

Sixth Quarter Report

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

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Submitted by: Family Health International (FHI 360)

Office Address: Rua dos Sinais, No. 50/74
Bairro da Polana Cimento
Maputo, Mozambique

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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
CMAM	Central de Medicamentos e Artigos Médicos/ Central Warehouse of Drugs/pharmaceuticals
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
NID	Número de identificação do doente/ Patient Identification Number
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 expanded the provision of technical and program support to clinical and community services from eight to fourteen districts of Niassa province: Cuamba, Mandimba, Mecanhelas, Metarica, Lichinga City, and Lichinga district, Sanga, Marrupa, N'gauma, Nipepe, Maúa, Muembe, Lago and Majune. Following the Mission approval of six additional districts, the project is now supporting 14 districts and 45 health facilities. Pharmacy, laboratory, TB/HIV services and ART are being supported in 21 sites and HCT, PMTCT in 45 sites.

During this reporting period the following key achievements were made:

Increased number of individuals in ART. This quarter, 3,911 new individuals are on ART, 5,560 individuals are currently on treatment in the 21 CHASS ART supported sites this is an increase to 66% from the previously quarter as a result of 10 new health facilities receiving support from CHASS Niassa.

Expansion of the new strategy to increase male participation.

During the quarter the team continues to promote partner involvement in counseling and testing. Initial results have seen positive change in the number of males receiving services. Currently, 39 health facilities are implementing this intervention. Based on initial success, the CHASS Niassa team will roll out implementation to all 45 sites by next quarter.

Transition Lichinga Hospital from MSF to CHASS Technical Support. In November, the MSF office closed their program. CHASS Niassa actively transitioned the program and is taking the lead in providing technical assistance to the three former MSF-supported facilities.

Increased number of children screened and tested for PCR. In this reporting period 105 exposed children screened and received a PCR test, an increase of 32% from the previous quarter. This quarter Metarica and Mecanhelas health center started to use the new screening tool to increase the number of infants receiving PCR test.

Community case managers continue to find success in locating patients lost to follow-up. This quarter, was another successful period where the Community Case Managers referred 1,515 individuals from community to health facilities, an increase in 72% from the previous quarter. From the total referred 592 (39%) received services at the health center. From the health facilities, the CCM's received a list of 596 lost-to-follow-up patients (*faltoso e abandonos*), out of which 428 (56%) were found by CCMs and 296 (87%) clients have re-initiated treatment.

Strategy GAAC (Community Adherence Support Groups). The project provided technical and financial support to the Grupos de Apoio a Adesão Comunitária (GAAC) to improve retention in care of patients on ART by increasing patient involvement. Three health facilities have been selected based on MOH criteria they are Mandimba and Mecanhelas Health Centers and the Rural Hospital. Twelve GAAC were created in Mandimba and 15 in Mecanhelas.

Supply Chain Management. Coordination continues among partners on supply chain management technical assistance and training. We are also collaborating with implementing partners such as SCMS and CMAM to provide commodities management assistance and training to clinic personnel. SIMAM software is currently in use to place routine pharmacy orders at the Lichinga warehouse.

I. 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:

- 3,911 new individuals received ART in USG sites, achieving 76% of the annual target, a total of 5,560 individuals are currently receiving ART;

- 308 are new registered TB patients, 189 received counseling and testing, achieving 48% of the annual target;
- 105 exposed children were PCR screened which is an increase of 32% from the last quarter.

Expansion to New Sites

During the quarter, the team made initial site visits to the new expansion sites. The visit provided an opportunity for introductory meetings between the local leadership, partners and technical teams to present project objectives, goals and implementation strategy. The first steps in technical assistance started by reviewing clinical folders, developing clinical management committee meetings, develop ToR's for the technical working groups in each health center/district, provision of several job aids, assistance to reorganize clinical folders, fluxograms, and provide general MOH guidelines for clinical services, PMTCT, TB, etc.

Transition MSF activities to FHI 360 in Lichinga City District

In November 2011, MSF phased out of Niassa and closed their offices located in the province. FHI 360 started the transition with a baseline assessment of the new health facilities in Lichinga city. Initiation of technical assistance through the CHASS project approach started with a staff survey to evaluate professional development and the respective technical assistance plans.

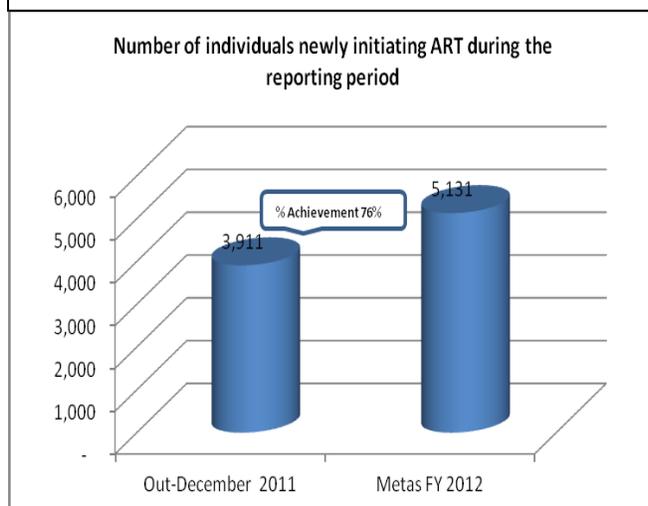
Associação Renascer a Vida (ARV) a local NGO based in Lichinga, formerly supported by MSF, is in the final stage of developing a fixed obligation grant. Their work will be focused in Lichinga Provincial Hospital, Malapa and Chiaúla health centers, former MSF supported sites. The organization is relatively new with recent registration and limited financial management experience. CHASS Niassa is piloting the use of fixed obligation grants to focus more on the outputs/results to be achieved in community case management and psycho-social support. Indicators to be used to measure their performance are tied to tracking the number of patients lost to follow up and number of people counseled and tested in the community.

Adult Care and Treatment Technical Support

This quarter, 3,911 new individuals are receiving ART, 5,560 individuals are currently on treatment in the 21 CHASS ART supported sites. This is an increase of 66% from the previous quarter due to the 10 new health facility sites supported by CHASS/Niassa. All ART patients were considered as a new patient in a USG supported site as reported below in graph 1. The CHASS technical staff and DPS are working to ensure that all patients fulfilling eligibility criteria are initiated on ART in a timely manner.

The CHASS Niassa team is routinely providing technical assistance to the clinical sites through clinical mentorship, on job training in effective management of HIV/TB co-infection and follow-up, promotion of adherence, prevention of TB and HIV infections and PICT, ART and pre-ART treatment. At each facility site, the technical teams continue to strengthen the TB/HIV collaborative activity and HIV clinical services including provision of ART based on specific needs identified within each clinic. The CHASS clinical team held various meetings with DPS

Graph 1: Number of individuals newly initiating ART during the reporting period



this reporting period to advocate for the implementation of universal access strategy which was approved by the DPS and poised to start in the next quarter.

