

Seventh Quarterly Performance 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	Detection of acid-fast bacilli (AFB).
CBO	Community-Based Organization
CHASS	Clinical HIV/AIDS Services Strengthening
CCM	Community Case Managers
CCM	Conselho Cristao de Mocambique
CCR	Exposed Children Attending Clinic
CDS	Diocesan Committee for Health
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
L&D	Labor and Delivery
LTFU	Loss to Follow-Up
M2M	Mother to Mother
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSF	Médicos Sem Fronteira (Médecins Sans Frontières) Bélgica
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 Saúde (Health Information System)
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TRTU	Therapeutic Food Ready to Use
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 360) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS/Niassa's goal is to strengthen the provincial health system and enhance DPS capacity to manage its own health systems and finances, increase human resources for health, improve quality and use of strategic information, strengthen local organizations and align with national priorities and plans. The project's objectives are to:

- (1) Increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: counseling and testing, laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, palliative care, and prevention, diagnosis and treatment of HIV-TB co-infection;
- (2) Provide a continuum of accessible HIV and related primary health care services including MCH and RH services (including support at clinics that do not provide ART or PMTCT) and to improve linkages and referrals within and between facilities and communities;
- (3) Support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities and to assist the DPS in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field

This quarter, from January – March 2012, the CHASS project has made great strides in meeting program objectives and targets to support clinical and community services in fourteen districts of Niassa province, covering 45 health facilities. Key services receiving on-going technical support are pharmacy, laboratory, TB/HIV services in 14 sites, ART available in 21 sites, and HCT, PMTCT in 45 sites.

During this reporting period the following key achievements were made:

Increased access to ART services. The CHASS project is fully committed to assist the MOH in the implantation of strategies to scale up access to ART services in support of universal access. This quarter, access to ART services has improved substantially with 591 new individuals initiated on ART; a total of 5,920 individuals are on treatment in the 21 CHASS ART supported sites reaching 88% of the annual target. The CHASS project collaborated with CMAM to build local capacity to forecast need, procurement and supply of essential AIDS medicines.

Following the approval of the DPS to implement the “One-Stop Shop” model, the CHASS project began the introduction of a partially integrated model in 14 ART sites where TB and ART clinic exist. Furthermore, The MOH has recently approved the expansion of delivery of ART services by delegating clinical care functions to lower level health workers, as a strategy to achieve universal access to ART.

Expansion of the new strategy to incorporate men into antenatal HIV counseling and testing (ANC). Male involvement in PMTCT services continues to show remarkable progress. This quarter 1,603 partners were invited to accompany their spouses/partners to an ANC/PMTCT service as a means to promote male HIV testing. In total 2,642 male partners participated from October 2011 to March 2011, surpassing the annual target by 119%. Across each of the health facilities, reaching men through an invitation received by their partner or spouse has been well received and has resulted in an increased number of male clients who are seeking health services and being tested for HIV. Along with the intervention, data collection tools are consistently used to record males seeking service at a health facility. Currently, all the 45 CHASS project supported health facilities are implementing this intervention.

Tracking of LTFU patients using Community Case Managers. The administration of ART to individual patients and the monitoring and evaluation of HIV/AIDS treatment programs depends on regular and complete patient follow-up. This quarter, Community Case Managers (CCM) continued to have success in locating patients lost to follow-up. They referred 976 individuals from community to health facilities, and from the total referred, 469 (48%) arrived and received services at the health center. From the health facilities, the CCM’s received a list of 948 patients lost-to-follow-up patients (*faltosos*) out of which 627 (66%) were found by CCMs and 557 (59%) have re-initiated treatment. Most of the LTFU patients are *faltosos*¹, less than 10% are *abandonos*². The CCM initiative has effectively shown that tracking lost to follow-up patients on HIV care and treatment through Community Case Managers is feasible and cost-effective. It is an opportunity of linking clinic based interventions with community based initiatives to enhance a continuum of care for PLHIV.

ART distribution and adherence support by Community Adherence Support Groups Strategy (GAAC). A group adherence model was proposed by the MOH in order to use existing social networks to pool resources to minimize travel time and the time spent in a queue to pick up medications. GAAC is also an opportunity to provide mutual adherence support. This quarter 49 groups were established (an increase from 34 reported last quarter) in Mandimba and Mecanhelas Health Centers and Cuamba Rural Hospital. During the past six months GAAC has reached 142 females and 42 males.

Decentralization of ART and pre-ART services. CHASS/Niassa clinical team and DPS are working to decentralize ART and pre-ART services from the Cuamba rural hospital to the Cuamba health center and Lichinga provincial hospital to Lichinga health center. This shift will alleviate both hospitals from the high volume of patients and ensure timely management and follow-up of patients while reducing the waiting time to access clinical and treatment services.

¹ Individuals that miss the appointment in the health center from 15 to 60 days after the appointment.

² Individuals that miss the appointment in the health center 60 days after the last appointment.

Re-engineering CHASS TA tools and procedures. The CHASS Niassa team updated TA tools by introducing the SOC (Standard of Care) an important tool to measure performance of the main MCH indicators in health centers. This tool has been presented and discussed with the health staff and key decision makers at the health centers and district level. The updated tools were successfully tested in Cuamba and Mandimba health centers. The advantage of using this new tool is that it allows health staff and technical assistance providers to compare indicators from the last visit with the current visit. Together with CHASS/Niassa clinical staff, the teams can identify poor or excellent performance of health centers and root cause of existing problems within the health facility.

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.

One of the primary objectives of the CHASS/Niassa project is to expand access to comprehensive high-quality HIV prevention, care, and support services by increasing the technical, organizational, and managerial capacity of the health providers to deliver such services. To ensure greater uptake of care and treatment services, CHASS/Niassa clinical teams continue to provide technical assistance and support to facility-based providers in 21 ART sites and to strengthen the skills and knowledge of health providers through facility-based clinical mentoring. In addition the clinical teams continued to participate in the clinical management committees at provincial and district levels to discuss decentralization, monitoring and evaluation of the ART patients.

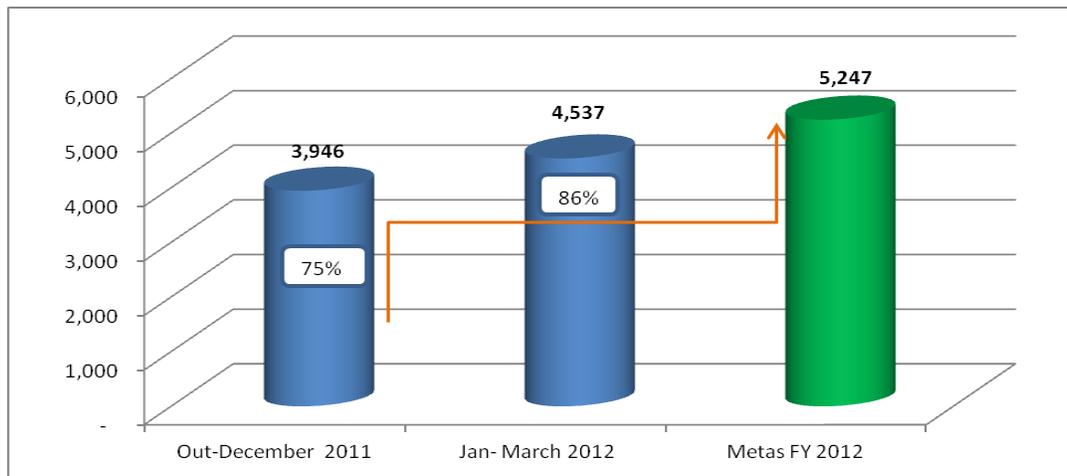
Key Accomplishments this Quarter

- ✓ 591 new individuals enrolled in ART in a USG supported site, To date, the project achieved 86% of the annual target;
- ✓ A total of 5,920 individuals are currently receiving ART which is 81% of the annual target;
- ✓ 289 are newly registered TB patients, 154 received counseling and testing, achieving 88% of the annual target;
- ✓ 22,826 individuals received counseling and testing during the quarter (Jan-Mar) and 1,199 (5%) tested HIV positive;
- ✓ 9,583 pregnant women know their HIV status before ANC and during ANC visit. This represents 47% of the annual target;
- ✓ 342 pregnant women received ART prophylaxis in ANC setting. Of those receiving ART, 122 received NVP, 191 AZT+NVP and 29 received triple therapy. This represents 73% of the annual target;
- ✓ 285 pregnant women received a complete course of ART prophylaxis during Labor & Delivery (L&D) this quarter. This represents 73% of the annual target, and, 274 exposed infants received ARV to reduce their risk of MTCT in L&D setting which correspond to 57% of the annual target.

Adult Care and Treatment Technical Support

CHASS/Niassa’s provision of technical assistance and mentoring has contributed to increased access to care and treatment in 21 ART sites. This quarter, a total of 591 patients were initiated on ART and 5,920 patients were receiving ART. The project continues to increase its case load each quarter and has already reached 86% of its target in initiating ART and 81% of the annual target for individuals currently taking ART as illustrated in Figure 1 below.

Figure 1: Cumulative of individual newly initiating ART at USG supported sites in Niassa provinces, January – March 2012.



As the team continues to be on track in meeting its annual targets, quality of care continues to be emphasized through on-site technical assistance to the health centers through in-service training and mentoring to monitor opportunistic infection management, ART and pre-ART patient adherence, quality of patient counseling, and application of new guidelines for pediatric and adult ART defined by Ministry of health (MOH)³. In addition to mentoring, on the job training by CHASS/Niassa clinical staff has been contributing to improvements in the skills and knowledge base of health staff in CD4 evolution and control, immune reconstitution syndrome, management of exposed children of HIV positive mothers, adverse drugs reaction, and understanding the reasons for therapeutic failure.

