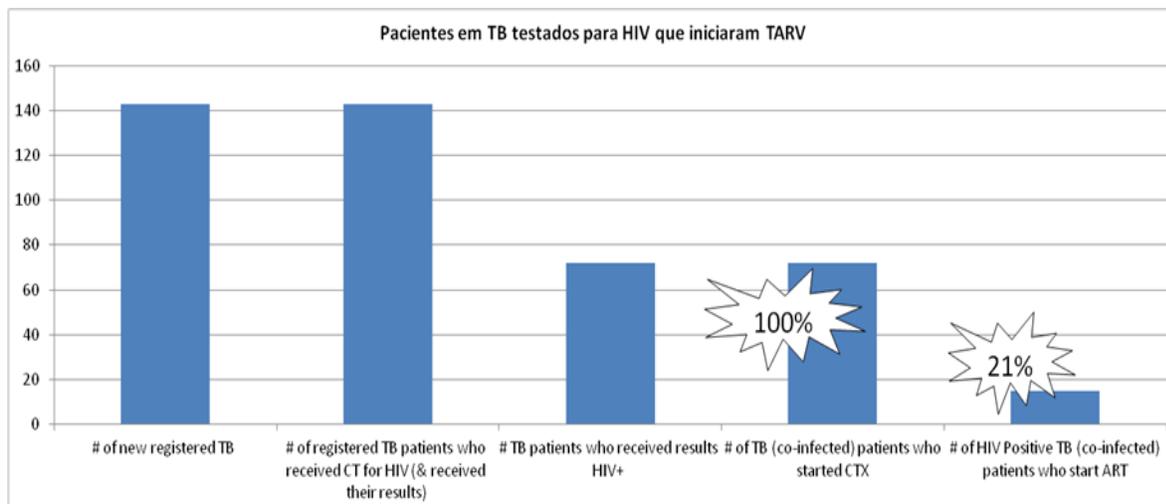
Indicators	0-14 yr old		15 yr old		TOTAL
	M	F	M	F	
Total number of participants in a IEC group session	4204	5773	6193	10832	27002
Total number of participants in one-on-one visits	142	196	366	486	1190
Total number of people referred by the activists to the HF's	96	82	220	481	879
Total number of people referred by the activists to the HF's and were attended					495
N° of patients LTFU sent to the volunteers by the health center	50	66	178	336	630
N° of patients LTFU found by volunteers in the community	31	41	119	237	428
N° of patients LTFU found by volunteers and started the treatment	30	36	102	192	360

The manual tracking system continues to serve as an important tool for health facility staff and CCM continue to identify and follow-up with patients who have missed their appointment. This approach has contributed to a reduction of defaulters or patient's loss to follow up (LTFU) as illustrated in the table above. Eight sites have a functional mobile manual tracking system in place. The Cha positive groups and the GAAC also contribute to improved retention of HIV patients in care and treatment. The effort now needs to be towards scaling up these approaches to the other sites in Niassa.

TB/HIV “One Stop Shop” Model

During the reporting period, implementation of “One Stop Shop” model expanded to new health facilities namely Mandimba, Massangulo, Marrupa, Mecanhelas and Metarica health centers in addition to Cuamba health center. The objective is to provide a fully integrated TB/HIV service delivery model where TB and HIV/AIDS services are provided in the same room by the same staff. Currently, a clinician trained on ART is providing support to the TB wards and is available to provide consultations to the TB patients. A national-level training is currently being scheduled for the TB clinicians on ART. At a one-stop shop site, patients receive TB care and treatment, HIV testing, CD4 and OI prophylaxis in a TB clinic and can be automatically enrolled for ART treatment if eligible. It is expected by next year, the approach will be expanded to other sites. However the challenge for expansion is tied to the lack of space in some sites, e.g. Chimbolina and Sanga health facility.

Graph 3: Number TB Patients Tested for HIV



During this quarter, 140 newly registered TB patients received counseling and testing for HIV of which 52% were found positive and provided with CTX prophylaxis. (See graph 3).

Technical assistance and clinical mentorship visits took place in all projects sites with the aim of providing on-the- job training to health staff in management of HIV/TB co-infected patients, including ART, pre ART and PITC. As an outcome TB patients are receiving HCT and TB-HIV patients are receiving CTX prophylaxis and those who are eligible are being initiated on ART treatment.

PMTCT and CT services

Key Accomplishments this Quarter

- 10,267 individuals received counseling and testing by the end of September 2011, 713 tested HIV positive;
- 6,914 women tested know their HIV status, this increased by 1,124 individuals from the last quarter;
- 197 women received a complete course of ART at ANC this quarter, an increase of 60% from the last quarter; and
- In the labor and delivery setting 158 women received a complete course of ART during this quarter.

HIV Counseling and Testing Technical Support

This quarter a total of 10,390 individuals were tested, of which 713 were found positive (6.8%) in the 79 service outlets providing CT. The number of clients tested, continues to increase each quarter, however the HIV + rate remains consistent between 7-8%, in line with data reported by INSIDA for Niassa.

The lack of HIV testing kits is still a challenge for the program. In some HF's such as Malapa, Etatara, Muitegere, Meripo and Entrelagos there are no HIV tests for two consecutive weeks or

kits are expired. CHASS Niassa continues to advocate to DPS to obtain additional kits and at the central level to CIMAM/SIMAM to allocate additional test kits to Niassa. Our Laboratory and Pharmacy technical officers provide on-going support to provincial and district warehouses in forecasting and monthly audits to review current supply in collaboration with SCMS.