During this reporting period, the clinical services team worked to update the mobile patient tracking system terms of LTFU and met with the community case managers and clinicians together to discuss the coordination process to find LTFU patients. The team provided on-the-job training on CD4 evolution and control, immune reconstitution syndrome, management of

exposed children of HIV positive mothers, adverse drug reactions, and therapeutic failure to the clinicians, GAAC (Community Adherence Support Groups), review of clinical charts and level of adherence to ART.

Monthly management committee meetings were held at clinical sites and continued to serve as a source for technical discussions and problem-solving mechanisms. Recent data on ART, VCT, PMTCT, Lab and pharmacy were discussed as well as the organization of clinical charts by ID number assigned to each patient as recommended by MoH (MISAU). Clinical sites are organizing files numerically and by gender/sex of the patient.

Chá positive groups continued serving as a successful self-help resource in Mandimba and Sanga health center. Other health centers will be rolling out this activity and will receive initial financial support through the next DPS sub-agreement amendment to cover the related expenses.

Last quarter the Lichinga CD4 machine was not functional, the CHASS technical staff advised clinicians to use WHO clinical stage to identify HIV-infected patients in whom antiretroviral therapy should be started. Along with other tests, the CD4 count helps tell how strong the patient's immune system is, indicates the stage of HIV disease, guides treatment, and predicts how disease may progress. However, studies have shown that about a half of subjects with WHO stage I or II, as assessed in routine health service delivery in a typical African setting, had CD4 count $<200 \text{ cells} \times 10^6/\text{l}$, suggesting significant risk to patients with CD4 counts above $200 \times 10^6/\text{l}$.¹ This incident highlights the urgent need for more CD4 machines in the province and a major challenge to the project as the number of new HIV infections may well exceed the number being placed on treatment. CD4 count testing prior to the initiation of ART is used as a baseline measurement and allows clinicians to accompany the roll-out of antiretroviral therapy so that patients can start treatment in a timely manner.

1. Spacek LA, Gray RH, Wawer MJ, Sewankambo NK, Serwadda D, Wabwire-Mangen F, Kiwanuka N, Kigozi G, Nalugoda F, Quinn TC: **Clinical illness as a marker for initiation of HIV antiretroviral therapy in a rural setting, Rakai, Uganda.** *Int J STD AIDS* 2006, **17**(2):116-120

By the end of December, the Lichinga Hospital CD4 machine has been repaired by TLC and is now functioning after almost three months.

A referral and counter-referral has been designed to improve ART services to mother/infant pairs, and has now been introduced in Cuamba, Mandimba, Mecanhelas and Metarica health center. Expansion of the referral system will continue next quarter.

Pre-ARV Care and treatment

During the reporting period approximately 400 clinical folders were reviewed which resulted in 50 patients enrolled to start ART mainly in the Lichinga provincial hospital, this is part of routine technical support in identifying patients eligible to receive ART.

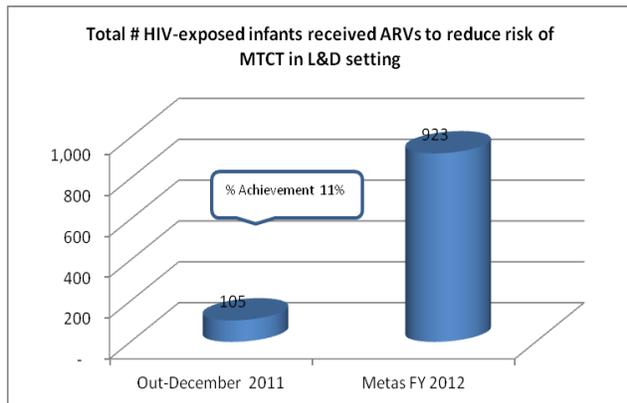
Pediatric Care, Treatment and Technical Support

The management of the HIV-exposed infant is complex and includes continuation of ARV prophylaxis during the first 6 weeks after birth, initiation of CTX prophylaxis by 6 weeks of age in all infants born to HIV-infected women, monitoring of hematologic and immunologic parameters, specific laboratory testing to determine HIV infection status (DNA polymerase chain reaction [PCR], and variations in immunization recommendations. Ensuring ongoing care and support for HIV-exposed infants and their mothers following delivery has proven extremely challenging. CHASS project staffs have been collaborating with DPS/SDSMAS to strengthen pediatric health care in health facilities by providing technical assistance through in-service training and mentoring health care providers.

As part of the PMTCT services, CHASS promotes a post-partum mother-infant pair follow-up/referral to HIV care and treatment, the provision of ARV prophylaxis for HIV exposed infants, post-natal infant feeding counseling and infant growth monitoring and early infant diagnosis (EID) as the preferred strategy to identify HIV-infected newborns and infants (ideally at their first immunization visit), 6 weeks after birth to prevent unnecessary morbidity and mortality among these children. To introduce the enrollment of mother infant pairs in HIV care and treatment services, a new referral form was developed to improve the referral system between child at risk clinic (CCR) and other services. It is now being implemented in Mandimba, Cuamba, Mecanhelas and Metarica health centers. The referral form aims at reducing loss-to-follow-up between exposed children, registration in CCR and enrollment of eligible children to ART services.

In addition, Community Case Managers (CCM) are following up mothers in the community after delivery or when there is a no-show at the HF within 7 weeks post-partum.

Graph 2: Number of HIV+ Exposed Children



Identification of HIV-exposed infants and children represents the first critical step toward identifying the majority of HIV-infected infants and children that can be identified through laboratory or clinical diagnosis. This quarter 105 exposed children were identified and tested using Polymerase Chain Reaction (PCR) testing of Dried Blood Spots (DBS) which is equivalent to 11% of the 2012 target.

Improving Loss-to-Follow-up

CHASS strategy to improve follow-up generally focus on efforts to bring lost patients back into the health care system through community outreach using CCM. This quarter, the Community Case Managers (CCM) referred 1,515 individuals from community to health facilities, an increase of 72% from the previous quarter. From the total referred, 592 (39%) received services at the health center. From the health facilities, the CCM's received a list of 596 lost-to-follow-up patients (*faltoso e abandonos*), out of which 428 (56%) were found by CCMs and 296 (87%) have re-initiated treatment (See graph 3).



Graph 3: Referrals from Community Case Managers to Health Facility

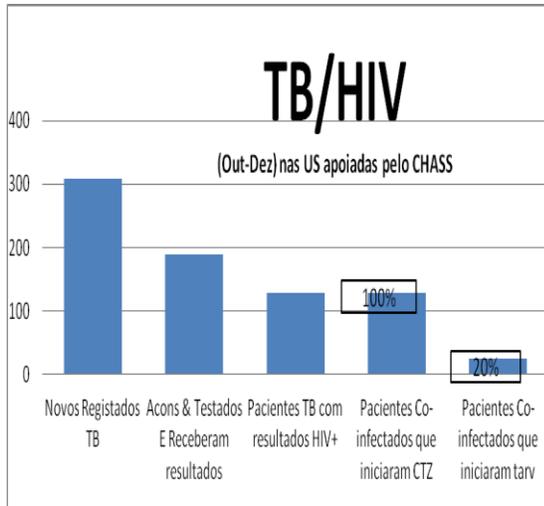
Since December is a holiday season and the peak rainy season, it adds an additional layer of difficulty in locating defaulter patients. However, there are notable contributions made by the CCM's in reducing the number of patients LTFU and to increase the adherence for the health services.