Pre-ART Care and Treatment Technical Support

Early initiation of ART requires earlier diagnosis and regular monitoring until treatment eligibility. Poor pre-ART retention in care, or the failure to link patients from HIV testing to HIV care and to retain them in the health service until they are eligible for ART, is a problem in the province. A review of 410 pre-ART clinical charts in Mitucue, Entre-lagos and Mitande health centers has taken place. Of the total number of clinical records reviewed, 60% of the records

³ Recommend to start the ART on patients with a CD4 count less than 350 cells and WHO clinical stage 3 and 4 for adults and inclusion of all HIV positive children with less to 2 years old independently of their CD4 count and start the treatment of all co-infected patients with TB/HIV.

were identified as not having an updated CD4 result included in their patient chart. In Majune, however, only one patient was found to be eligible for ART out of 25 pre-ART charts reviewed. CHASS/Niassa project has recognized the need for early initiation of eligible HIV exposed patients and is making considerable efforts in addressing the situation. The technical team is reorganizing the files cabinets in each of the 21 ART health facilities, reviewing the patient charts to identify the patients who need to repeat their CD4 and ensuring that CD4 testing date coincide with the pick-up dates of the samples in each site. This will facilitate the periodic revision and identification of the patient charts in need of an update or with no CD4 which will then activate the case finding system using the CCMs.

The CHASS/Niassa team is supporting decentralization of ART and pre-ART services from the Cuamba rural hospital to the Cuamba health center⁴ and Lichinga provincial hospital to Lichinga health center. As part of ART services expansion, the project will support the MOH in the implementation a comprehensive task-shifting program that comprises training of lower level health workers, on-site clinical mentoring, and continuous quality assurance. With decentralization, this will alleviate the burden placed on Cuamba and Lichinga health facilities minimize waiting time and increased quality care provided to each patient. As an example of current patient load, Cuamba rural hospital is currently managing 3,765 HIV positive patients. This plan has been discussed and approved by the DPS and CHASS/Niassa project and preparation for this transition is in process. A new space will be identified within the Cuamba health center to support HIV care. CHASS/Niassa will support the DPS in the patient selection process to identify eligible candidates to be transferred from the hospital to the health center (the main criteria to be used is to move patients without clinical complications) and prepare the clinical staff at both sites for this transition. The first pool of selected patients will be moved in May 2012.

In Lichinga Provincial Hospital, the CHASS technical monitoring and evaluation team will reactivate the use of MSF database system - FUCHIA - to help with the regular updates of CD4 tests. The continued use of this database will help identify defaulters in a timely manner.

Pediatric Care Treatment Technical Support

The CHASS/Niassa technical team continues to provide assistance in clinical mentoring and tutoring to improve follow-up of exposed children. During this period, CHASS/Niassa staff revised the clinical folders in order to identify children eligible for ART, and ensure that all exposed children are receiving Cotrimoxazol, despite confirmation if a PCR test has been completed or not at 6 weeks of life, and if the PCR test is positive to then start ART. As a result, the number of children (<18 months) born to HIV+ pregnant women who started CTX prophylaxis within two months of birth went from 56 last quarter to 274 this quarter which is an increase of 350% and reached 35% of the annual target. 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. The number of infants born to HIV+ women who received an HIV test within 12 months of birth went from

⁴ This is not new approach at the province as the MSF, former organization supporting treatment in Lichinga, did it to decentralize for the provincial hospital to the Namacula, Chiaúla and Lichinga health centers.

29 the previous quarter to 182 this quarter, which is 24% of the 2012 target. This significant increase from one quarter to another is in part due to the availability of new ANC log books with appropriate space to record this indicator, well-trained staff to perform the registration and appropriate collection in the province. We expect that in the upcoming quarter the project will keep registering and reporting higher performance in these indicators.

The roll-out of pediatric HIV care and treatment is faced with various challenges including delayed infant HIV diagnosis and lack of skilled health professionals to manage these cases. During this period, the new pediatric ART care protocol created by MoH was distributed to clinicians in all health facilities in the province to provide specific guidance on complex management of pediatric HIV in the health facilities. This protocol recommends starting the ART inclusion of all HIV positive children with less than 2 years old independently of their CD4 count and start the treatment of all co-infected patients with TB/HIV.

Referral and counter referral system

One of the challenges preventing linkages of health facilities and communities is the lack of a clear system to track initial referrals sent by health facilities. The system had a series of issues including lack of a database to track the referrals and counter-referrals from the communities and different points of care in the system. The CHASS/Niassa project in collaboration with the DPS has developed a new referral and counter referral tool that has been distributed and is now in use in all health facilities supported by the project. The tool was well accepted by the health workers in the health facilities and is showing good results. The project should be able to provide data about the use of this tool by next quarter.

Improving Adherence to Treatment and Retention in Care

Finding defaulter patients continues to remain a challenge. False names or nick names are recorded in the registration books at the health centers, and in most cases there is no reference point or home address. A patient is considered lost to follow-up (LTFU) if the last follow-up visit occurred during 60 days after starting ART. The 60 days interval was chosen to accommodate the longest interval between visits in participating programs. If it is impossible to track the patient he/she is considered dead or lost to program. 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 track LTFU patients.

“*Fichero movies*” is an important tool that is used in each clinic to identify and trace defaulters. During this quarter the CHASS project staff reinforced the use of “*fichero movies*” with community case managers who are funded through Conselho Cristao de Mocambique (CCM) and Associacao de Renascer a Vida (ARV). Case managers play a key role in the management of the *ficheros movies* by organizing cards to identify which patients have not returned for a follow-up visit. Further their role in the clinic is to update appointments, register defaulters in the respective tracking books and coordinate tracing of clients lost to follow-up by the Community Case Managers (CCM) based at the community level and by different projects working in the same health centers/district.

This quarter, the CCM referred 976 individuals from community to health facilities, of those referred; 117 for family planning, 78 for ANC, 437 for CT, 99 for TB sector and 247 for adult and pediatric outpatient clinic. A total of 469 individuals completed the referral and received services at the health center.

From the health facilities, the CCM's received a list of 948 lost-to-follow-up patients (*faltosos*) out of which 627 (66%) were found by CCMs and 557 (59%) have re-initiated treatment (see Table 1). Most of the lost-to-follow-up patients are *faltosos*⁵, less than 10% are abandonos⁶. The CHASS project does not systematically assess the reasons why patients are lost to follow-up, but a substantial proportion of patients had transferred to another facility, stopped treatment, could not be found or died. Main barriers to ART access as identified by patients are difficulty in paying for transport costs, perceived stigma from being seen at a health facility providing HIV services, and long waiting time at clinics (often just for refills).

Table 1: Summary of the community mobilization and loss-to-follow-up patients in USG supported facilities, Niassa province Jan.-March 2012

Indicadores	Agencias Implementadoras										TOTAL GERAL
	CCM					ARV					
	Sexo/ Idade				TOTAL	Sexo/ Idade				TOTAL	
	0-14anos		15anos ou mais			0-14anos		15anos ou mais			
M	F	M	F		M	F	M	F			
Nº total de participantes nas sessões de IEC	7158	7703	10708	18802	44371	3290	3242	7477	7313	21322	65693
Nº total de sessões de IEC					653					420	1073
Referência a US/ sector											
Nº total de referidos pelos GCCs para unidade sanitária	91	144	138	303	676	16	35	139	110	300	976
Nº de referidos pelos GCCs para Unidades Sanitárias e que foram atendidas	70	62	100	212	444	0	0	15	10	25	469
Busca Activa											
Número de doentes entregues	70	58	207	443	778	0	0	75	95	170	948
Número de doentes encontrados	56	40	137	297	530	0	0	38	59	97	627
Número de doentes recuperados (Reiniciados com tratamento)	50	36	127	261	474	0	0	37	46	83	557

Given the large numbers of patients and the limited resources facing health services in Niassa, the project is also developing strategies that prevent patients from missing appointments. Practical approaches to improve both adherence to treatment and retention in care is being developed to optimize clinical outcomes in people living with HIV (PLHIV). This quarter, the project introduced clinical diaries to schedule patient appointments which have led to improved management and follow-up of patients in places where the patient volume is higher such as the Cuamba rural hospital. Based on the success of this new intervention, the CHASS/Niassa team is proposing to expand this to all ART and pre-ART sites.

The project will also soon embark on a new initiative using cell phone technologies for health to increase adherence or assist in providing patient data, or health information/ appointment, as a

⁵ Individuals that miss the appointment in the health center from 15 to 60 days after the appointment.