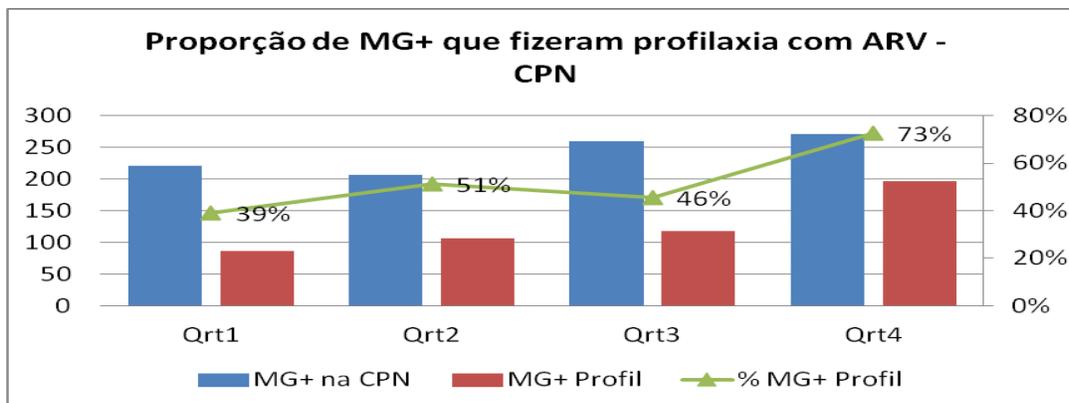
To improve partner involvement in counseling and testing, CHASS project staff started the use of paper invitations to bring partners of tested clients to the health facility. This approach is in the pilot phase in Mandimba, Cuamba, and Mecanhelas. The new register books have a space to collect information on partner involvement. Next quarter, we will be able to provide additional data.

Linkages between MCH, PMTCT and ARV services

Following the new technical assistance approach, ongoing technical assistance was provided to all the 25 health facilities supported by the project. Each health center has been visited at least once this quarter in collaboration with DPS and SDSMAS. In these visits the CHASS team introduced the new registration tools namely the pre-natal registration book, consultation child at risk registration book, maternity admission registration book, birth delivery/maternity registration book, ARV registration book and monthly summary forms. These tools were created by MoH and printed by FHI 360 for distribution in Niassa and nationally.

This quarter, the number of pregnant women tested for HIV and on prophylaxis continues to increase. Below, in graph 4, depicts an increase in the number of women receiving prophylaxis with the fourth quarter illustrating the highest coverage due in part to the on-going technical assistance provided by the CHASS technical teams.

Graph 4: Proportion of Pregnant Women on Prophylaxis



In addition, eight refresher training sessions were held for 170 health workers (MCH nurses, nurses, and pharmacists) on the new PMTCT protocol in Niassa. The new PMTCT protocol requires an HIV positive women to start AZT at 14 weeks. This has been initiated in 19 selected HF's. Once adequate quantities of drugs are available the intervention will be expanded to all sites. CHASS project staff supported the implementation of this protocol through on-job training and providing assistance in drug distribution.

A one-day MCH meeting was held in Cuamba with the objective of empowering districts to evaluate their performance and design interventions to overcome these challenges along the PMTCT cascade.

Family Planning counseling and referrals within PMTCT program

This quarter the CCMs referred 103 clients to the health facilities for family planning and SRH services. The CHASS technical team and DPS staff discussed strategies to strengthen FP including post-partum family planning counseling, integrating FP services with the immunization schedule, and ensuring that all the post-natal women receive one FP method.

During on-site TA the CHASS staff reinforced messages to health workers to counsel patients at different points of service (CPN, PF, CPP, CCR, and delivery room, SAAJ) and to promote available family planning services method. In Year 2, further training is planned for the health providers to integrate family planning.

Laboratory and Pharmacy Technical Support

Laboratory Technical Support

The laboratory CHASS team continues to provide regular technical assistance to eight health centers, namely Cuamba RH, Metarica, Mecanhelas, Massangulo, Mandimba, Marrupa, Chimbunila, and 7 de Setembro health centers. The CHASS technical team provided assistance on completing registration books recently adapted for the CD4 count registration, orientation on job aids, discussion of the results of smear external quality control of the first semester, observation of the malaria research blades, BK, etc, and observing compliance to guidelines and timing to mix reagents and analyzing the results. The CHASS team is seeing improvements in the registration of CD4 data which is in part due to the availability of a CD4 registration book and the provision of job aids including testing algorithms for HIV tests.

Following the recommendations of the 1st Annual Provincial Laboratory meeting held last quarter, the project started the External Quality Control (EQC) based on systematic random BK sample selection. The CHASS technical team and DPS created tools to track the process of external quality control and will start this process in October to review the BK blades sent in July, August and September. All the target lab technicians have been trained on the selection methodology.

DPS Niassa organized a Niassa Clinical Lab workshop in Lichinga from August 29th - September 2nd to discuss lab management specifically the management of the reagents and utilities. In this meeting plans to reduce, minimize and avoid stock out of reagents and utilities in the lab network were discussed along with maintenance of lab equipment, POP's manual for the lab, technical pocket book for lab technicians, and an information system.

The lab technical officer participated in a training on community support group adherence, with other technical staff such as nurses, pharmacy technicians, clinicians, and medical doctors. The

goal was to sensitize the volunteers and other health professionals to adhere to the new strategy aimed to increase the adherence to clinical HIV treatment and facilitate the referrals and counter-referrals from community to the health center.

During this reporting period the second part of the nurse's refresher training in fixation and bacilloscopists training was facilitated by the CHASS and DPS Lab technical officers. It's expected to increase the quality of TB screening.

In September, the CD4, FACS CALIBUR, biochemistry machine (Vitalab flexor E) and the hematology (sysmex XT 2000i) machine at the Lichinga Hospital was not operational due to rats destroying the electric cables inside the machines.

Without access to CD4 machine, the province has reduced its capacity in adequately monitoring HIV+ patients in a timely manner. In the interim, all samples are being sent to Cuamba which is creating a significant overload. MSF is supporting the rehabilitation of the HPL lab roof which is an entry point for the rats. CHASS will work with the facility to undertake periodic chemical treatment to help eliminate this problem.