TB/HIV "One Stop Shop" Model

During the reporting period the staff continued to follow-up the process of "One Stop Shop" implementation, a strategy to improve referral and treatment for TB/HIV co-infected patients.

The technical team is supporting the attendance of TB/HIV+ co-infected patients in the 21 ART supported sites, the aim is to introduce the one stop model in all the 21 sites. During this quarter a general revision of the clinical folders of the co-infected patients was completed, this resulted in requalification of all patients which missed the HIV test and all TB patients are now tested.

Graph 4: Number TB Patients Tested for HIV and in treatment



During this quarter, 308 newly registered TB patients received counseling and testing (48% of the annual target) for HIV of which 152 were found positive; of those 129 provided with CTX prophylaxis representing 66% of the annual target and 26 started the ART treatment. (See graph 43).

In effect, actually the 12 TB/ HIV collaborative activities are being implemented in the TB sector, e.g. CT is provided to all TB patients in the TB Ward and the TB patients are receiving CTX prophylaxis and those with CD4 less than 350 are enrolled to ART treatment in accordance with the MoH protocol. The Universal access has been

approved by DPS and by the next quarter all TB and HIV coinfecting patients will start the treatment immediately.

PMTCT and CT services

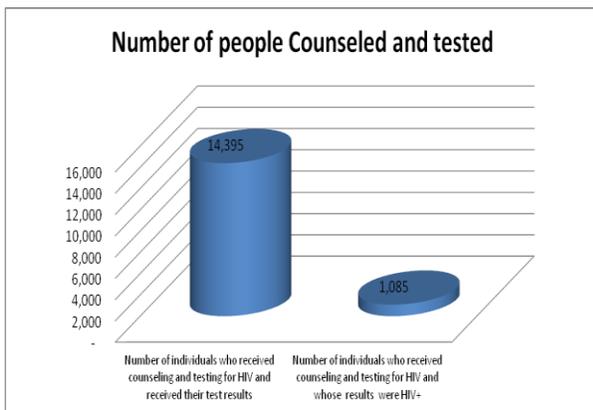
Key Accomplishments this Quarter

- 14,395 individuals received counseling and testing by the end of December 2011, 24% of the annual target;
- 1,085 (7.5%) tested HIV positive;
- 10,324 women tested know their HIV status, this represent 24% of the annual target;
- 402 women received a complete course of ART at ANC this quarter, this represent 39% of the annual target.

HIV Counseling and Testing Technical Support

This quarter a total of 14,395 individuals were tested, of which 1,085 (7.5%) found positive in all supported service outlets providing CT, as reported in the graph 4 below. Each quarter has seen an increase in number of people counseled and tested, but prevalence remains constant around 7-8%.

This quarter the CT team provided TA to the 45 health centers. TA activities included: in-service training on how to accurately complete the registration books and monthly summary forms; strengthening couples counseling and partner involvement. Routine job aids were provided to the 45 health centers.



During this quarter the province faced a general stock out of HIV test kits. In November there were no Unigold test kits available in the province; this is in part because the provincial

Graph 5: Number of Counseled and Tested During the

warehouse received large quantities of Unigold with an expiration date of November 16th. CHASS pharmacy technical officer is working diligently with SCMS and the national warehouse CMAM to address this issue of rapid test kit availability in the province.

During this period the team continues to promote male partners involvement in counseling and testing by expanding the positive experience from the initial use of the partners invitation letters approach. Currently 39 health centers (out of 45) have started to use this strategy. The invitations for male partner’s involvement in ANC counseling and testing will soon be expanded to all the health facilities. The team is working to ensure that by the next quarter all the health facilities are implementing this approach and in the semi-annual program report (SAPR) additional data on the results will be evident.

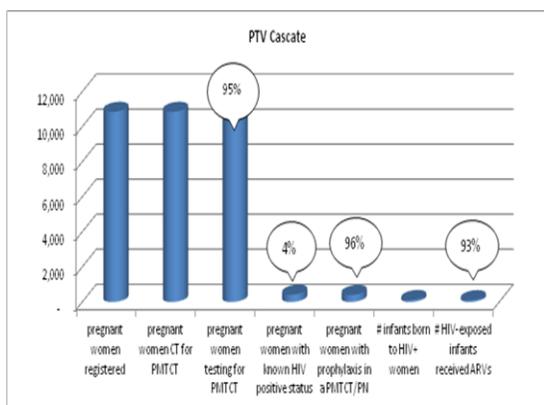
The couples CT approach is being implemented in all health centers supported by CHASS project since the inception of the program. In the expansion sites, implementation of couples counseling has started in a few of the health centers, namely Metangula health center in Lago district and Malanga health center in Majune district. Additional advocacy for couples counseling is being done by other health staff and community volunteers (m2m, CCM) to promote sensitization sessions. New register books are also capturing data on couples counseling which includes a data field to collect this type of information. With this new register, the CHASS Niassa team can better track information and progress made by facility site. In the next quarter the team is planning to provide an on job training in CTIP for the providers of the 20 expansion health centers.

At the national level, CHASS technical officer participated in a clinical partners meeting at CDC to discuss of the national CT campaign which has been postponed. A new date will be announced for this campaign to be launched.

Linkages between MCH, PMTCT and ARV services

This quarter, the PMTCT team conducted technical assistance in all 45 health centers with MCH services. In these visits the team observes the organization of the health center, bio security, in service training for the health staff on the filling of the new tools like the new registration books for MCH, ARV registration book and monthly summary forms new PMTCT approach, reinforce the couples CT, counseling and testing initiated by provider (CTIP), on good practices to collect PCR, demonstrations on collection of CD4, STIs restrain. This is an on-going activity as health center staff continues to face challenges to understand and use the new tools.

Graph 6: PTV Cascade



In the reporting period, 10,324 pregnant women tested for HIV and 96% of the positive women are receiving prophylaxis in the PMTCT/PN setting, and 93% of the HIV exposed infants received ARV’s as shown in graphic 6. This trend is positive and is within our annual targets and expected results for this period. However, the number of women who received a complete course of ART during this quarter was reduced from 90% last quarter to 60%

even though we have increased the number of health centers currently supported by the project.

Although progressive improvements have been made in the coverage and quality of prevention of HIV/AIDS mother-to-child transmission (PMTCT) services in Niassa, the provincial coverage remained persistently low. The project supports a comprehensive package of services, through a network of 45 PHC facilities that address all health ANC needs. For expecting mothers making the often long voyage to a health clinic, integrated antenatal care means they will receive HIV testing, post-test counseling and referral, syphilis screening, anti-tetanus vaccination, malaria treatment and prevention, as well as other interventions that contribute to better maternal and child health. Following the refresher training for nurses, the new PMTCT protocol is being implemented in all health centers. The project continues to support the pharmacy and the provincial drug warehouse to accurately forecast and provide drugs in a timely fashion. In Majune, health center staff did not understand the protocol; as a result they were not providing CTZ to eligible children. This has been corrected by the CHASS technical team. Shortages of supplies at health facilities were a major shortcoming in the PMTCT program and a source of frustration for both health workers and HIV positive women.