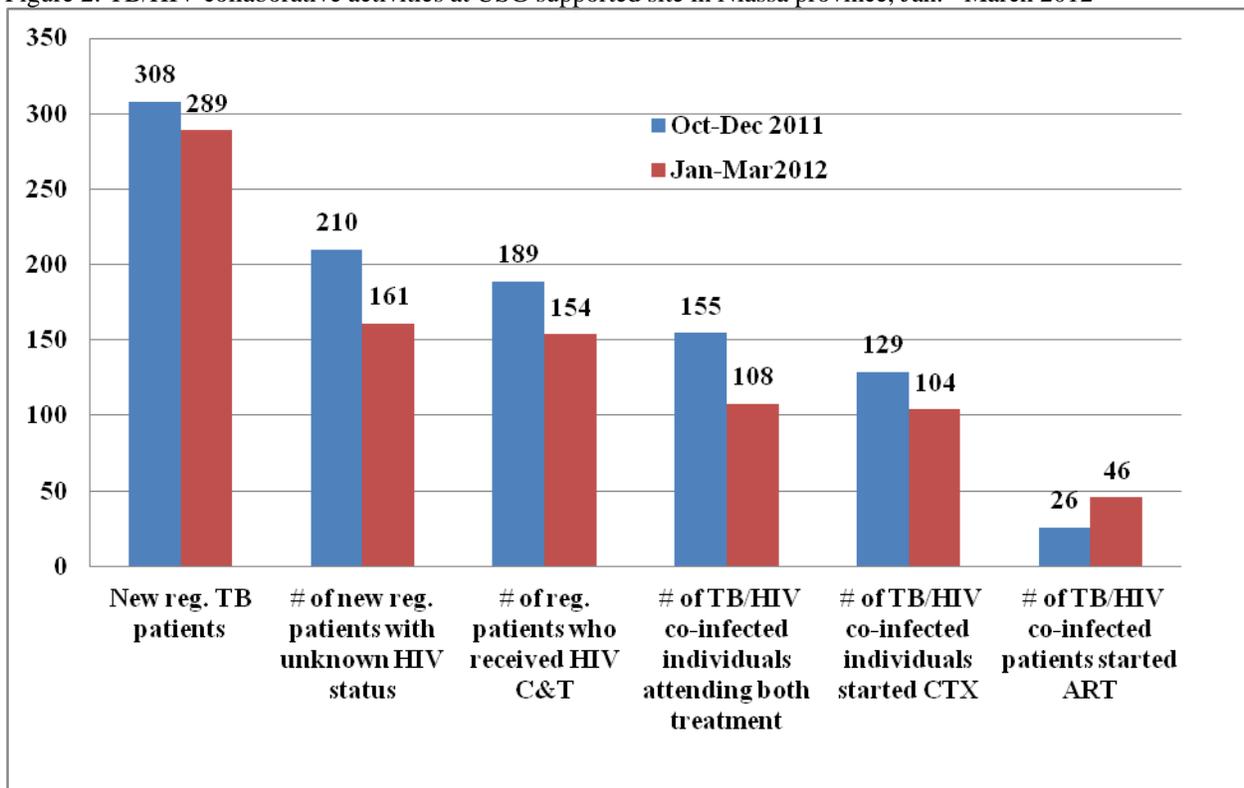
⁶ Individuals that miss the appointment in the health center, and doesn't show up in more than 60 days after the last appointment.

key intervention to the success to the health system in general. Cell phones and credit allowances will be allocated to 47 CCMs which include 22 who are stationed in health facilities and 21 in the communities in the catchment area the 21 ART sites and 3 supervisors. These phones will be used to track pre-ART and ART defaulters in their respective communities and also transmit, in a timely manner, all data regarding their activities in the field.

TB/HIV “One Stop Shop” Model and Universal Access

The integration of HIV services into TB clinics has dramatically increased. During the quarter, 289 TB patients were registered; of these, 161 (56%) had an unknown HIV status and of these 154 (96%) received counseling and testing services at TB sites. Of the 108 co-infection patients identified, 104 (96%) received CTX prophylaxis and 46 (43%) started on ART as a result of the initiation of the universal access strategy in Niassa province. Figure 2 below illustrates these improvements.

Figure 2: TB/HIV collaborative activities at USG supported site in Niassa province, Jan. –March 2012



The process used to implement the universal access strategy included technical assistance to all district health centers and on-the-job training. Intensive technical assistance on the One-Stop Shop model was given to staff in the new expansion sites namely: Muembe, Manjune, Maúa, Nipepe, Metangula and Lichinga health centers. This included presentation of the strategy to all clinical teams at each of the six health centers, training on the One-Stop Shop model, reorganization of the services to respond to this strategy, identification and provision of the forms and other working tools, and revision of the referral and counter referral tool for TB/HIV. All key staff from the 14 health centers received on-the-job training and mentorship on universal

access. By the end of this quarter, all 14 health centers were implementing the universal access model⁷.

However, even though all sites have received technical assistance, challenges remain. The infrastructure at five of the sites (Chimbonila, Muembe, Manjune, Maua and Nipepe) does not follow MOH guidelines and TB and HIV consultations are held in the same room where the ideal would be for each service to have its own room within the health facility. This can also be seen as a complete integration with one TB/HIV C&T clinic providing infectious diseases services while partial integration with TB/HIV integration in the TB clinic requires a strong referral system with a tracking system for PLWHA referred from ART clinic to TB clinic.

In collaboration with TB CARE, the CHASS public health technical officer organized and co-facilitated a provincial training regarding TB/HIV and TBMDR targeted to 26 health professionals. This is a key component to improve the quality of TB service provided. The project is also planning to introduce the “integration of partner testing” program as a routine component of prevention, care, and treatment programs in TB clinics and ensuring access to and provision of TB treatment and ART for those individuals clinically eligible as part of the “One Stop Shop” initiative.

Injection Safety/Infection Control/Biosafety

The CHASS/Niassa project staff provided technical assistance in the creation of an infection control and bio-safety committee in all the 14 districts plus Lichinga provincial hospital and Cuamba rural hospital. The committees in both hospitals are fully operational and have financial resources to support planned activities. Focal points for bio-safety were identified in the 14 districts but the committees are yet to be operational. In the first year of the CHASS/Niassa project, bio-safety equipment and materials were provided but were not sufficient. Currently some of the consumables like soaps, aprons, detergents and other cleaning materials are still urgently needed. These expenses will be included in the new DPS sub-agreement.

This quarter, two cases were reported on the use post-exposure prophylaxis (PEP). In both cases, a health professional was exposed and provided with PEP; one in Lichinga health center and the other in Nipepe health center. The project is facing challenges in the PEP reporting system as there is an initial form available at the health center sites but it is not connected to the other data collection forms in place such as NED. The CHASS/Niassa team is continuously reviewing the hygiene conditions at the health facilities to ensure that they are acceptable. However, the main concern and challenge for the project has been access to clean water and sanitation in most of the health facilities. In Marrupa health center CHASS project provided a new water pump system. In Maua the system is under development and by next quarter the project will start on-the-job training on hand washing and hygiene in the health facilities.

⁷ This consist in a HIV/TB co-infected patient receive treatment in TB ward for TB, ART, pharmacy, Lab, CT, and other services in one sector.

Prevention of Mother to Children Transmission and Counseling and Testing Services

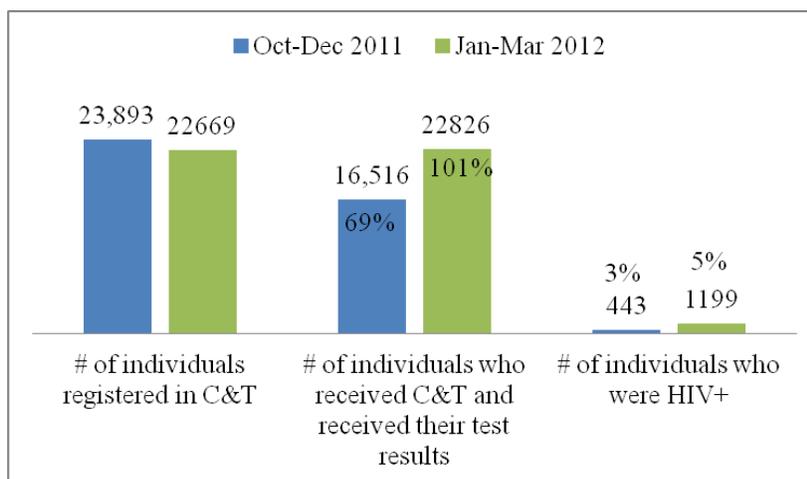
During this quarter technical assistance (TA) visits have been completed in all 45 CHASS/Niassa project supported health centers. Each health center received at least one TA visit this quarter, with some health centers receiving up to 3 TA visits. The visits provided an opportunity to introduce new registration books to the peripheral health centers where the DPS has difficulties reaching these sites due to distances. This pertains to the health centers in Chiuajota, Lione, Malene, Meripo, Lúrio, Etatara, and Chisaúa. Mentorship is provided to health staff to improve correct and complete data entry of the forms, advocating and sensitizing staff on the advantages of male involvement at PTMCT services and promoting counseling and testing of partners, and on the job training in the collection of PCR and CD4 samples at ANC sites. This system facilitates continuous professional development for cadres of the ANC in the continuously evolving field of HIV medicine.

To improve the quality of the TA, the team updated the TA tools to include the newly supported health centers. The updated tools were tested in Cuamba and Mandimba and included the SOC (standard of care) which is a very important tool to track performance of the main MCH indicators. Health staffs were introduced to this new tool and received orientation on how the tool can easily compare MCH data collected during the last visit dates to the current visit by health staff. The comparison will provide information on the performance of the site and what issues are being faced.

HIV Counseling and Testing (CT) Technical Support

This quarter a total of 22,826 individuals were HIV counseled and tested of which 1,199 (5%) were found positive in all supported services outlets providing CT, as reported in figure 3 below. In comparison to the last quarter there is a notable increase in the number of people tested. However stocks out periods continue to exist. To date, 27% of the annual target for counseling and testing has been met by the end of this quarter.