Pharmacy Technical Support

During this quarter, training on the electronic tracking and management system took place from August 16th to 20th, with the participation of provincial medical chief, the provincial warehouse clerk, the data entry and the chief of provincial warehouse. The training facilitators were from national-level CMAM and SCMS.

As a follow-up to an evaluation from the previous quarter, CHASS and DPS conducted an inventory of all drugs and assets of the provincial warehouse, reviewed the current flow within the warehouse and introduced the use of SIMAM. During the initial visit of the provincial warehouse, four malaria and twenty-seven ART drugs were reviewed. The team found discrepancies among actual availability and reported stock of fifteen products, dissemination of products was not following the established procedures and norms, and staff are not routinely reviewing expiry date of the drugs prior to sending to the districts. The CHASS Pharmacy Officer has been tackling these issues with the provincial warehouse clerk to improve drug management and improve the routine use of SIMAM through on-site visits to the eight district warehouses and the provincial warehouse.

In order to improve the work flow in the provincial drug warehouse CHASS technical staff and DPS staff designed a job description of all warehouse staff namely the warehouse clerk and the chief of provincial warehouse. The position of warehouse clerk was recently introduced to support the management of the electronic tracking and management system (SIMAM).A flow chart was then developed of the responsibilities of the district and province warehouse, including rural and provincial hospital.

As reported previously, DPS is facing a challenge to adequately respond to the district-level in distributing essential drugs and supplies which in part is due to the lack of transportation. The CHASS project is supporting the logistics management by renting a local truck. In addition to

renting a truck, there is a need to use an electronic tracking and management system to ensure that all requests for additional drugs are being tracked and responded to promptly.

During this reporting period, some health centers continue to report stock outs of Metronidazole tablet, Cotrimoxazol syrup and tablet, and ferrous salt with folic acid tablets. The main reason for the stock out is due to an incomplete quantification form and low capacity in monitoring current inventory at the districts. During on-site TA, the team is providing on-the-job training to the districts in forecasting, filling of the pharmacy registers and requisition forms, completing MMIA - a tool used to estimate the ARV drugs, forecasting of drugs and commodities at the health facilities pharmacy and district warehouse.

In general there was no reported stock out of ARV drugs this quarter. There were some insufficient supplies of TB drugs, the 2DFC, and 4 DFC and the HIV tests in some districts. Mandimba and Metarica districts are demonstrating improvements in all aspects related with pharmacy compared to some other sites. This is attributed to experienced and motivated staff that are routinely monitoring the current supply of medications and ensuring a sufficient stock is available to the surrounding health facilities.

Monitoring and Evaluation

During this quarter, the M&E team performed routine data collection, data analyses and held monthly data review meetings with district level staff. In addition, the team led the development and submission of timely reports to the district and provincial authorities initiated the use of clinical folders where none existed and followed-up in the use of clinical folders where folders are already in use. District level staff in the statistics unit (NED) received on-going technical assistance from the CHASS M&E team throughout the quarter.

As part of enhancing the skill set of staff in the use of the current health information system, a training was held with eight district health workers, including district-level supervisors within NED. Participants who attended the training represented districts from Mandimba, Mecnhelas, Cuamba, Chimbonila and Marrupa. The training focused on the review of PMTCT and ART reports and in the use of the MoH software, Modolo Básico. CHASS staff also received training this quarter to reinforce their skills in M&E, indicators, variables analysis and quality improvement.

The collection of data at the health center continues to face many challenges. Forms are often not available at the health facility; data recorded on the forms is often incomplete or missing, in particular at the PMTCT clinics and Counseling and Testing sites. The M&E team is holding regular meetings with the clinic staff to review how to complete the forms and emphasize the value of the data collected at the clinic sites. A DQA is being planned in the next quarter as an approach to improve the quality of data recorded and received. On-going technical assistance will be provided to the districts on the MoH guidelines and introduction to the database (Modolo Basico) for new staff and new sites.

Objective 2: Create an Integrated System of HIV/AIDS and Primary Health Care with Strong Linkages to Community Services

Key Accomplishments this Period

- 60 health providers from Niassa trained in Nutritional Rehabilitation Program (NRP) using MOH guidelines and manuals in partnership with UNICEF; and
- 35 health staff and community activists were trained in Community Adherence Support Groups (GAAC).

Community Case Managers

Sub-agreement with CDS

During this reporting period, the subagreement with CDS closed. This decision was based on the scope, scale and limited infrastructure of the organization. CHASS project staff agreed that Conselho Cristão de Moçambique (CCM) in Niassa could be a better fit to continue the activities; the sub- agreement development process is awaiting USAID approval. To ensure smooth transition a meeting was held in Lichinga between CDS, CCM and FHI to discuss close-out requirements, including transition of volunteers and assets from CDS to CCM.

The CHASS project will continue to collaborate with CDS through the ComCHASS project to ensure referrals and counter referrals; implementation of community based HCT in collaboration with CDS and JHPIEGO, and providing HIV/AIDS TB education and free mobile VCT using rapid testing with same day results.

During this quarter, a total of 28,122 individuals were reached with home visits by the CCM. Technical assistance visits continued by CHASS technical teams through meetings with health staff focused on training the community volunteers in the use of registration tools and monthly reports; training CCM in the correct use of the *fixeiros moveis* and to organize the clinical folders in coordination with the health staff.

Linkage with TB Care and ComCHASS

Regular weekly coordination meetings are held between CHASS and ComCHASS community volunteers to identify defaulters and provide lists to volunteers to trace patients. A standard referral form jointly designed by the ComCHASS, CHASS and TB Care project is being printed and will be available for use next quarter. With the initiation of the TB care sub-agreement to implement CB DOTS additional coordination meetings will be established to minimize overlap and maximize efficiencies in referrals and counter-referrals between both programs in Niassa.