More support is needed for HIV positive women beyond HIV testing, such as psycho-social support group or individual support through home visits. The M2M groups have been trained in Mecanhelas, Sanga, Marrupa, Cuamba and Mandimba. A monthly meeting has been established but there continues to be some challenges in some districts, especially large urban areas such as Cuamba and Mandimba where motivation is low and monetary incentives are often requested. The M2M groups are based in the health center and are involved in sensitization of the other HIV+ mothers to become more familiar and trusting of available services and to value the importance of access to treatment in the health center. The leaders of these groups provide on-going adherence support for recently diagnosed positive mothers in the health center, provide nutrition demonstration in their meetings at the health centers, support mothers to continue treatment, reinforce counseling for HIV+ and pregnant women in the health center. Such groups are available at the start of the PMTCT program and are beneficial to mothers in dealing with different challenges.

A national training of trainers in community counseling for child feeding was held in Nampula with participation of two CHASS technical staff and two from DPS Niassa. Cascade training for the local community counselors is planned for the next quarter.

The MOH provided the first lot of the registration book to the districts, including the new registration book for family planning and registration book for post-partum and women.

Ms. Polly Dunford, USAID/Mozambique Director Integrated Health Office, visited the HC in Sanga district to assess progress made by the project. Ms. Dunford also met with Niassa Provincial Health Director, Dr. Dinis Viegas Manuel where he expressed general satisfaction with the implementation of the project activities to date and Ms. Dunford also was supportive of the progress in the implementation of the CHASS project. The Mission has apparently promise to facilitate the purchase of two trucks in response to the DPS requests for Transportation of pharmaceuticals in the province.

Family Planning counseling and referrals within PMTCT program

This quarter the CCMs referred 229 clients to the health facilities for family planning (FP) and SRH services, the number doubled from the last quarter. 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 at least one FP method.

During the on-site technical assistance, the team has intensified efforts to ensure all post-partum women are receiving family planning counseling and at least receive one FP method. Commodities have remained a challenge leading to selective stock-outs in some of the health facilities during the months of November and December. A contributing factor to the stock-out was the provincial health campaign in which family planning commodities were distributed without leaving a sufficient supply of stocks in the health facilities for routine consumption. Next quarter, CHASS will collaborate with Maternal and Child Health Integrated program (MCHIP), a USAID's flagship maternal, neonatal and MCHIP project in Niassa to improve maternal and newborn health care services in CHASS supported health facilities.

Laboratory and Pharmacy Technical Support

Laboratory Technical Support

The laboratory CHASS team continues to provide regular technical assistance to Cuamba, Sanga, Metarica, Mecanhelas, Mandimba, and Chimbonila Health Centers, to follow-up the activities in order to improve the sample collection quality, observe compliance with the standards, laboratories best practices and biosafety as well as update the technical staff in issues related with ethics, humanization, and 5 S's approach.

In order to improve the quality of the HIV testing the DPS and CHASS lab technical team designed forms and tools to guide the district focal points on quality of testing and to ensure compliance with all requirements of test execution and ensure testing protocols are being followed.

To minimize the number of false positives and improve the overall quality of rapid tests, the CHASS project has instituted a number of key steps. First chronometers "laboratory clock" has been distributed to a number of health facility sites to ensure reading of the rapid tests are completed within 15 minutes after a test has been taken. Second each health facility has two Coleman (mini coolers) to be used to transport CD4, hematology and biochemistry samples. These coolers will provide the necessary conditions to minimize sample contamination.

A provincial clinical laboratory evaluation meeting held in Cuamba from the 19th - 21st of October 2011 included participation from 18 directors of the district laboratories, three representatives from the DPS and two from the CHASS technical team. The meeting resulted in recommendations to improve coordination and communication between DPS and the laboratory technicians and included the following: Further define the planning and timing of transfers of laboratory technicians in the province to ensure timely hand over between technicians and to

plan for orientation of new laboratory technicians; improve the use of resources in the routine collection of lab samples from the health facility; increase motivation among nurses, via supervision visits, responsible for preparing smear slide fixation and for performing AFB microscopy and to further assess the placement of lab technicians in the province to ensure the number of laboratory technicians available at a health facility site matches the volume and workload of lab tests to be performed.

The CD4, FACS CALIBUR, biochemistry machine (Vitalab flexor E) and the hematology (sysmex XT 2000i) machine at the Lichinga Hospital have been operational since the first week of November. The testing of TB in immuno suppressed people is usually difficult as some people fail to provide quality sputum samples. A new machine, the GeneXpert makes TB diagnostic fast and simpler for active TB and the CHASS project collaborated with TB Care project to procure a LED microscopes and a GeneXpert TB test machine. The suppliers have sent their specifications and quotations; the CHASS team is working on reviewing the quotes. The Infrastructure Manager also assessed the Cuamba rural hospital lab infrastructure to ensure the facility has adequate space to receive the new equipment. Both LED microscopes and GeneXpert will improve quality testing and minimize the number of false TB positives. Multi-drug resistant TB can be detected using the machine

CHASS project continues to support the transportation of CD4/PCR/ biochemistry and hematology samples. Keeping a perspective of sustainability and system strengthening, the DPS and CHASS project is assessing the possibility of using the Alere Pima™ CD4 tests (also known as PIMAS). This provides a revolutionary point of care solution to the challenge of providing an absolute CD4 count to those with limited to no access to such testing. This requires less maintenance and lower criteria for qualified staff. The Ministry of Health and National Health Institute (MoH/INS) has provided this in Cóbuè, Maúa and Metangula Health Centers and has met with reasonable success. MoH/INS has received our request and informed us that a technical meeting with all clinical partners and stakeholders will be held to select the five provinces that will benefit from this service. The CHASS team is advocating for Niassa to be one of the provinces due to the long distances, unpaved roads and high costs incurred each month (\$5,300). The addition of Niassa as one of the sites will immensely help in reducing LTFU and minimize costs in transporting CD4 tests.

Pharmacy Technical Support

During the reporting period, the CHASS pharmacy team provided technical assistance to provincial warehouse and pharmacies on procedures for the management of drugs and to follow-up on recommendations given during the last visit. One of the areas being monitored is the difference between the physical stocks (in the warehouse) and the reported stock in the track sheets. From the 45 reported products, 11 pharmaceutical products had a difference which is 24.4% of discrepancies. This is an improvement from the last quarter where the difference was 48%.

The staff participated in relevant technical meetings at central level which included: meeting with MoH CMAM to design the supervision guidelines; a meeting at USAID on the drug distribution approach where the CHASS project presented our experience in supporting the DPS

and provincial warehouses in the process of quantification and distribution of drugs to all provinces; and technical working group meetings to review the use of the management information system. These meetings are productive and provided an opportunity for project staff to share experiences and learn from other partners and provinces.