Figure 3: Result of C&T activities at USG supported HF in Niassa provinces, January –March 2012



Male partner involvement in antenatal voluntary HIV counseling and testing (VCT) has shown remarkable increase in VCT services to men at antenatal/PMTCT clinics with options for couple and individual counseling as an important opportunity and acceptable strategy for increasing male involvement in PMTCT and promoting male HIV testing. The project

continues to promote male involvement in antenatal clinical (ANC) voluntary HIV counseling

and testing (VCT). This intervention expanded from 13 health centers last quarter to all 45 supported health facilities. Of the 7,276 women who received their first ANC visit, 1,613 (22%) were invited and showed up at the health facilities with their respective partner and 1,555 of the partners accepted to be counseled and tested. The HIV test acceptance rate among partners was 96%, with a HIV prevalence of 2%. From October 2011 to March 2012, a total of 2,716 men attended an ANC clinic and 2,642 (97%) male partners were HIV tested, surpassing the annual target by 118%. The initiative was generally well received especially in the rural communities.

Some health centers such as Malica, Chinbonila, Chianjota and Machomane and Muembe demonstrate higher male involvement rates ranging between 50% to 100%. In the next quarter, the project will continue to expand its reach to male partners in all project sites. Male partners can play an important role in providing support in the uptake of antenatal VCT and MTCT prevention programs in the health facilities.

The CHASS/Niassa technical team continued to provide in-service training on how to accurately complete the registration books and monthly summary forms; strengthening couples counseling and partner involvement in the CT sites. On job training in CTIP for the providers of the 20 expansion health centers and routine job aids were provided to the 45 health centers. The Niassa province still faces severe stock out of Unigold and Determine tests over long periods of time (from a week to 3 consecutive weeks in some health centers)

Prevention of Mother-to-Child Transmission (PMTCT)

This quarter, 10,559 pregnant women were registered in ANC setting. Of the total number of women registered this quarter, 92% were counseled and tested (or knew their status upon entry) of which, 4% were positive and 96% of the HIV positive women were provided with ART prophylaxis at an ANC service (Figure 4). A significant achievement to be noted is that 96% of HIV positive women received a complete course of ARV prophylaxis at PMTCT/ANC and 96% of HIV exposed infants received ARV in the L&D setting. This can be attributed to increased availability of HIV tests and fewer stock outs, though there continues to be a need for improvement.

Availability of PMTCT registration books, on the job training by CHASS/Niassa technical staff and availability of ART medication are also contributions to a successful quarter.

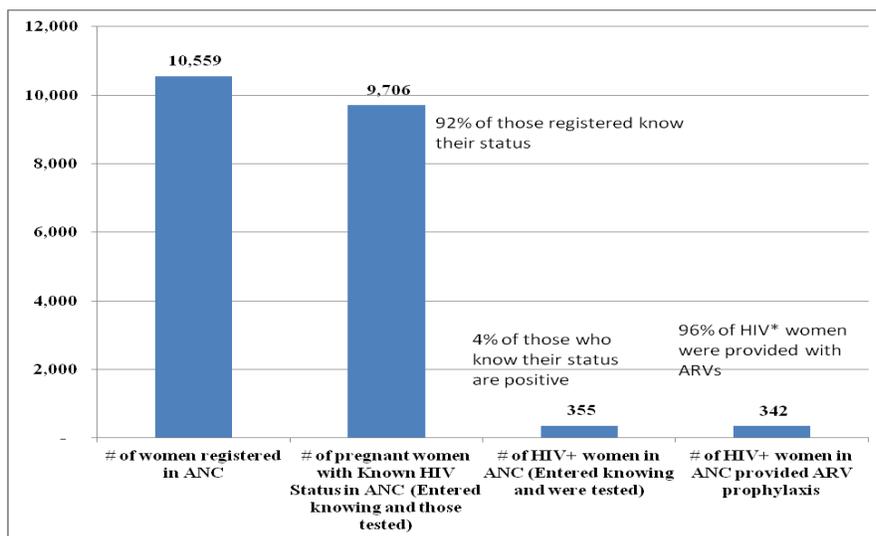
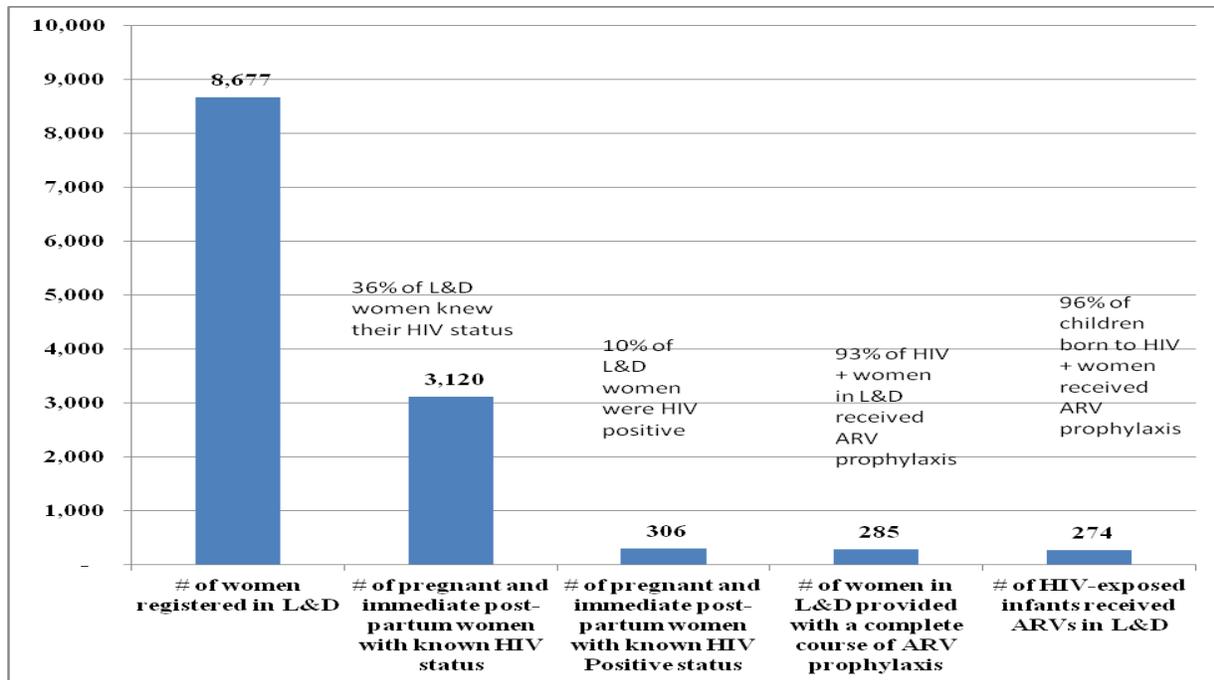


Figure 4: Levels of HIV + women in ANC from Jan-March 2012

In the L&D setting, over 8,677 pre and post-partum women were registered. Of them, 36% (3,120) either knew their HIV status upon entry or an HIV test and counseling were conducted. Of those who knew their status, 10% were HIV positive. To prevent HIV transmission to their children, 285 (93%) of the women agreed to take ARV as a prophylaxis. Ninety six percent of the exposed children were also provided with ARVs to prevent the transmission of HIV. See figure 5.

Figure 5: Levels of HIV testing and results among Pre and Postpartum women in L&D from Jan-March 2012



The number of women registered in L&D and coverage of women receiving HIV testing services reduced from 95% to 91% due to several facilities having a stock out of Unigold and Determine rapid test over two month period.

This quarter noticed a slight reduction in the number of women registered at ANC care setting in part due to seasonal work and health worker shortages. Many women work on farms and temporarily reside at their place of work due to the far distance from their home of residence. This period also coincided with the end of the rainy season which also limit the movement of community members who reside far from a health facility or unable to reach the health facility as dirt roads can be impassable or difficult to traverse.

By the next quarter the CHASS/Niassa project will continue to reinforce the use of the community case managers to expand community mobilization targeting women of reproductive age to ensure all pregnant women in targeted communities are aware of the benefits in accessing ANC services. At each technical assistance visit, CHASS/Niassa staff continued to review the use of the new registration books, reinforce its correct use and completion of registration forms and enhance linkages with community case managers who provide community mobilization services in their respective communities.

The DPS PMTCT program continues to face challenges in motivation of MCH nurses and district health staff, in general, including the chief medical and district directors. Part of the lack of motivation is due to insufficient resources and tools. During the quarter, stock out of key tests continued. HIV and syphilis tests, as well as, family planning commodities were not routinely available. A significant number of available ARV medications in many health facilities often have a shelf life of one month.

In addition, 5 health facilities have no MCH nurse on staff these include Lione, Lisiete, Entre Lago, Nungo and Meluluca health centers. In the next quarter, 27 MCH nurses will graduate from a pre-service training supported by CHASS/Niassa and the project will advocate for placing MCH nurses at sites without an existing nurse on staff.

Linkages between MCH, PMTC, ARV services

During the quarter, the team created and piloted a referral and counters referral form to be used to track pregnant and post-partum women and their babies referred to different services inside the health center. This tool facilitates referral from maternity to post-partum services, post-partum to Exposed Children Attending Clinics (CCR) including family planning, ART services, TB services and to pediatric ART and may contribute in reduction of loss to follow-up. The form has been tested in 5 health facilities, namely Cuamba health center and the Rural Hospital, Mandimba, Mecanhelas and Lichinga health centers. During the pilot phase, 78 patients completed a referral to different services within the health facilities.

Interested mothers are counseled to participate in the mother to mother (M2M) groups. The main audience for these groups is women receiving PMTCT and ART services, including mothers who have children in clinical pediatric ART care. Lichinga city and Muembe district organized two new groups this quarter. In other districts, a total of nine M2M groups are functional and operational in Massangulo, Chimbonila, Marrupa, Mecanhelas and Mandimba. Each of these groups held monthly meetings, provide psycho-social support at both the individual and group level and home visits to women who are HIV positive. The meetings include a nutritional component where a culinary demonstration is held to improve the nutritional habits and incorporation of local foods in the daily diet. The importance of breastfeeding and adherence to ART prophylaxis is also discussed during the monthly meetings.