GAAC (Community Adherence Support Groups)

The three selected districts namely Cuamba, Mandimba and Mecanhelas districts continue to implement the GAAC strategy. During this reporting quarter, 18 health staff, 10 CHASS project staff and seven community activists were trained in the GAAC strategy. All the health workers and collaborators in the three health centers were trained on mapping of PLHIV on ARV treatment. During the reporting period, eleven GAAC were formed in Mandimba, seven in Mecanhelas and one in Cuamba. The strategy has been a challenge to implement in Cuamba

which is an urban setting resulting in patients not coming together easily. However, progress is being made in forming community groups which is being documented in monthly reports and supervision visits. In the next quarter, The CHASS technical team has planned joint technical assistance visits with MoH DPS/MSF to the three selected districts. A learning visit has also been planned to Tete which is the learning ground for the GAAC strategy.

Linkages with adolescents and young adults (SAAJ)

In most of the CHASS supported project sites the SAAJ is taking place in the MCH service. The use of the same space provides an opportunity for the CHASS project to promote the integration of services as per the recommendation of the MoH. The health centers provide youth with FP methods, including condoms STI diagnosis and treatment, OI and TB screening.

Nutrition, access to food and utilization

In addition to the nutrition rehabilitation training mentioned in Section 2.2, Food for the Hungry (FH) identified and formalized links with partners in collaboration with the SETSAN (Technical Secretariat for Food Security and Nutrition), and local organizations like CDS, ESTAMOS and CCM for provision of food and nutritional security for home based care beneficiaries.

To improve the information, education and communication regarding nutrition for the health staff, community volunteers and general people, six different job aids are being reprinted namely the Nutrition Education, Nutrition supplement, Good Diets, Cassava Fermented to Dryness Underwater and Still Grated Cassava.

The project has supported training for 60 staff at community and health center on nutritional assessment, nutritional counseling and nutritional rehabilitation. Several meetings were also held on production of job aids and other materials for trainings and assessments on nutrition for all districts.

Objective 3: Strengthen GRM/MOH capacity at the provincial level to effectively manage high quality integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements

Key Accomplishments this Period

- 57 DPS and SDSMAS staff trained on financial management and procurement;
- Launched a competitive process to select two candidates to receive a scholarship to attend a Master level program in public health, epidemiology and/or health service management;
- Support provided for initial training of two groups of medium level nurses (SMI 35) and pharmacists (25); and
- 27 SMI nurse candidates had started their practicum in September (integrated rural internship);

Training in financial management and procurement

CHASS Niassa organized training for staff working in finance, administration and procurement management (UGEA), as well as for 16 district health directors in July 2011. In effect, it should be noted that all the above mentioned staff (with the exception of the UGEA focal point) had previously not received any training in the area of procurement.

It was also the first occasion on which district directors and administrative staff jointly attended training on financial management. This contributed to increased management capacity of the following district directors: 16 SDSMAS directors (all the districts of the province) director of the Cuamba Rural Hospital, 40 staff from administration, finance and UGEA from the DPS, Lichinga provincial hospital, the Centro de Formação de Saúde de Lichinga and the Centro de Formação de Saúde de Cuamba.

Key results from the training include:

- Increased district health director's knowledge of financial management procedures, in as far as increasing their ability to analyze financial reports, analyze other financial documentation as well as gain a grasp of GRM management procedures. This directly allows them to better perform their oversight and management role and better collaborate with their administrative and financial staff;
- All district directors and administrative staff have gained understanding of government procurement regulations, ranging from procurement planning, tendering process and purchasing of goods and services;
- SDSMAS directors now have the basic skills required to analyze a procurement process and verify whether it conforms to national procurement regulations.

Subsequent to the capacity building workshop, CHASS elaborated a training follow-on plan that will be implemented through on-the-job technical assistance. In this vein, a joint DPS/CHASS (1 CHASS staff and 3 DPS staff) technical support visit was conducted.

Technical support was provided between August 22nd - September 2nd to three institutions in Cuamba district, namely the district health office, Cuamba rural hospital and the Centro de Formacao de Saude (CFSC) in the areas of financial management, procurement and administration.

The results of the mentoring/on-job technical assistance are as follows:

- All the institutions were provided with copies of public legislation on financial management, procurement and management;
- Three (3) processes of accounts, two (2) of OE and one (1) of Prosaude in the SDSMAS had been constituted and corrected the differences of values between the Plafounds, temporary balance sheet of expenses for headings and obligator books of bookkeeping detected in the HRC processes and corrected;

- Two holding units of acquisitions (UGEAs) were formed in SDSMAS of Cuamba and Rural Hospital in Cuamba and members trained.

In-service training

In line with the goal of strengthening capacity of senior managers at both DPS and SDSMAS level, CHASS launched a request for application for two graduate level scholarships in the area of public health, epidemiology and health services management. The successful candidates will receive support to attend part time/distance courses at any university in Mozambique or South Africa. Once the applications are received and reviewed, the HSS team will provide assistance to the selected candidate to complete application procedures and enrollment in the course.

Technical and financial support in HSS to DPS

With technical and financial support from CHASS, DPS was supported to lead and coordinate two joint government/partner working groups. The first meeting organized focused on mobilizing and identifying funds to support the implementation of PES 2012. The second meeting supported was a joint DPS/partner coordination meeting to evaluate progress of implementation throughout the province. These meetings have resulted in the commitment of DPS partners to financially support the PES 2012 activities which are not covered by the MoH budget. These meetings are allowing for transparency by DPS and international partners to share current financial investments made in Niassa which was not done previously.

CHASS also provided logistic and equipment support to the Departamento Provincial de Administração e Finanças (DPAF) and UGEA, by supporting acquisition of various office equipment (conference room facility, photocopy machines, etc.).

The service quality improvement and humanization policy will start effectively next November. The CHASS project will assist DPS in creation of a co-management committee at Lichinga provincial hospital and another five health centers in some districts centers.