The drug needs quantification formula is well done in Ngaúma and Lichinga districts warehouse, while Marrupa district warehouse still faces some challenges. The CHASS Pharmacy Officer continues to provide technical assistance to improve quantification at the health facility sites.

This quarter there was a stock out (stock=0) of select products at the provincial warehouses namely Paracetamol, Indomethacin, Chlorphenamine (INN), Ferrous salt with Folic acid, Phenoximethyl Penicillin 500 mg tablet, and Nistantin, AZT suspension, Malaria rapid test and UniGold. And there is some pharmaceutical products which registrar stock=0 in the district warehouse but available in the provincial warehouse were Co-Amilorido, Plum pinat, F100, Vitamina A, Albendazol, Trioumone baby, Niverapine 300mg, Azitromicin tablet, and Ferrous salt with Folic acid.

In Lichinga district, there is a notable improvement in the completion of the MMIA (monthly ARV tracking sheet). Marrupa and Ngaúma districts continue to face challenges in proper completion of the forms. To overcome this, on-the-job training was conducted to four pharmacy staff. The CHASS technical team also found that the FRIDA (personal ARV registration sheet) which contributes to follow-up of adherence to ART was still only being filled by the clinician in Ngaúma which is not as per MoH guidelines. This point of discussion has now been included in the regular management committee.

Monitoring and Evaluation

The M&E CHASS team has changed their technical strategy from the direct collection of the data from the health centers to a focus on strengthening the MOH SIS (Sistema de Informação de Saúde) and modulo básico (MoH official health data base). Through this new approach the CHASS M&E provincial team is providing technical support to the NED's (District Statics Nucleus) to improve the quality of data reported. The SI Director in collaboration with the M & E team have developed a detailed M&E provision of TA Work plan, a current PMP describing out monitoring and evaluation of all components of the CHASS Niassa project and the protocol for collection of the semi-annual cohort analysis.

Two statistics technical staffs per district were trained in modulo basic this quarter. As per the new approach, each district received a mobile internet modem to send information to the provincial statistics department in a timely manner each month. The M&E CHASS team is collaborating with the DPS statistics department to receive a copy of the data in the provincial «modulo básico».

Additional activities completed this quarter included: the revision of the PMP, revision of the M&E protocol for technical assistance to the district statistic's nucleus, supporting the DPS in training of their staff on the «modulo basico», and collaborating on the improvement of the new FHI 360 data base, which will allow for on-line and real-time access to program data.

Next quarter the M&E team will continue to ensure that all supported districts have capacity to manage their programmers, using the HIS, planning and M&E of the programs. The team will continue to provide technical assistance to improve the district and provincial data quality and utilization.

DQA of CHASS Niassa by JSI MEASURE Evaluation

Data Quality Assessment was conducted by a team from JSI MEASURE during the week of December 1st-6th. The assessment focused on the first 6 months of data collection and reported during FY2011. The DQA covered three indicators: counseling and testing, PMTCT prophylaxis, and 12 month retention. The MEASURE team met with CHASS staff to review the process of DQA to be followed and plan of sites to be visited by the team.

During the field visits, discrepancies identified in NED data were between number of HIV-positive mothers and number of exposed children, and number of HIV-positive mothers and number of mothers on ART. Further, an additional difference identified by the DQA team was between NED data and «Modulo Basico» data for PTV. Fewer people were recorded as having initiated TARV in the period of interest in the monthly report submitted to the DPS than what CHASS team collects in parallel to the DPS.

In this second year, the M&E has transitioned CHASS Niassa away from the parallel system to one system that is based on the MOH reporting tools and monthly data reports. CHASS will work closely with the DPS and other partners to ensure that valid, reliable data is collected in a timely and complete manner. All data received by FHI 360 will be carefully reviewed by the project's M&E staff as well as respective technical and/or program officers. Delayed reporting and inconsistencies in data will be followed up by the M&E team. Regular site visits will be conducted to ensure that data collection is occurring and that the information transmitted is valid and reliable.

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

Key Accomplishments this Period

- A standard referral form jointly designed by the ComCHASS, CHASS and TB Care project has been piloted and awaiting results from the analysis of the data. 16 new Community Adherence Support Groups (GAAC) were formed this quarter, 34 GAACs actively working;
- 17 MCH nurses, Preventive Medicine agent and Social Action technicians and 18 community case managers trained on nutritional care for PLWHA in Niassa.

Community Case Managers

The technical teams designed a strategy to increase service utilization and demand for services, and a training curriculum for the community case managers. As CDS ended their sub agreement

with FHI 360, CHASS/Niassa will transition the work to Conselho Cristão de Moçambique (CCM). The team is in final process of closing the CDS sub-agreement by reviewing all related documentation and ensuring that all deliverables and administrative requirements are completed.

Sub-agreement with CCM

Conselho Cristão de Moçambique (CCM) was selected to continue the management of the community case managers and they have been approved by USAID and will officially start implementation in January 2012.

During this quarter, the community technical staff worked to adapt the community –health facility referral and counter referral tools, including referral within the health center. Registration and reference tools were distribute in the health center and to the community group (reference guides, daily registration sheet, LTFU patients registration forms/listas de faltosos) in all 21 health centers with ARV services.

Linkage with TB Care and ComCHASS

A standard referral form jointly designed by the ComCHASS, CHASS and TB Care project has been printed and provided to the community case managers and community HBC volunteers to pilot in Mandimba district.

The CHASS project community technical staff adapted the community services mapping tool from ComCHASS to fit the project specifications and it has been used for mapping in eight districts in Niassa. Regular weekly coordination meetings held between CHASS and ComCHASS community volunteers and clinicians at the health center has been used as a forum to identify defaulters and an opportunity for volunteers to share information on household coverage in communities where projects overlap to minimize duplication of home visits.

GAAC (Community Adherence Support Group)

During the reporting period, 15 new GAACs were formed in Mecanhelas and one in Mandimba, resulting in a total of 34 GAAC's in the two districts. DPS conducted supervision visit to a group of GAACs in Mandimba, Mecanhelas and Cuamba districts which included participation from the MOH, DPS, MSF and CHASS staff. During the visit, it was found that the groups were well organized and facilitate adherence support within the community. However, the application of GAACs in Cuamba district continue to face challenges due to stigma and discrimination and confidentiality of the group members Community case managers will continue to provide support to strengthen the implementation of GAACs in Cuamba district.

Following the national level monitoring visit, a national GAAC workshop was held in Maputo. CHASS technical staff participated in this meeting which presented an opportunity to share and discuss constraints and challenges in the implementation of this strategy with other programs. The provincial GAAC team is looking for ways to expand this intervention to additional communities in Niassa province. The community case managers and the health staff are

conducting regular sensitization sessions about the GAAC strategy to educate patients on this opportunity and to generate demand in additional districts.