The CHASS/Niassa project and the provincial MCH department anticipate that in coming quarter, the DPS will organize and facilitate replication training in community counseling for child feeding.

Family Planning counseling in MCH program

Integrated maternal and newborn health provided at facility level, includes services for postpartum family planning, malaria in pregnancy, and prevention of mother-to-child transmission of HIV. From January to March 2012, 7,402 women of reproductive age benefited from family planning (FP) counseling and acceptance of family planning methods: 2,064 received injectable methods, 4,717 received oral contraceptives and 51 received an IUD, throughout the 45 health centers supported by the project.

The CHASS/Niassa project staff continues to provide technical assistance and on job training in family planning to all the MCH nurses, commonly reviewing the new MCH log books which has a specific family planning section. The technical staff is working to increase the coverage but the challenge is still stock out of some family planning methods such as the pill and injectable. Some health centers have stock out of male and female condoms.

At this stage we are relying on the MOH data collection system, *modulo basico*, which does not disaggregate data by age, sex and service like youth friendly group, ANC, PMTCT, etc. The M&E team will work with their counterparts at the DPS to improve the quality of information and to further disaggregate by age and sex as well as other variables.

The community case managers also are playing an important role in promoting family planning and linking community members to health services. This quarter, the CCMs referred 229 clients to the health facilities for family planning (FP) and sexual and reproductive health (SRH) services. This has doubled from the last quarter. The CHASS/Niassa technical team and DPS staff discussed strategies to strengthen FP including post-partum family planning counseling, integrating FP services within the immunization schedule, and ensuring that all the post-natal women have access to at least one FP method. The project is assisting the DPS in the implementation of MOH strategy for integrated RH/FP/maternal and child health services.

Laboratory and Pharmacy Technical Support

Laboratory Technical Support

The CHASS/Niassa laboratory team continues to provide routine technical assistance to all supported laboratories at the 21 ART sites. It is important to note that Niassa has 5 reference laboratories in 5 of the most populated districts and 13 so called micro laboratories in the others. Most of the technical assistance is provided to the 5 reference labs which include activities such as clinical mentorship and, organization of lab patient flow. In the laboratory setting, use of small drop boxes has been instituted, where requisitions are dropped off in the box outside the laboratory to facilitate the uptake of the tests and minimizes patient's waiting time in delivering requisitions to a laboratory technician.

DPS has accepted an arrangement to use FHI 360 vehicles to transport the samples and deliver results from the health centers to the reference laboratories and vice-versa. This will support the transportation of CD4/PCR/ biochemistry and hematology samples and also the Sarampo, Cholera, TB MDR, and other lab consumables. The routes have been designed and the pilot phase will start in April 2012. We expect that this will alleviate the costs of renting private companies to transport the samples and can increase the number of tests performed to then reduce the waiting time in providing results back to the patients.

According to data from SCMS and the laboratory network system in Niassa, 4,370 CD4 tested were conducted using PIMA CD4, FACS Caliber and FACS count machines. The CHASS/Niassa team continues to advocate to the DPS to move the PIMAS machine from Maua to Mandimba or Mecanhelas where there is higher demand. The current location of the PIMA

machines is in Cobue and Maua which have lower demand in comparison to Mandimba and Mecanhelas. In the last quarter, the number of CD4 tests performed in Cobue and Maua was 188 and 216 respectively, in comparison to Mandimba and Mecanhelas which performed 456 and 759 tests respectively.

As part of the collaboration with TB CARE, rehabilitation of the laboratory in Cuamba hospital has been initiated to receive LED microscopes and a GeneXpert TB test machine. The selection of the final contractor will take place in the next quarter and the process of rehabilitation will commence shortly after selection and finalization of the contract.

Pharmacy Technical Support

The CHASS/Niassa Pharmacy team continues to provide technical assistance to Niassa provincial and district warehouses and CHASS/Niassa health facilities by monitoring the pharmaceutical stocks and facilitating the timely reposition process of products close to expiration. The stock out of some pharmaceutical products at the health facilities is still a challenge in this quarter. UNIGOLD, a common HIV test continues to have stock out. The CHASS/Niassa project established coordination and communication with the national warehouse to ensure requested supply of pharmaceuticals and supplies would be sent on time.

As the SCMS DELIVER project is the lead partner coordinating the provision of HIV tests and pharmaceutical products at the country level, the CHASS/Niassa project staff held a national level coordination meeting to discuss the quantity of pharmaceutical products needed in Niassa province, in particular HIV tests. It has been agreed that Niassa will update the formula used to project the quantity of HIV test kits. The current formula uses the HIV prevalence of 3% to project the number of test kits to be made available. After review and discussions with SCMS, this formula has been updated to an estimated 16%. This new projection will aim to minimize stock out of these products however the team will continue to monitor availability of pharmaceutical products at the health centers and strengthen forecasting and reporting of projected needs of each health center.

The CHASS/Niassa pharmacy technical officer and three DPS pharmacy and clinical staff participated in a national training on the 3^a edition of drugs integrated management manuals recently approved by MOH. This 15-day training held in Nampula city, aimed to improve the control and management, access, and rational use of drugs while aligning the national drug system across all provinces. The replication of this training is planned for provincial level pharmacy and clinical health staff in Niassa in the next quarter.

Positive Prevention

Positive Prevention has been recommended by the MOH and is being implemented in the 21 ART sites but data are not being recorded because of lack of clear orientation from the MOH. The DPS has recently received the tools for data collection that will be implemented in selected districts which have yet to be chosen. The project collaborated with the DPS to move from traditional HIV programs focus on individuals to a family-oriented intervention with the introduction of the Male Involvement in MCH/PMTCT program.

Monitoring and Evaluation

The CHASS Niassa M&E team made 27 Technical Assistance visits to 21 health facilities during this quarter. During these visits they spent the bulk of their time working to improve the information recorded in the health facilities' registries, 19 visits in all focused on this. In addition, they assisted sites with use of the data base, 7 sites, and made one follow-up visit to review work from the previous quarter. Several of these visits actually took place over multiple days in order to efficiently provide TA. In addition to these visits the team also recruited and trained data reviewers and then implemented the data collection for the Cohort Survival analysis during the month of March. The Provincial M&E Coordinator worked with the Director of SI to finalize the data collection process and instruments and then carried out the recruitment and training of data reviewers as well as the data collection and analysis itself.

CHASS/Niassa project is collaborating with MoH to print and disseminate clinical instruments in the province such as tracking books, forms, registration papers and folders.

Local community partners, CCM and ARV have received training by M&E technical staff on the use of *ficheiros moveis* and reporting requirements at the community level.

In the Lichinga Provincial Hospital, a database system - FUCHIA- developed by MSF is in place and used for HIV cohort analysis. CHASS/Niassa monitoring and evaluation staff have not been trained to manage this system and were faced with difficulty in producing standard reports to facilitate program-level monitoring in Lichinga provincial hospital and Lichinga health center. Patients receiving HIV drugs had their appointments and treatment regimens recorded in the FUCHIA database and are valuable resources in the routine monitoring and tracking of patients loss to follow-up. To minimize interruption of these activities, the CHASS/Niassa project hired the M & E officer who formerly worked with MSF with extensive experience on the functionality of the database to train the health staff in the various functions and applications available to track and follow-up patients on ART.

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

CHASS/Niassa continues to support community services throughout the 14 districts. Two main partners, Conselho Cristão de Mocambique and Associação Renascer a Vida (ARV) are funded to manage and support community case managers. This quarter, an increased emphasis was placed on data collection to monitor and track progress of linking community members to clinics and on the follow-up of clients on ARV to support adherence and minimize loss to follow-up. Both local organizations, received training from the CHASS/Niassa M&E staff on the use of reporting tools, log books, and referral and counter-referral tools. CHASS/Niassa community team provided routine follow-up and support to both organizations to implement community mobilization and linkages to health facilities. In addition, the roll-out of the GAAC strategy is also closely monitored by the community CHASS/Niassa technical officers who require mentoring to community members developing the community groups and supervision support by DPS and SDSMAS.

Key Accomplishments this Period

- ✓ 15 new Community Adherence Support Groups (GAAC) were formed this quarter, 49 GAACs actively working in Mandimba, Cuamba and Mecanhelas districts;
- ✓ In community counseling and testing, a total of 404 individuals counseled, out of which 139 (35%) were tested for HIV. Of those tested for HIV, 14 (10%) tested HIV positive by ARV volunteers;
- ✓ A total of 248 children between 6-59 months were attended to at an outpatient clinic. A total of 7,843 packets of plumpy nut (TRTU) have been distributed.

Community Case Management

Conselho Cristão de Moçambique (CCM) and the Associação Renascer Vida (ARV), two local organizations finalized their sub-agreement as of agreement in January 2012. Conselho Cristão de Moçambique will be responsible for leading the implementation of community case managers in 13 districts and ARV will be the lead organization in Lichinga city only.

A three-day refresher training course was held with the 53 community case managers (CCM) in Lichinga City. The meeting was facilitated by the CHASS community services team to provide updated information on HIV, family planning, counseling and testing, and new referral and counter referral log books, monitoring and evaluation, malaria, TB, hygiene, water and sanitation and nutrition. All the CCM who participated in this refresher training are now working in their respective districts/health centers.