DPS Sub-agreement

The DPS sub agreement is a formal tool to provide funding and technical support to the DPS. During this quarter, CHASS project continues to support activities such as:

- Logistical support to rent vehicles for drugs supplies to the districts, rent vehicles for the national polio vaccination campaign, and support printing of new registration books for PMTCT and ART;
- Refreshment training of 170 MCH nurses and pharmacists staff in the new PMTC protocols;
- Logistical support to DPS staff clinicians, medical doctors to attend the ARV clinical treatment which took place in Nampula;
- Support the HIV provincial supervisor to follow-up the GAAC field implementation in Mandimba, Mecanhelas and Cuamba; and
- Pre service training.

During the period under review, 27 SMI nurse candidates received support from CHASS Niassa for the third trimester of their initial training. This cohort had started their practical training last September (integrated rural internship) and is expected to complete their training by April 2012.

Two new cohorts of students started their studies with CHASS support during the period under review, one cohort of 35 SMI nurses in training at Lichinga health training Institute (IFSL). A mid-level pharmacy technician course (35 candidates) will be carried out in Nampula where adequate facilities exist for staff to train pharmaceutical technicians.

In preparation to transfer direct funding to the DPS, CHASS has been organizing trainings for the finance, administration and procurement staff at the provincial level and staff based at the district level. This targeted capacity building will strengthen DPS in the management and implementation of the subagreement and allow for increased resources to be supported through the subagreement as skills and knowledge in financial management gained by the DPS are adequately applied.

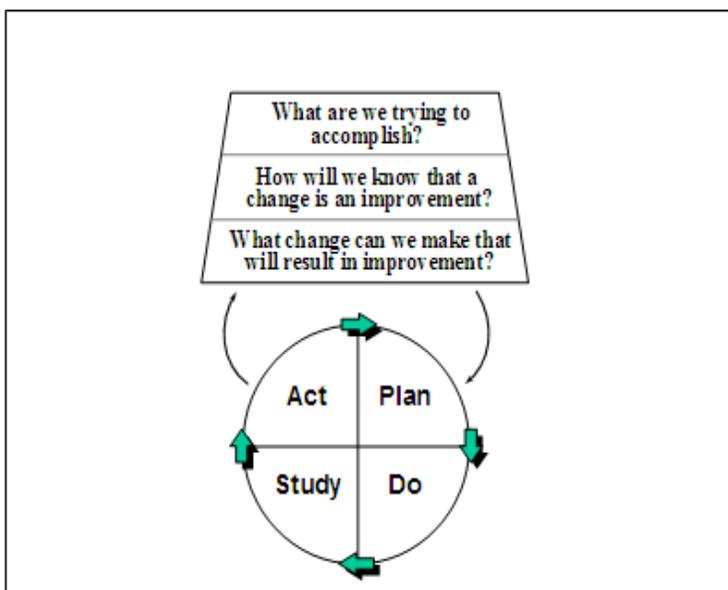
Project C.U.R.E support-Cost Share

The first medical donation through Project Cure has been sent to Mozambique and includes medical supplies to support the Marrupa Hospital. The shipment departed from the U.S. in early September and is expected to arrive to port of Nacala in mid-October. CHASS has been working with MOH to secure a duty exemption prior to the arrival. Barring any difficulties through customs, we anticipate handing over the donation in the next quarter and have started preparations for the second donation to be received by the health staff in 7 de Setembro.

Quality Improvement (QI) Technical Support

A quality improvement (QI) training organized by FHI 360 Arlington staff Bruno Bouchet, Health System Strengthening Technical Director and Nilufar Rakhmanova, Senior Technical Officer, was held in mid-August with the CHASS project team. The training introduced the QI methodology which uses a participatory approach to identify an improvement aim and test small-scale system changes through the Plan-Do-Study-Act cycle, (see graph below). If a specific change yields improvement, it is then sustained, and replicated into the rest of the health system and other service delivery units. If the change does not yield the expected improvement, it is then abandoned and another change is tested.

The four-day workshop provided participants with a thorough review of the QI methodology, practice using six key QI tools and identify QI topics to be implemented post-training. Within the CHASS project, six topics have been identified are described below:



QI Topic #1: To improve adherence to ART in Mandimba health center
The project started in September and brings together a team from the Mandimba health center, SDSMAS,

CHASS technical officers and 32 PLHIV in the community. The team received training on the QI approach and has initiated data collection on the number of people who have dropped out of treatment during the last six months.

QI Topic #2: To minimize loss to follow-up of pregnant women in PMTCT in Sanga HF

This project has been launched in Sanga health center. Health staff received training and introduction to the QI approach. The team is in process of collecting data on the group of women who have not returned for service in the last six months.

QI Topic #3: Improve the referrals and counter-referrals between the community and health center

This project will be focused on services in Mandimba and will start in late October.

QI Topic #4: Improve performance of QI project in technical assistance provided by CHASS Niassa project

To ensure the technical assistance system is effective and providing results, staff have identified this topic to review the performance of the current TA system. The team is in the planning stage by refining the performance objective, selecting tools and approach in measuring changes within the current TA system.

Two other QI projects are in the initial stages of developing their improvement aim. Current ideas include: improving the completion of PMTCT records in Cuamba and improving completion of AZT prophylaxis among HIV positive pregnant women in Mecanhelas health center. Both projects are planned to begin in November.

Gender

MULEIDE, a local gender organization, visited Niassa this reporting period to understand the operating environment.

MULEIDE prepared a simple tool to orient and collect information during meetings with local and government partners on gender equity, GBV, MCH and gender, HIV AIDS and gender, and the accessibility to health services. Key findings include:

- District level health staff are not familiar with the MoH gender inclusion strategy;
- High levels of malnutrition which is partly attributed to low education levels among women in general and unequal distribution of resources among men and women;
- Low knowledge among technical staff on regarding gender approaches;
- IEC materials need to be in local languages;
- Strong power dynamics where men are lead decision-makers in the family and are involved in deciding when HIV positive women should initiate ART clinical treatment; and
- No reported cases of GBV in the health centers which in part could be due to inadequate circulation of information on existing services.