Table 1: GAAC's Summary table

		Resumo Trimestral Geral de GAACs (CS de Mandimba, CS de Mecanhelas e HR de Cuamaba) - Outubro a Dezembro de 2011								
		Menores de 15			15 anos ou mais			TOTAL GERAL		
		F	M	TOTAL	F	M	TOTAL			
GRUPO	A.1)	Nº cumulativo de GAACs registados e activos até o fim do trimestre anterior					18			
	A.2)	Nº de novos grupos formados durante o trimestre					16			
	A.3)	Nº de grupos desintegrados durante o trimestre					0			
	A.4)	Nº cumulativo de grupos activos até o fim do trimestre (A.3 = A.1 + A.2 - A.3)					34			
PACIENTE	Entradas	B.1)	0		0	0	41	41	82	82
		B.2)	0		0	0	48	11	59	59
		B.3)	0		0	0	89	52	141	141
	Saídas	B.4)	0		0	0	0	0	0	0
		B.5)	0		0	0	0	0	0	0
		B.6)	0		0	0	0	0	0	0
		B.7)	0		0	0	0	0	0	0
	B.8)	0		0	0	0	0	0	0	
	Actual	B.9)	0		0	0	89	52	141	141
SEGUIMENTO	C.1)	0		3	3	184	52	236	239	
	C.2)	0		2	2	113	31	144	146	

Linkages with adolescents and young adults (SAAJ)



The CHASS project is an avid promoter of the SAAJ approach. On World AIDS Day youth in the CHASS districts were guiding the campaign with the main message: Zero infection, Zero discrimination and Zero death caused by HIV/AIDS. Local leadership participated and emphasized the message of early counseling and testing, adherence to treatment, and services available at the districts. See the neighboring picture

Picture 1: December 1st, ceremony in Cuamba district

Nutrition, access to food and utilization

During the reporting period, Food for the Hungry/ Mozambique CHASS project staff provided training on nutritional care for PLWHA in Lichinga, Niassa province from 10 – 14, October 2011. Healthcare professionals from the seven districts (Lichinga District, Lichinga City, Muembe, Lago, Maúa, Majune and Nipepe) participated, including maternal and child health nurses, preventive medicine agent and social action technicians. The training provided staff with skills and knowledge to carry out nutritional assessments, nutritional counseling and nutritional education for people living with HIV during routine PMTCT, ART and Pediatric ART consultations.

In addition, CHASS Nutrition Technical Officer carried out an assessment of the 20 new health facilities. Seven of the twenty health facilities have been identified with existing nutritional services. A final assessment report will be available in the next quarter outlining findings and recommendations. As part of routine technical assistance to health facilities, staff continue to promote the use nutritional guidelines and identify eligible children for nutritional support such as: orphaned children, twins, premature, underweight, insufficient growth and not only children exposed to HIV.

Cooking demonstrations were held in six districts (Marrupa, Metarica, Cuamba, Mecanhelas, Ngaúma and Mandimba). A total of 104 participants (1 male and 103 female) attended the cooking demonstration which included members of the m2m groups, health professionals, NGO staff, and community case managers.

The community case manager is also playing an active role in sensitizing community members about importance of balanced foods and diet by using food available in the local markets to address and prevent malnutrition. Coordination with the ComCHASS activists will further strengthen nutritional messages provided during home visits as activists can further provide key nutritional information.

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

- 45 DPS and SDSMAS staff trained on administration, inventory management, equipment management etc.;
- Support provided for initial training of two groups of medium level nurses (SMI 35) and pharmacists (25); and
- 27 SMI nurse candidates finalizing their integrated rural internship.

Activities carried out during the period under review

During the quarter the CHASS project health system strengthening team provided technical assistance in the following areas:

- Training of 23 MoH staff on administration was undertaken during the period under review. Participants from 14 districts attended. This training improved the overall administration and finance capacity of the DPS and SDSMAS on archive management, inventory management and equipment management.
- Following the finalization of the instruments for supervision of administration and management area (financial management, human resources, planning and cooperation), a two-day workshop was organized during which 23 participants from DPS and SDSMAS reviewed and discussed the supervision guide tool.
- CHASS Niassa supported an on the job training in financial management, procurement and public works for 3 DPS UGEA staff (procurement, construction, and the new finance manager) at the MOH in Maputo. This experience greatly is improving the skills of our provincial counterparts.

Priority activities to be implemented during the next quarter include; elaboration of the provincial human resources development plan, an IT needs assessment for the DPS, and create/re-invigorate health management committees at Lichinga provincial hospital and Lago health center as part of the quality improvement and humanization plan.

Continuing Medical Education

CHASS Niassa launched a call for applications for in-service training (graduate level scholarships) for senior level DPS staff. Four candidates have been shortlisted and the selection/announcement of the two qualified candidates is currently awaiting final approval from the DPS.

DPS Sub-agreement

During the quarter, the DPS sub-agreement has been finalized and signed by both FHI 360 and DPS. The sub-agreement provides funds from November 1, 2010 – September 30, 2012. A total of \$1,200,000 has been allocated for both years. FHI will incur funds on behalf of the DPS for all activities except pre-service training where advance payments are made based upon an agreed cost. The main activities supported under this agreement are pre-service training, in-service trainings, institutional support for transportation and rehabilitation, supervision printing of routine forms and discrete district-level activities. This sub-agreement is used as a mechanism to build capacity of the DPS in management of USAID funds and to start transferring over responsibilities from CHASS to the DPS.

Support the Pre-service training

The first pre-service cohort of 28 MCH nurse candidates continues to be financed under the CHASS Niassa project. This first cohort is in the final stage of their practical training (integrated rural internship) and is expected to graduate in April 2012. New graduates will be placed in health facilities throughout Niassa province and will be a welcome resource to support maternal and child health programs which are often lacking skilled health professionals. The two other cohorts of 30 MCH nurses are in training at Lichinga health training Institute (IFSL) and 30 mid-level pharmacy technicians candidates are enrolled in the Nampula health training institute. All courses are supported under the DPS subagreement.

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

Picture 2: Some of the received medical equipment



In November, a 40-foot container from project CURE arrived at Marrupa health center with medical equipment and supplies. This is the first container to provide essential medical supplies for facilities that are often lacking access to basic materials and equipment. The donation included items such as electrical beds for clinical physiotherapy equipment, stomatology equipment, office chairs and desks, etc. This equipment has been received by the district medical chief. Preparations have started for the second donation to Sanga health center. All costs tied to this first shipment will be reported toward the cost-share requirement.

Gender

During the quarter, MULEIDE hired a Gender Officer based in the FHI 360 Lichinga office. She will serve as the main focal point on gender issues and will support the DPS/SDMAS in the implementation of the gender equity and GBV activities in Niassa.

MULEIDE further collaborated with the MOH to identify a gender specialist to review and adapt the gender curriculum that will be used to train the health workers based on the MOH gender strategy. The curriculum is expected to be used to train health staff and students who are enrolled in the pre-service training centers in Cuamba and Lichinga. Gender National Advisor, Dr. Francelina Romão, from the MOH agreed to collaborate in the process of adaptation. The Gender Advisor and MULEIDE staff visited Lichinga district and planned to meet next quarter with the provincial health director to discuss their working plans and strategy in the province.