Conselho Cristão de Moçambique also selected 35 new CCM for the expansion districts. In Lichinga city, ARV selected 10 new Community Case Managers (*activistas*) for the three health sites. All newly selected CCMs were trained in community mobilization, referral and counter referral strategy, active case finding, home visits, and an overview of HIV prevention and care and treatment services. After the training, they were immediately deployed to work in their respective communities. Results from this quarter include, 1,073 IEC sessions conducted, reaching a total of 65,693 community members with messages on ART literacy, family planning ANC and use of health services in general, HIV and TB prevention, WASH, malaria prevention and treatment, etc., in all 14 CHASS project implementation districts.

ARV in collaboration with CHASS Community services Officer conducted a refresher course for 10 community case managers (CCM) in community counseling and testing. They were then provided with the necessary tools to implement community level activities. The project is only implementing community HCT in the City of Lichinga. During this period, 404 individuals were counseled, out of which 139 (35%) agreed to be tested and 14 (10%) tested positive for HIV and referred to the health center for follow-up. The significant difference between counseled and tested individuals is related to stock out of UNIGOLD and Determine HIV tests.

Linkage with TB Care and ComCHASS

By the end of this quarter, monthly review meetings between TB CARE, ComCHASS and CHASS took place at each of the 21 ART sites. These meetings are held to discuss clinical

challenges and means of addressing them. The local organizations implementing community based DOTs under TB care, home-based care under ComCHASS, the CHASS/Niassa supported Community Case Managers, and the GAAC focal point are collaborating in all community support services.

GAAC (Community Adherence Support Group)

During the reporting period, 15 new GAACs were formed throughout the province; 3 in Mecanhelas, 7 in Mandimba and 5 in Cuamba. A total of 49 GAAC's were formed this quarter (Table 2). Cuamba district increased the number of GAACs from one to six due to the re-organization of clinical services at the district health center to give more support and direct linkage between the groups and the health centers.

The national task force provided recommendations to be carried out by the provincial GAACs teams. A pilot phase II of the GAACs will apply the recommendations to update M&E tools and increase co-participation of other community projects in overlapping districts (CHASS Niassa, TB Care, and ComCHASS). Technical assistance provided by the community support services team focused on updating registration log books, providing 60 ART stock tracking forms, and 45 monthly summary forms. A national monitoring visit will be held in Niassa from April 3 to 27 to review the progress of the GAACs strategy, and perform site visits to the groups in their community.

Table 2: Resumo de GAACs nas US apoiadas pelo USG na provincia de Niassa de Janeiro a Março de 2012

			Menores de 15 anos			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						34		
	A.2)	Nº de novos grupos formados durante o Trimestre						15		
	A.3)	Nº de grupos desintegrados durante o Trimestre						0		
	A.4)	Nº cumulativo de grupos activos até o fim do mês (A.3 = A.1 + A.2 - A.3)						49		
PACIENTE	Entradas	B.1)	Nº cumulativo de entradas aos GAACs até o fim do Trimestre anterior	0	1	1	94	33	127	128
		B.2)	Nº trimestral de novos pacientes inscritos nos GAACs durante o Trimestre	1	0	1	48	12	60	61
		B.3)	Nº cumulativo de entradas nos GAACs até o fim do mês (B.3= B.1 + B.2)	1	1	2	142	45	187	189
	Said as	B.4)	Nº cumulativo de pacientes nos GAACs transferidos para outras US	0	0	0	0	1	1	1
		B.5)	Nº cumulativo de pacientes nos GAACs de abandonos	0	0	0	1	0	1	1
		B.6)	Nº cumulativo de pacientes nos GAACs de óbitos	0	0	0	2	0	2	2
		B.7)	Nº cumulativo de pacientes nos GAACs de suspensos	0	0	0	2	0	2	2

	B.8)	Nº de <u>cumulativo</u> de pacientes que saíram os GAACs (B.98= B.4 + B.5 + B.6 + B.7)	0	1	1	94	33	127	128
Actual	B.9)	Nº de pacientes activos nos GAACs <u>até o fim do Trimestre</u> (B.9 = B.3 - B.8)	1	0	1	48	12	60	61
SEGUIMENTO	C.1)	Nº de aviamentos ARV (por paciente) registados no Livro de Registo GAAC <u>durante o Trimestre</u>	0	0	0	0	0	0	0
	C.2)	Nº de consultas de seguimento registados no Livro de Registo GAAC <u>durante o Trimestre</u>	0	0	0	0	0	0	0

Nutrition, access to food and utilization

From January to March 2012, the CHASS project Nutrition Advisor continued providing technical assistance to health facility staff in Lago, Sanga, Majune, Maua, Nipepe, Muembe, Lichinga City and Lichinga Districts. As nutrition cross-cuts various departments within the health unit, health staff who provide MCH (including PMCT, postpartum consultation, healthy child consultation, consultation and child at risk maternity), pre-ART, and ART, TB/HIV and pharmacy services are the main recipients of technical assistance. A consistent and significant finding from on-site TA is that pregnant women are not routinely receiving a nutritional assessment during a consultation. The assessment will help determine whether a baby will be born with low birth weight which is a common issued faced in Niassa province as the current rate of low birth weight deliveries is 6.7%.

On-site technical assistance visits, re-emphasized the need to perform nutritional assessments and nutritional education activities for pregnant women in PMTCT services, children in CCR and other patients during pre-ART, ART and TB / HIV consultations in the districts of Sanga, Maua, Nipepe, Muembe, Lichinga districts and Lichinga city. During the reporting period a total of 248 children between 6-59 months were attended to at an outpatient clinic who received 7,843 packets of TRTU (plumpy nut). From these cases we have 7% (19/248) who were discharged for recovering from malnutrition. A total of 8.5% (21/248) of HIV+ children identified as severely malnourished (Weight/Height <70%) and 5% (12/248) with moderate malnourishment (W/H 70-85%).

Table 3: Number of Children aged 6-59 months attended in the outpatient of USG supported health facility for HIV in Niassa province from January to March 2012

Name of District	Transferred from inpatient care	HIV+severely malnourished	HIV+ Moderately malnourished	HIV - Severely malnourished	HIV- Moderately Malnourished	Children recovered	Death
Mandimba	2	2	0	1	0	0	0
Majune	2	0	0	0	2	0	0
C. Lichinga	2	5	9	150	0	6	0
Maua	7	9	1	0	0	0	0
Nipepe	0	0	2	0	1	0	0
Metarica	1	1	0	3	0	2	0
Muembe	1	3	0	0	0	3	0
Marrupa	2	0	0	42	0	6	1
D. Lichinga	4	1	0	10	6	2	0
Province	21	21	12	206	9	19	1

* Sever malnourish means **Weight/Height <70%**, PB<11cm/edema

** Moderately malnourished means **Weight/Height 70-85%**

Analyzing Table 3 we noticed that we have more children (83%) without HIV, with severe malnutrition (w/h<70%, MUAC<11cm/edema) without complication; the District of Marrupa and Lichinga City have contributed to an increased number of cases of malnutrition. The city of Lichinga probably has a higher case load because of children transferred from other districts. Thirty-three HIV positive children received therapeutic or supplementary food (plumpy nut, milk F100 and F175). The challenge for Niassa province is the lack of support from WFP which could provide the supplementary food (CSB).

It was observed that all districts are not properly filling out the CCR's registers, probably due to the lack of altimeters at the consultation room and the MUAC tapes. For example the Maua District Staff administered the TRTU without doing a proper nutritional evaluation. All the 16 districts in Niassa are now experiencing stock outs of therapeutic milk. This affects treatment and can contribute to increased deaths from malnutrition in the hospitals.

The distribution of plumpy nut remains high in Mandimba and Majune, while other districts do not have the minimum amount of stock available (Metarica and Maua) for distribution. On the other hand the distribution at district level at times does not correspond to the number of patients (in Mandimba, Nipepe and Muembe). This could be a result of a poor registration system or misuse of stock.

A total of 227 participants participated in counseling and cooking demonstrations using local products in the District of Lago, Majune, Sanga, Maua, Nipepe, Muembe, and Lichinga.

Picture 1. Community in a cooking demonstration



The participants included members from mother to mother group, health technicians, activists and key leaders from the community.

The CHASS Nutritional advisor participated in a national and provincial technical working group where the need for an M&E instrument on the Nutritional

Rehabilitation Program was discussed. It was suggested and recommended that each provincial implementing mechanism would support the province in reproduction and transport of the updated nutrition registration and M&E tools. This will be discussed with the DPS to facilitate the allocation of funds from the sub-agreement for this unplanned activity.

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

- ✓ Continued financial support to cover provided for initial training of two groups of intermediate level nurses (SMI 35) and pharmacists (24); and
- ✓ 27 MCH basic level nurse candidates finalizing their final exams and will graduate in April 2012;
- ✓ 2 staff based at provincial level and 17 SDSMAS HR managers were trained and are using SIP⁸ in HR Management

Technical assistance and follow-up visits to staff trained in 2011

As part of strengthening financial management capacity in the DPS and SDSMAS, CHASS Niassa performed a follow-up visit to evaluate the performance of the staff previously trained in 2011 on financial management, procurement of goods and services, records management and inventory management. The Department of Provincial Administration and Finance (DPAF) participated in this evaluation to assess the degree of compliance in implementing recommendations agreed in the training. The sites selected for this visit included SDSMAS Nguama, Cuamba and Metarica. The evaluation team met with the technicians to review progress made in the documentation and management of essential processes such as financial record keeping, adherence to GRM procedures, and registration of assets. Specific findings from the evaluation are:

⁸ Sistema de Informação de Pessoal

- ✓ Reluctance of financial management and procurement officers to adhere to procedures.
- ✓ Significant progress noted in the area of inventory management and records management with respect to application of existing rules, despite difficulties in obtaining the necessary office supplies to carry out their work (file folders, ledgers, separators and consumables).
- ✓ Visible difference between SDSMAS and health facility staff in applying concepts learned from training. The Cuamba Rural Hospital team demonstrated mastery of administrative procedures and a continuous commitment to improving existing systems.