MULEIDE is in the process of adapting a gender training module based on the MoH gender strategy. The training of trainers will be held next quarter for two participants per district, who will in turn serve as focal points for training others in their district.

During this quarter, CHASS technical staff participated in a regional training organized by FHI 360 HQ on the FHI gender framework and integration of gender in programming held in Nairobi, Kenya. A debrief session is being scheduled to disseminate the FHI gender strategy which complements the current USAID strategy.

Small infrastructures rehabilitation

By the end of September 2011, the CHASS project staff continued provision of technical support in the area of infrastructure. The following achievements were made this quarter:

- Completion of the small rehabilitation in Ngaúma Health Center (a mother's waiting house). This has been handed over to the Ngaúma SDSMAS.
- Ninety percent of the rehabilitation of Sanga health center has been completed.
- In the health training center (Centro de formação de Lichinga), the rehabilitation of the water pump system is still in the early stages of the procurement. The team has received tender documents and is in process of evaluating these documents. The work is expected to start in November.
- Work to rehabilitate the Copa (Kitchen) of Medicine Ward in Cuamba Rural Health Center will start in November.

As part of the CHASS Niassa expansion plan, CHASS team conducted a general infrastructure assessment for the 20 new health centers to be supported in year 2. The team is currently finalizing the assessment report and cost-estimate for small rehabilitations.

III. Project Management

Staff Changes

During the quarter two significant staff changes have taken place. The TB/HIV officer based in Maputo resigned. This current position will not be filled at this time as an internal review of staffing structure will take place to ensure the configuration in Maputo provides coverage for national and provincial level activities.

Dr. Joaquim Fernando, Provincial Coordinator in Niassa, will be assuming a new role of Technical Director of the CHASS project. This will strengthen the technical bench as he will provide day to day guidance on the technical implementation, represent progress and achievements to USAID and MOH as well as to the DPS provincial government. Recruitment for a new provincial coordinator is in process.

IV. Approaches to Overcome Challenges and Lessons Learned this Quarter

Niassa is a rural province where distances between a health facility and communities can be more than 35km. Bicycles have been provided to the community-based staff to improve travel time. However, given the distances in some communities, many of the case managers spend significant time traveling to/from community sites.

In addition to distance, locating a patient is a challenge. Many patients prefer to remain anonymous and provide inconsistent names and address. A client may be better known in the community by a nickname or will have more than one given name. For the community case manager, this hinders their ability in locating clients. Clinic sites are discussing options for patients to provide their full and correct name while maintaining confidentiality of the client at the community level.

CDS, a community-based organization in Niassa, received funding from FHI 360 to oversee the implementation of community case managers in Niassa. However, due to insufficient staff and infrastructure, CDS required greater support from FHI than anticipated. After review of performance, the support role of FHI and needs of this activity, the best approach to ensure success is to transfer the responsibility to another organization that would be in a better position to provide appropriate leadership and coordination to the community case managers. A new subagreement will be launched with Conselho Cristiano de Mocambique to coordinate and oversee the community case managers in the next quarter. Improved performance is anticipated with this new partner.

Adequate transportation for essential drugs from the provincial to the district level continues to be lacking and contributes to frequent stock-outs at the district level. Without access to routine medicine and supplies, the clinic staff are not able to fully provide treatment specified in the PMTCT guidelines. CHASS Niassa is addressing this challenge through a short-term solution of covering the cost of rental vehicles. We are working with USAID and DPS to find a more permanent solution (i.e., purchase of 2 trucks). With availability of transportation, CHASS technical teams are also working closely with the national and provincial warehouses to ensure forecasting is in place and essential medications are available to limit stock-outs.

Routine transportation of CD4 and PCR samples to the nearest laboratory is another challenge currently being addressed. CHASS is working with DPS to identify a long-term solution in lieu of CHASS covering the monthly cost of rental vehicles. In the meantime, CHASS will ensure transportation is available until a long-term solution can be agreed.

CHASS technical teams continue to provide on-site training to health professionals in identifying eligible patients to receive ART treatment. In some health clinics, the motivation by health care providers to analyze CD4 results continues to be a work in progress. Few health professional staff will limit their review of CD4 results to minimize their work load. However, during each on-site visit the CHASS technical team is actively reviewing clinical records with health staff and providing motivation to clinicians in performing this task. A list of eligible patients is identified and prioritized. Community case managers are then engaged in looking for eligible patients in the community as part of this process.

Lessons Learned

GAAC

This strategy is useful in rural sites outside of areas with low concentration of community members and where the community is far from the health facility. For communities close to a health facility the need to arrange support to collect medication is not needed due to the proximity.

PMTCT registers

Both the MCH and PMTCT program depend heavily on information collected during patient registration. To improve the quality of information received at registration, staff training and refresher training should be on-going and accompanied by timely provision of manuals and registration books. This is a challenge the program faces at the health facility level and throughout the country. FHI 360 has been supporting the reproduction of the manuals at the request of USAID which will improve the data collected by the clinicians.

Support groups

The m2m and cha positive groups are HIV+ support group which contribute to the decrease in the loss to follow up. These groups often request CHASS to provide non-monetary incentives such as snacks, t-shirt, stipends and other type of incentives. These type of incentives provide motivation to the groups to meet regularly however, the cost of providing routine snacks can burden the project and is not sustainable long-term. Other solutions should be identified to incentivize and motivate the group.

Joint planning meetings

Joint planning meetings between FHI and DPS reinforce the goals to be carried out over the next year and to align the strategies between the government and the CHASS project. This creates an open venue for clear communication and to minimize any surprises during implementation. Both parties are able to develop a joint partnership to contribute to improved health outcomes in Niassa.