During this quarter, CHASS technical staff participated in a USAID meeting with GBV partners. The CHASS project will be implementing an integrate gender-based violence (GBV) initiative to support the DPS in implementing the minimum package of services to GBV victims as outlined in the MOH's protocol; support the DPS in establishing an appropriate reporting system that captures GBV data, assess laboratory needs to help provide appropriate support to GBV survivors; and provide technical support to the DPS in establishing entry point for survivors of

GBV into the health care system. The cornerstones of the technical approach are the systemic integration and availability of GBV services within the PHC system based on the three principal objectives of the USG PEPFAR plan for Mozambique.

Small infrastructures rehabilitation

By the end of December 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 rehabilitation of Sanga health center.
- In the health training center (Centro de Formação de Lichinga), the rehabilitation of the water pump system is 85% complete and will be finished in the next quarter;
- Rehabilitation of the Copa (Kitchen) of Medicine Ward in Cuamba Rural Health Center completed in December 2012;
- A contract to rehabilitate the Marrupa Rural Hospital Water System has been signed in December 2011. The works are expected to end on March 2012.
- Rehabilitation of the Lichinga provincial laboratory is in progress and scheduled to end in March 2012.

As part of the CHASS Niassa expansion plan, CHASS team conducted a general infrastructure assessment of the 20 new health centers to be supported in year 2. The assessment report for the new expansion sites and cost estimate for rehabilitation were concluded. Further discussions on including additional rehabilitations will be held with DPS as part of the amendment to the sub agreement.

II. Project Management

Staff Changes

During the quarter, Mr. Jafete Guedes was recruited as the new provincial coordinator replacing Dr. Joaquim Fernando. Mr. Jafete is based in the Lichinga office and will be coordinating all FHI360 projects in Niassa. He is representing the organization to local partners, government and donors. After a month of orientation to the new coordinator, Dr. Joaquim Fernando has officially moved to Maputo and assumed his new role of Technical Director of the CHASS project.

III. Approaches to Overcome Challenges and Lessons Learned this Quarter

The MCH/PMTCT new tools are posing to be a challenge for staff. Staffs are interpreting them differently. The CHASS team is continuing to work with the DPS to discuss the interpretation of the tools and how to effectively support staff based in the health centers to share the same common understanding. This will ensure the quality and consistency of information recorded in these new forms.

MCH Nurses in Mitande are not registering health facility names on the PCR and CD4 request form before sending them to the regional laboratory. This lapse in data collection has created considerable identification problems and results have been lost or completely ignored by

personnel at the health center in Mandimba which is responsible for distributing the results to the patients.

The provincial warehouse is not responding in a timely manner to the district warehouse. The CHASS project is addressing this challenge by developing the ToR and job description for each person at the provincial warehouse, supporting the rental of a truck, providing on job training on the use of CMAM, and ensuring cross checking between physical and reported stock.

The stock out of the Unigold is negatively impacting the new enrollment for ART. CHASS project is working with the national level warehouse (CMAM) to provide kits to the province. CHASS technical teams are continuously working with the national and provincial warehouses to ensure forecasting is in place and essential medications are available at all levels in the province.

Lessons Learned

PMTCT Services/CCM

PMTCT Services and community case management initiative should develop better strategies to improve systems of identifying infants with HIV and following up mother-infant pairs through existing clinical and community services tracking mothers and infants in the pre-natal and postpartum period.

Transport of CD4/hematology Samples

Unreliable transportation infrastructure is associated with delays in specimen transport from rural district to laboratories. The lack of transport further complicates the timing of sending CD4 and hematology biochemistry specimens to and from health facilities. It can lead to a high and unsustainable cost. DPS and CHASS project are exploring mechanisms to use the PIMA machines in some strategic points of care. This can certainly improve patient management and satisfaction.

Interventions to decrease the Loss-to-Follow-Up

The loss to follow up is still a challenge for all HIV/AIDS programs. It was recently reported in the media as part of a larger discussion on treatment. It is due to several reason from the long distances, stigma, lack of food etc. but is becoming clear that there is no single strategy to overcome it, we need to use all the available mechanisms and approaches such as the GAAC's, the community case managers, the Cha positive support group, etc. The project is working to ensure that all those groups and approaches are working together to contribute to an increase in the retention rate.

CHASS project will collaborate with other implementing partners to develop strategies to establish linkages between MCH, PMTCT, ART, TB, and HBC programs (ComCHASS) through effective referral systems within and between facility and community services. This may include improving intra and inter HF linkages and systematize referrals between all services that see mothers and children and services within the community.

Monitoring stocks of HIV supplies

There a need to closely monitor stock of test kits and antiretroviral drugs at the National and Provincial levels to ensure that adequate buffer stock levels are maintained. Storage in capacity over-stretched for drugs and health products in Niassa. Serious shortcomings in storage arrangements risked compromising the efficacy of drugs and other health supplies such as test and diagnostic kits. Our staff will again technically assess the adequacy and capacity of existing warehouses and storage facilities in the supported districts.

Annexes:

Annex A: Monitoring and Evaluation Data

Annex B: List of Health Facility Sites and services supported

Annex C: Training and Related Capacity Building Activities

Annex D: Quarterly financial report

Annex E: Subcontract and Sub agreements under CHASS/Niassa

Annex A: Monitoring and Evaluation Data

	FY 2011						
	Out-Dec 2011	Jan-March 2012	April-June 2012	July- Sep 2012	Total	Target FY12	% Achievement
PREVENTION OF MOTHER TO CHILD TRANSMISSION							
Number of unique pregnant women registered	10,855				10,885		
Number of pregnant women counseling and testing for PMTCT	10,855				10,855		
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).	10,324				10,324	42,593	24%
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).	417				417	2,130	20%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/PN setting.	402				402	1,026	39%
Total number of unique pregnant and postpartum women registered	7,515				7,515		
Number of pregnant and immediate post-partum women with known HIV status (includes women who were tested for HIV and received their results)	894				546	9,172	10%
Number of pregnant and immediate post-partum women with known HIV Positive status (includes women who were tested for HIV and received their results)	379				379		
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	90				90	778	12%
# infants born to HIV+ women who received an HIV test within 12 months of birth	35				-	872	4%
Total # HIV-exposed infants received ARVs to reduce risk of MTCT in L&D setting	105				105	923	11%
Number of children (<18 months) born to HIV+ pregnant women who are started CTX prophylaxis within two months of birth	56					872	6%
Number of HIV positive pregnant women in ANC who have initiate CTX	110					914	12%
Number of health workers trained in the provision of PMTCT services according to national and international standards.					-		
COUNSELING & TESTING							
Number of service outlets providing counseling and testing according to national and international standards	45				45	45	100%
Number of individuals registered	23,893				23,893		
Number of individuals who received counseling and testing for HIV and received their test results	14,395				14,395	60,506	24%
Number of individuals who received counseling and testing for HIV and whose results were HIV+	1,085				1,085		
Number of individuals trained in counseling and testing according to national and international standards					-		
HIV/AIDS TREATMENT SERVICES							
Number of outlets providing antiretroviral therapy	21				21	21	100%
Number of individuals newly initiating ART during the reporting period	3,911				3,911	5,139	76%
Number of individuals who ever took ART during the reporting period	5,778				5,778		
Total number of individuals currently taking ART during the reporting period	5,560				5,560	7,055	79%
Number of new HIV/AIDS patients who are screened for ISTs during their first visit						7,055	