Annual meeting review of activities of the Department of Provincial Administration and Finance (DPAF)

CHASS/Niassa provided technical and financial support to carry out an annual review meeting for DPS and SDSMAS administrative and finance staff. The meeting was an opportunity for each SDSMAS and DPS to review annual statement of accounts and to follow-up on degree of implementation of recommendations made previously at each of the sites. An in-depth site visit at Lago district reviewed existing administrative management and processes. During the on-site visit, the following steps took place:

- Reorganized the administrative sector, checked and corrected the errors in the DPS financial processes of various GRM accounts, stock control sheets and verified documents in accordance with the budget legislation in force (Law No. 9 of February 12).
- Restructured the SDSMAS management team (separation of accounting and purchasing function), provided support to operationalize the procurement management unit, provided TA to conduct a district needs assessment, provided TA to elaborate a district procurement plan (UGEA).
- Updated SDSMAS Lago inventory of fixed assets.
- Establishment a provincial hospital management committee, including elaboration of TOR's.

Strengthening Human Resources for Health

To further improve human resource systems within Niassa, support was provided this quarter to the DPS staff to attend a national level training on the human resource information system (HRIS). A delegation from the DPS composed of 19 DPS/Niassa technical staff which included Personnel Information System (SIP) operators, district HR managers and head of the provincial department of human resources participated in HR training.

The objectives of the training were:

- ✓ Provide HR staff with technical expertise on data entry, processing, backup, data transmission;
- ✓ Train managers and technicians in the preparation of HR reports and use of statistical data on Human Resources for Health (HRH);
- ✓ Train managers and technical HR in sending the updated human resources information

using the standardized tools SIP and Excel spreadsheets).

As a result, HR staffs are now equipped to use the MOH SIP in HR management and will be able to know the number of staff available in the province, update the DPS staff tracking system and ensure correct follow-up of the staff. District level staffs are now able to forward paper based report to the DPS provincial HR SIP based staff, whose responsibility it is to update the SIP. Next quarter, the project will fund and participate in the MOH five-day workshop in Niassa for the presentation of new template for the PES.

Pre-service Training

The CHASS/Niassa is committed to support training of health staff to be placed in health facilities throughout Niassa province to address severe health worker shortage. Three pre-service trainings are being funded through CHASS/Niassa with an aim to increase the number of skilled MCH nurses and pharmacists available at the provincial level. The three pre-service training courses are: Basic MCH nursing in Cuamba; intermediate MCH nursing in Lichinga and an intermediate pharmacy course in Nampula. The first graduates from the Cuamba training institute will take place April which will graduate 28 nurses with basic MCH skills. The intermediate nursing course is training 28 students and the pharmacy training course has 24 students currently enrolled. The anticipated graduation date is July 2013 for both courses.

Scholarships

Higher level training is being made available to senior managers of DPS Niassa and SDSMAS to strengthen skills in management. Two eligible candidates will have an opportunity to attend a Masters level program in Public Health, Epidemiology and Management of Health Services in Mozambique and South Africa. Partial support for the tuition will be provided through the CHASS/Niassa project. This quarter, two candidates have been identified and are currently submitting their application to proper universities. After the University acceptance details will be provided.

DPS Sub-agreement

During the quarter, the DPS sub-agreement continued to support pre-service training, in-service trainings, institutional support for transportation and rehabilitation, supervision, printing of routine forms and discrete district-level activities. A change in the management of pre-service training has been included where payments are based on the number of students enrolled each month to shift the focus on results to be attained in strengthening available human resources. The DPS is being oriented on this approach and administrative requirements to be met each month.

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

CHASS project continues to coordinate with Project C.U.R.E to receive medical equipment and supplies for Sanga and Machomane health centers. Project C.U.R.E has sent an inventory of

items to be donated which is being reviewed by the DPS. The project will continue the follow-up of this process with the DPS and Project C.U.R.E.

Gender

During the quarter, MULEIDE trained 13 directors of the SDSMAS and 14 health staff including FHI 360 staff in the MOH gender strategy. The training took place from 6th -8th of March with participation of the Gender National Advisor, Dr. Francelina Romão. This training aimed to strengthen the health staff at the district level to screen and identify patients who may be victims of gender-based violence and sensitize the community leaders regarding violence against girls and women. Materials used were designed by WLSA and the MOH to mainstream gender in the health sector.

Through MULEIDE, a gender officer has been placed in Lichinga to provide technical assistance to the health facility sites to mainstream gender in their daily work. This quarter, Chaula health center noticed a substantial drop in the number of female ART patients. Anecdotally, female patients at this site are not being permitted by their husband to travel to the health center to pick up their medication. Health workers including MCH nurses and other technical officers are being sensitized to support both men and women to access the health center routinely. Each health facility has designated a gender focal point and will be developing a plan to address gender equity and gender-based violence in their routine clinical meetings.

The referral system for gender based violence remains weak in Niassa. This quarter, a meeting was held with Instituto para a Promoção da Assistência Jurídica (IPAJ) to open the discussion in providing legal support to victims of gender-based violence in Niassa province. Health centers will be an avenue for referral to these services and can also provide education to patients on availability of legal services in the community. Additional coordination meetings were held with the Gabinete Provincial de Atendimento à Mulher e Criança. This government department is already in place and has been able to start the process of documenting and registering the number of women who may have been victims of gender-based violence. From this initial meeting, it was clear this agency is very open to collaborating with the project in all districts to ensure women are referred to support services such as police, health centers, community and psychosocial support.

FHI 360 staff submitted a GBV proposal in response to a RFA recently released by USAID. In the proposal, the CHASS/Niassa project proposed implementing strategies for scaling up GBV in CHASS/Niassa programming building on the recent efforts of the GRM and civil society to address the issue of GBV and to support PEPFAR Mozambique Plan for the Gender-Based Violence Response Initiative. The activities will start once approval is received on the final proposal and budget submission.

Quality Improvement (QI) Technical Support

The use of quality improvement methods to identify changes within the health system is being used. With support from FHI 360 quality improvement advisor, the CHASS/Niassa team continues to refine the topics for quality improvement which is a collaborative effort between the

clinic staff and FHI 360 clinical advisors to understand issues within the current system that are barriers to clinic performance. During this quarter, five QI teams continued implementation of their selected topics. Mandimba, Ngauma and Sanga districts are actively involved in the implementation of quality improvement within their health facility sites. A project focused internally on the CHASS/Niassa management systems to improve technical assistance has initiated. The remaining project identified to improve the referral system, has yet to start and in the next quarter will undergo further refinement of the topic and process.

Small infrastructure rehabilitation

CHASS project staff continued provision of technical support in the area of infrastructure of less than \$25,000 the following achievements were made this quarter:

- In the health training center (Centro de Formação de Lichinga), the rehabilitation of the water pump system is complete and all payments have been made.
- A contract to rehabilitate the Marrupa Rural Hospital Water System is complete;
- Rehabilitation of the Lichinga provincial laboratory was initiated this quarter with a completion date of April 2012.

In the next quarter, rehabilitation of the Ngaúma Lab and the general rehabilitation of the Chimbonila health center will start. Both have been discussed with DPS and are part of the ongoing DPS Sub- agreement amendment.

III. Project Management

Staff Changes

During the quarter, no significant staff changes have taken place. A new hire has joined the FHI360 M & E team to serve in the role of database manager and will also support CHASS/Niassa. This is a cross-cutting position to support the development and management of a centralized database that will house M&E data across all FHI 360 projects.

IV. Approaches to Overcome Challenges and Lessons Learned this Quarter

This quarter brought a number of successes and challenges in providing care and treatment to both adults and children who are HIV positive. The CHASS/Niassa team is proactive in finding solutions but continues to work through challenges to improve overall implementation.

The delay between eligibility for antiretroviral treatment and actually initiating treatment is also an issue of concern to the CHASS project. When patients test HIV positive, they may not all be ready to take ARV drugs yet but many of those who are eligible do not start treatment on time. Patient retention is an important aspect of the project but presents many challenges that must be overcome if patients are to successfully remain on treatment. CHASS is reengineering its TA tools and procedures to ensure that patients start treatment early and that access and adherence to treatment is as straightforward as possible. The tools started to be used in early march, now are the main tools in use in whole province.

Lack of MCH Nurses in Lione, Lisiete, Entre-lagos, Nungo and Meluluca health centers is negatively impacting quality of MCH/PMTCT services. At sites with no available MCH nurse, patients are not continuing with their medication as follow-up care is not being provided. This challenge has been discussed with the DPS. A cadre of 27 MCH nurses will be graduating from Cuamba Training Institute in April 2012. These nurses are anticipated to be placed at health facilities lacking adequate health staff.

This quarter, with the presence of community case managers at the ART supported sites, it is anticipated the number of patients loss-to-follow-up will be reduced. Two local organizations have executed subagreements or fixed obligation grant to support the roll-out and monitoring of community case managers. Conselho Cristao de Mocambique and ARV have trained volunteers in their relevant geographic area to specifically focus on loss-to-follow-up. Tracking of “*abandonos*” and “*faltosos*” continues to be improved within the current data collection system. A case of “*abandonos*” should be separated from a case identified as “*faltosos*”. Based on initial estimates, higher number of “*abandonos*” are found but the system is not making a distinction on the reason for loss to follow-up.