Annexes:

Annex A: Success Story

Annex B: Monitoring and Evaluation Data

Annex C: List of Health Facility Sites and services supported

Annex D: Training and Related Capacity Building Activities

Annex E: Quarterly financial report

Annex F: Subcontract and Sub agreements under CHASS/Niassa

ANNEX A: Success Story

Success Story First Cadre of Maternal Child Health Nurses Apply Theory into Practice

Qualified human resources is an essential piece of a well-functioning health system. CHASS project supports the DPS and SDSMAS staff through short-term and long-term trainings to improve the capacity and skill set of clinical and technical staff. Despite the availability of trainings, it has not been sufficient to meet the human resource gaps in the health sector. Lack of qualified health staff continues to be a constraint and to address this issue, CHASS/Niassa is supporting three pre-service training courses to increase the number of qualified health professionals in Niassa province. Maternal and child health and pharmacy are the most critical areas to be strengthened. As such, three courses identified by the DPS will be supported by CHASS/Niassa: 1) Basic-level training for maternal child health nurses held in the Center for Health Training in Cuamba; 2) Mid-level training for maternal child health nurses held in the Institute of Health Sciences in Lichinga; and 3) Mid-level training for pharmacists held in ICS Nampula.

The first cadre of students is already enrolled in the basic-level training for maternal child health. This course started in July 2010 and students will complete their coursework and practicum on April 30th, 2012. The 27 students currently enrolled are completing a practicum at Rural Hospital in Cuamba and/or Health Center in the city of Lichinga.

The students expressed their satisfaction with the training program and are fully supported to achieve their academic goals. The CHASS/Niassa project provides tuition support to the students to cover the costs of educational materials, room and board.



Stela Chicussa, a current student, reflects on her experience and benefits from the program. She has grown in her experience in providing pre-natal care to pregnant women and feels confident in handling a delivery with complications, which is a new skill for her. “To work in the delivery room is my greatest passion.” CHASS technical staff complement the formal lectures by providing additional workshops to strengthen the student’s technical growth.

Within the DPS, Ana Maria de Melo, leader of MCH programs in the DPS/Niassa remarks, “Without a doubt, the support received by the CHASS project is contributing to the provincial plans and to MISAUs overall vision in addressing the human resource gap in the health sector. With these new students in the health system, they will be able to strengthen the quality of maternal and child health services.”

Ana continued by explaining, “At this time we have 149 health units throughout the province. In 33 of the health units, deliveries are assisted by men and in 5 health units, the hospital assistants provide support to women in labor. We are aware that the hospital assistants are not formally

trained in this area but we are lacking in qualified health staff. Women also feel more comfortable having a female medical professional to assist with the delivery. Both of these factors potentially contribute to pregnant women choosing to opt-out of a delivery in a health facility resulting in a higher number of home births.”



Students will be graduating from the program next year and will soon be placed within the health units to serve as MCH nurses. With these new resources working in the clinic, the provincial government is expecting institutional delivery and consultations for pre-natal and children at risk consultations to improve over time. With support from USAID/Mozambique, the project is able to make a significant contribution to the health system and improve the health of Mozambicans in Niassa.

Picture 2: Aluna Stela Chicussa, acompanhada da enfermeira Joana escutando o foco de uma mãe na maternidade do HPLichinga.

Annex B: Monitoring and Evaluation Data

PEFPAR Indicators	FY 2011						
	October-December 2010	January-March 2011	April-June 2011	July-September 2011	Total	Metas FY2011	%
PREVENTION OF MOTHER TO CHILD TRANSMISSION							
Number of outlets providing PMTCT	25	25	25	25	25	25	
Number of unique pregnant women registered	7,874	6,560	7,163	7,305	28,902	11,890	
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	5,560	5,605	5,790	6,914	23,869		
Number of pregnant women with known HIV positive status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	221	207	259	271	958	357	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/PN setting.	86	106	118	197	507	1,313	
Total number of unique pregnant and postpartum women registered	3,927	3,652	3,793	3,520	14,892		
Number of pregnant and immediate post-partum women with known HIV status (includes women who were tested for HIV and received their results)	1,252	1,167	1,399	1,249	5,067		
Number of pregnant and immediate post-partum women with known HIV Positive status (includes women who were tested for HIV and received their results)	139	127	149	158	573	357	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	240	39	135	139	553	353	
Number of health workers trained in the provision of PMTCT services according to national and international standards.	-	23	29	170	222		
COUNSELING & TESTING							
Number of service outlets providing counseling and testing according to national and international standards	23	25	25	25	25	25	
Number of individuals who received counseling and testing for HIV and received their test results	10,563	9,599	10,390	10,267	40,819	16,645	
Number of individuals who received counseling and testing for HIV and whose results were HIV+	895	726	782	713	3,116		

Number of individuals trained in counseling and testing according to national and international standards	46		-	-	46	
HIV/AIDS TREATMENT SERVICES						
Number of outlets providing antiretroviral therapy	9	10	11	11	11	
Number of individuals newly initiating ART during the reporting period	200	213	297	228	938	1,495
Number of individuals who ever took ART during the reporting period	3,029	2,969	3,155	3,697	2,969	4,149
Total number of individuals currently taking ART during the reporting period	2,983	2,827	3,943	3,338	2,827	2,256
Total number of health workers trained to deliver high quality ART services	41	17	100	48	206	
TB/HIV SERVICES						
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	8	8	8	8	8	
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	11	26	44	28	109	
Number of new registered TB patients at USG supported TB service outlet	85	108	138	143	474	
Number of registered TB patients who received counseling and testing for HIV (& received their results) at USG supported TB service outlet	82	103	129	143	457	
Number of TB (co-infected) patients who started CTB	18	33	49	74	174	
Number of HIV Positive TB (co-infected) patients who start ART	3	8	3	15	29	
Number of individuals trained in TB/HIV co-infection according to national and international standards	-	-	23	-	23	
OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING						
Number of Local Organizations provided with technical assistance on HIV policy/programs development and institutional capacity building	-	1	-	-	1	
Number of individuals trained in institutional capacity building	-	-	21	-	21	
Number of individuals trained in community mobilization for HIV prevention, care and treatment	-	58	-	35	93	