Number of HIV + adult and children receiving a minimum of one clinical service	2,863					14,111	20%
Total number of health workers trained to deliver high quality ART services						-	
TB/HIV SERVICES							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	14					14	100%
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	129					129	847 15%
Number of HIV+ patients that were screened for TB in Hiv care treatment settings	1,030					1,030	8,466 12%
Number of new registered TB patients at USG supported TB service outlet	308					308	
Number of registered TB patients who received counseling and testing for HIV (& received their results) at USG supported TB service outlet	189					189	392 48%
Number of TB (co-infected) patients who started CTX	129					129	196 66%
Number of HIV Positive TB (co-infected) patients who start ART	26					26	157 17%
Number of HIV+ eligible person receiving CTX prophylaxis	129						8,466
Number of individuals trained in TB/HIV co-infection according to national and international standards						19	
OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING							
Number of Local Organizations provided with technical assistance on HIV policy/programs development and institutional capacity building	1					1	3 33%
Number of individuals trained in institutional capacity building						-	
Number of individuals trained in community mobilization for HIV prevention, care and treatment						-	!

ANNEX B: List of Health Facility Sites

Districts		Health Facilities	TARV	PTV	AT	TB	LAB/FARMAC
Lichinga district	1	Chimbonila Health Center	√	√	√	√	√
	2	Machomane Health Center		√	√		
	3	Malica Health Center		√	√		
	4	Lione		√	√		
Lichinga city	5	Lchinga Provincial Hospital	√	√	√	√	√
	6	Lichinga Health Center	√	√	√	√	√
	7	Namacula Health Center	√	√	√	√	√
	8	Chiuaula Health Center	√	√	√	√	√
Marrupa	9	Marrupa Health Center	√	√	√	√	√
	10	Nungo Health Center		√	√		
Majune	11	Malanga Health Center	√	√	√	√	√
Muembe	12	Muembe Health Center	√	√	√	√	√
	13	Chiuanjota Health Center		√	√		
Ngauma	14	Massangulo Health Center	√	√	√	√	√
	15	Ngauma Health Center		√	√		
	16	Chissimbir Health Center		√	√		
Sanga	17	7 de Setembro Health Center	√	√	√	√	√
	18	Macaloge Health Center		√	√		
	19	Malêmia Health Center		√	√		
Mandimba	20	Mandimba Health Center	√	√	√	√	√
	21	Mitande Health Post	√	√	√		
	22	Lissiete Health Center		√	√		
	23	Meluluca Health Center		√	√		
	24	Mississi Health Center		√	√		
Maúa	25	Maúa Health Center	√	√	√	√	√
Cuamba	26	Cuamba Rural Hospital	√	√	√	√	√
	27	Cuamba Health Center		√	√		√
	28	Etatara Health Post		√	√		

	29	Lurio Health Post		√	√		
	30	Mitucue Health Post	√	√	√		
	31	Malapa Health Center		√	√		
	32	Muetetere Health Center		√	√		
	33	Chiponde Health Center		√	√		
	34	Chiponde Health Center		√	√		
	35	Mujawa Health Center		√	√		
Mecanhelas	35	Mecanhelas Health Center	√	√	√	√	√
	36	Chiuta Health Center		√	√		
	37	Entre-Lagos Health Post	√	√	√		
	38	Chissaua Health Center		√	√		
Metarica	39	Metarica Health Center	√	√	√	√	√
	40	Namacua Health centers					
Lago	41	Cóbuè Health Center	√	√	√	√	
	42	Metangula Health Center	√	√	√	√	√
	43	Maniamba Health Center			√	√	
Nipepe	44	Nipepe Health Center	√	√	√	√	√
	45	Maiaca Health Center		√	√		
Total			21	45	45	21	22

ANNEX C: 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, October to December 2011:

Technical Area	No	Target Group (s)	Dates	Location	Cost
Nutrition care for PLHIV	17	MCH nurses and social affair staff	October, 10 to 14, 2011	Lichinga	USD 2,477
	18	Community volunteers	October, 24 to 28, 2 011	Lichinga	USD 6,548
Cooking using local materials	66	MCH nurses, m2m groups, traditional birth attendance	November 29, 2011 to December, 08 2011	Cuamba, Mecanhelas, Mandimba, Ngauma	USD 694
TOTAL					USD 9,720

ANNEX D: Financial Summary

The table below provides a status update of the CHASS Niassa Total Actual Expenditures as of December 31, 2011.

Item	Total Estimated Amount (LOP)	Year 1 and 2 Estimated Budget	Total Actual Expenditures Aug 01, 2010 – Dec 31, 2011	Total Expenditures October 1, 2011 – December 31, 2012
Personnel	\$9,345,233	\$3,543,252	\$ 2,022,270	\$255,812
Fringe Benefits	\$3,358,113	\$1,227,526	\$ 711,766	\$84,450
Consultant	\$77,081	\$9,222	\$ 9,222	\$0
Travel and Transport	\$2,332,475	\$927,435	\$723,236	\$104,813
Equipment	\$502,858	\$359,561	\$226,319	\$8,327
Supplies	\$72,600	\$36,626	\$53,795	\$883
Subrecipient and Grants	\$6,578,875	\$3,395,214	\$790,461	\$(3,507)
Other Direct Costs	\$4,241,367	\$1,749,223	\$2,590,044	\$1,451,974
Sub-total Direct Costs	\$26,508,602	\$11,248,059	\$7,127,114	\$1,902,753
Indirect Costs	\$5,799,102	\$2,225,971	\$1,803,259	\$573,226
Total US\$	\$32,307,704	\$13,474,030	\$8,930,373	\$2,475,979
Cost-share	\$3,230,770	\$1,347,403	\$295,000	\$295,000
Grand Total	\$35,538,475	\$14,821,433	\$9,225,372	\$2,770,979

*Total obligation amount per modification 4 is \$12,618,389

Annex E: 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 31/12/2011	Obligated Amount balance
Abt Associates	600852	August 1st 2010 to May 31st 2015	Health Systems Stengthening	Niassa	147,554	82,911	135,909	\$11,645
*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	54,490	54,241	54,668	(\$178)
***Food for the Hungry	600850	August 1st, 2010 to May 31st, 2015	Nutritional technical expertise	Niassa	119,999	104,595	123,445	(\$3,446)
Muleide	600857	July 1st, 2011 to April 30 2015	Gender	Maputo	23,084	18,693	13,611	\$9,473
DPS		November 1, 2010 ` September 30, 2012	Clinical Services, Health System Strengthening and Training	Niassa	\$1,200,000			
TOTAL					331,276.00	192,010.55	231,415.94	99,860.06

*This FCO is closed

**In a close-out process

***an amendment is in process