There continues to be a high number of non-identified patients for various reasons. Long distances to travel to the health facility and need to remain anonymous at the health facility site are both attributed to patients not returning to a clinic site for a follow-up visit. Patients can live as far as 50 km and do not have access or the means to afford transportation, thus limiting their potential in making a return visit. Anonymity of patients also ties into the provision of false names or nicknames upon registration. Incorrect contact information leads to difficulty in the case manager to find to patients or contacting them via mobile telephone. Health facility staff are working to improve the reliability of contact information, by confirming a valid cell phone number or to receive an alternate number where a patient can be confidentially reached.

The sub-agreement with the DPS is a new funding instrument. Recently, the project has made few changes in the management of funding for pre-service training to facilitate payments based on a unit cost per student enrolled. This will focus the pre-service component on targets to be met over the course of the subagreement. The procedures are new to the DPS and require training and follow-up to ensure compliance and minimize risk.

Lessons Learned

Transport of CD4/hematology Samples

The transport of CD4/hematology biochemistry specimens to and from the health facilities is expensive and unsustainable in the long-term. DPS and CHASS/Niassa are reviewing various options including the use of PIMAS machines as an affordable method for enumerating CD4+ T-cells, technically simple, and economical in that it can use either electricity or battery. It is fully automated and thus, useful in remote settings. The machines would minimize the reliance on FHI 360 vehicles. In the interim DPS will continue to rely on FHI 360 vehicles until a longer-term solution is identified.

Renegotiating the quantities of HIV test kits provided to Niassa province

The stock out of HIV tests and other medical products remains a constant constraint in the provincial health system. This quarter, further analysis was carried out in the forecasting of HIV test kits which identified several factors contributing to the stock out. There continues to be a need to improve forecasting and improved stock management by the district sites, however the initial estimate for HIV test kit consumption should be revisited. The SCMS DELIVER project, led by JSI estimated consumptions rates on the current HIV prevalence of 3%. However the overall demand for HIV tests has been increasing throughout the province resulting in higher consumption of test kits. The CHASS/Niassa team met with JSI to revisit the existing formula and have proposed an update in estimating 16% of the total population will perform an HIV test in the next year.

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-December 2011	Jan-March 2012	April-June 2012	July- Sep 2012	Total	Target FY 2012	% Achievement
PREVENTION OF MOTHER TO CHILD TRANSMISSION							
Number of unique pregnant women registered	11,325	10,559			21,884		N/A
Number of pregnant women counseling and testing for PMTCT	10,405	9,583			19,988		N/A!
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).	10,480	9,706			20,186	42,593	45%
Number of pregnant women with known HIV <u>positive</u> status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	421	355			776	1,468	53%
Number of pregnant women provided with an antiretroviral prophylaxis in a PMTCT/PN setting.	407	342			749	1,028	73%
Total number of unique pregnant and postpartum women registered	8,958	8,677			17,635		
Number of pregnant and immediate post-partum women with known HIV status (includes women who were tested for HIV and received their results)	920	3,120			4,040	9,172	44%
Number of pregnant and immediate post-partum women with known HIV Positive status (includes women who were tested for HIV and received their results)	246	306			552	1,085	51%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	282	285			567	778	73%
# infants born to HIV+ women who received an HIV test within 12 months of birth	29	182			211	872	24%
Total # HIV-exposed infants received ARVs to reduce risk of MTCT in L&D setting	252	274			526	923	57%
Number of children (<18 months) born to HIV+ pregnant women who are started CTX prophylaxis within two months of birth	56	247			303	872	35%
Number of HIV positive pregnant women in ANC who have initiate CTX	110	201			311	514	61%
Number of partners of women who are HIV tested in ANC sitting	1,088	1,554			2,642	2,130	118%
COUNSELING & TESTING							
Number of service outlets providing counseling and testing according to national and international standards	45	45			45	45	100%
Number of individuals registered	23,893	22,669			46,562	60,485	77%
Number of individuals who received counseling and testing for HIV and received their test results	16,516	22,826			39,342	144,677	27%
Number of individuals who received counseling and testing for HIV and whose results were HIV+	443	1,199			1,642		N/A
Number of individuals trained in counseling and testing according to national and international standards							N/A
HIV/AIDS TREATMENT SERVICES							
Number of outlets providing antiretroviral therapy	21	21			21	21	100%
Number of individuals newly initiating ART during the reporting period	3,946	591			4,537	5,247	86%
Number of individuals who ever took ART during the reporting period	5,778	6,882			6,882	8,155	84%
Total number of individuals currently taking ART during the reporting period	5,560	5,920			5,920	7,055	84%

Number of new HIV/AIDS patients who are screened for ISTs during their first visit	1,473	1,746			3,219	7,056	46%
Number of HIV + adult and children receiving a minimum of one clinical service	2,863	8,488			11,351	14,111	80%
Total number of health workers trained to deliver high quality ART services					-		N/A
TB/HIV SERVICES							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	14	14			14	14	100%
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	129	108			237	847	28%
Number of HIV+ patients that were screened for TB in HIV care treatment settings	1,030	1,168			2,198	8,466	26%
Number of new registered TB patients at USG supported TB service outlet	308	289			597		N/A
Number of registered TB patients who received counseling and testing for HIV (& received their results) at USG supported TB service outlet	189	154			343	392	88%
Number of TB (co-infected) patients who started CTX	129	104			233	196	119%
Number of HIV Positive TB (co-infected) patients who start ART	26	44			70	157	45%
Number of HIV+ eligible person receiving CTX prophylaxis		6,901			6,901	8,466	82%
Number of individuals trained in TB/HIV co-infection according to national and international standards					-		N/A
OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING							
Number of Local Organizations provided with technical assistance on HIV policy/programs development and institutional capacity building	1	3			3	3	100%

ANNEX B: List of Health Facility Sites

Districts		Health Facilities	TARV	PMTCT	CT	TB	LAB/Pharm
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	√	√	√	√	√
	26	Maiaca Health Center		√	√		
Cuamba	27	Cuamba Rural Hospital	√	√	√	√	√
	28	Cuamba Health Center		√	√		√

	29	Etatara Health Post		√	√		
	30	Lurio Health Post		√	√		
	31	Mitucue Health Post	√	√	√		
	32	Malapa Health Center		√	√		
	33	Muetetere 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 centres					
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	14	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, January to March 2012:

Technical Area	Target Group (s)	N° of Participants	Dates	Location
Training in new HIV/AIDS registration and reporting tools	District chief medical doctors, M&A officers and HIV focal points.	85	March 05-07 2012 March 12-14 2012	Lichinga city
ToT in gender approach integration in health sector	Nursing supervisors, district medical doctors.	29	March 06-08 2012	Lichinga city
Total		114		

ANNEX D: Financial Summary

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

Item	Total Estimated Amount (LOP)	Year 1 and 2 Estimated Budget	Total Actual Expenditures Aug 01, 2010 – Mar 31, 2012	Total Expenditures October 1, 2011 – March 31, 2012
Personnel	\$9,422,224	\$3,543,252	\$ 2,308,626	\$532,946
Fringe Benefits	\$3,358,111	\$1,227,821	\$ 821,573	\$194,257
Consultant	\$77,081	\$9,222	\$ 0	\$0
Travel and Transport	\$2,332,475	\$927,435	\$861,085	\$242,663
Equipment	\$502,858	\$359,562	\$226,969	\$8,976
Supplies	\$72,600	\$36,626	\$55,552	\$2,641
Subrecipient and Grants	\$6,578,875	\$3,395,214	\$1,230,776	\$436,809
Other Direct Costs	\$4,241,367	\$1,749,223	\$3,042,982	\$1,904,911
Sub-total Direct Costs	\$26,508,510	\$11,297,355	\$8,547,563	\$3,323,203
Indirect Costs	\$5,814,142	\$2,240,921	\$2,093,950	\$863,917
Total US\$	\$32,332,654	\$13,538,276	\$10,641,513	\$4,187,120
Cost-share	\$3,232,265	\$1,348,989	\$295,798	\$295,798
Grand Total	\$35,554,917	\$14,887,174	\$10,937,311	\$4,482,918

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

ANNEX E: Subcontract and Sub-agreements under CHASS/Niassa

Implementing Agency Name	Project Dates	Intervention Area	TOTAL Estimated (by Subagreement)	TOTAL Obligated (by Subagreement)	Cumulative Spend to Date	Obligated Amount Balance
Food for the Hungry	August 1, 2010 to May 31 2015	Nutritional Technical Expertise	\$578,109	\$218,097	\$153,967	\$69,671
Abt Associates	August 1, 2010 to May 31 2015	Health Systems Strengthening	\$2,113,538	\$336,731	\$252,686	\$155,352
CDS – Comissão Diocesana de Saúde*	August 25, 2010 to September 30, 2011	Community mobilization in Cuamba/Peer case management	\$49,575	\$49,575	\$49,939	\$78
MULEIDE	July 1, 2011 to April 30, 2015	Gender integration	\$187,840	\$93,617	\$33,242	\$67,255
CCM – Conselho Cristão de Moçambique	January 1, 2012 to September 30, 2012	Community Mobilization and management of community case managers	\$95,000	\$95,000	\$38,932	\$41,889
ARV – Associação Renascer a Vida	February 1, 2012 to September 30, 2012	Community mobilization and follow to ART patients	\$19,543	\$19,543	\$2,443	\$14,657
DPS/Niassa	November 1, 2010 – September 30, 2012	Pre-service training; in-service training; supervision; rehabilitation and systems support	\$1,177,256	\$1,091,832	\$1,005,865	\$85,967
TOTAL				\$1,904,395	\$1,537,074	\$367,321

*In a close-out process