ANNEX C: List of Health Facility Sites

Districts		Health Facilities	TARV	PTV	AT	TB	LAB/FARMAC
Lichinga	1	Chimbonila Health Center	√	√	√	√	√
	2	Machomane Health Center		√	√		
	3	Malica Health Center		√	√		
Marrupa	4	Marrupa Health Center	√	√	√	√	√
	5	Nungo Health Center		√	√		
Ngauma	6	Massangulo Health Center	√	√	√	√	√
	7	Ngauma Health Center		√	√		
Sanga	8	7 de Setembro Health Center	√	√	√	√	√
	9	Macaloge Health Center		√	√		
Mandimba	10	Mandimba Health Center	√	√	√	√	√
	11	Mitande Health Post	√	√	√		
	12	Lissiete Health Center		√	√		
	13	Meluluca Health Center		√	√		
Cuamba	14	Cuamba Rural Hospital	√	√	√	√	√
	15	Cuamba Health Center		√	√		√
	16	Etatara Health Post		√	√		
	17	Lurio Health Post		√	√		
	18	Mitucue Health Post	√	√	√		
	19	Malapa Health Center		√	√		
	20	Muetetere Health Center		√	√		
Mecanhelas	21	Chiponde Health Center		√	√		
	22	Mecanhelas Health Center	√	√	√	√	√
	23	Chiuta Health Center		√	√		
	24	Entre-Lagos Health Post	√	√	√		
Metarica	25	Metarica Health Center	√	√	√	√	√
Total			11	25	25	8	9

ANNEX D: Training and Related Capacity Building Activities

The table below provides a list of technical training and related capacity building activities implemented and/or supported by CHASS project during the reporting period, July to September 2011:

Technical Area	No	Target Group (s)	Dates	Location	Cost
TB/HIV	23	Medico, Técnicos de medicina Geral	July, 04 to 06 de Julho, 2011	Cuamba	130,024.90
PMTCT	30	MCH nurses from DPS and da FHI e medical doctors	25 à 26 de Julho, 2011	Cuamba	150,129.80
PMTCT	17	MCH nurses from DPS and da FHI e medical doctors	27 à 28 de Julho, 2011	DPS	
Pmo« TCT	21	Enfermeiras de SMI, Parteiras elementares Agentes de Medicina Preventiva, Enfermeiros e Técnicos de Medicina Geral	25 à 26 de Julho, 2011	Mandimba	82,700.00
PMTCT	28	Enfermeiras de SMI, Parteiras elementares Agentes de Medicina Preventiva, Enfermeiros e Técnicos de Medicina Geral	27 à 28 de Julho, 2011	Lago	138,637.50
PMTCT	8	Enfermeiras de SMI, Parteiras elementares Agentes de Medicina Preventiva, Enfermeiros e Técnicos de Medicina Geral	29 à 30 de Julho, 2011	Marrupa	51,093.50
PMTCT	74	MCH Nurses, Agentes de Medicina Preventiva, Enfermeiros e clinitians	25 à 29 de Julho, 2011	Lichinga	297,088.52
Biosafety	8	Baciloscopistas	July 25- 28 2011	Lichinga	104,002.00
Biosafety	20	Técnicos de Medicina Geral, Enfermeras de SMI, Enfermeiros, Parteiras elementares e Agentes de Serviço	29 de Junho à 01 de Julho, 2011	Marrupa	41,805.00
TOTAL	207				1,624,758.4

ANNEX E: Financial Summary

The table below provides a status update of the CHASS Niassa Total Actual Expenditures as of September 30, 2011.

Item	Total Estimated Amount (LOP)	Year 1 Estimated Budget	Total Actual Expenditures Aug 01, 2010 - Sept 30, 2011
Personnel	\$10,855,250	\$1,658,961	\$ 1,766,458
Fringe Benefits	\$3,926,881	\$589,663	\$ 627,316
Consultant	\$78,112	\$15,300	\$ 9,222
Travel and Transport	\$2,039,563	\$354,924	\$618,423
Equipment	\$ 270,508	\$184,500	\$222,571
Supplies	\$63,710	\$12,000	\$24,266
Sub recipient and Grants	\$6,096,612	\$2,324,287	\$793,967
Other Direct Costs	\$3,219,403	\$472,013	\$1,162,137
Sub-total Direct Costs	\$26,550,039	\$5,611,648	\$5,224,361
Indirect Costs	\$5,772,615	\$922,711	\$1,230,033
Total US\$	\$32,322,654	\$6,534,359	\$6,454,394
Cost-share	\$3,232,265		
Grand Total	\$35,554,919	\$6,534,359	\$6,454,394

*Per Modification 3: Total Obligated amount is \$8,412,151

Annex F: Subcontract and Subagreements under CHASS/Niassa

Implementing agency Name	FCO	Project dates	Intervention area	Geographic area/District	TOTAL Obligated (by Subagreement)	TOTAL Funds Disbursed to date	Cumulative Spend as at 31/07/2010	Obligated Amount balance
Abt Associats	600852	August 1st 2010 to May 31st 2015	Health Systems Stengthening	Niassa	147,554	82,911	82,911	\$64,643
Conselho Cristao de Mocambique (CCM)	600853	August 1st 2010 to October 31st 2010	Community Mobilization, Mecanhelas	Niassa	2,873	2,782	2,881	(\$8)
Comissao Diocesana de Saude (CDS)	600854	August 25,2010 to April 30, 2011	Community mobilization in Cuamba/Peer case management	Niassa	49,575	49,461	41,076	\$8,499
Food for the Hungry	600850	August 1st, 2010 to May 31st, 2015	Nutritional technical expertise	Niassa	119,999	43,507	96,521	\$23,478
Muleide	600857	July 1st, 2011 to April 30 2015	Gender	Maputo	11,275	13,350	8,027	\$3,248
TOTAL					331,276.00	192,010.55	231,415.94	99,860.06