



## Seventh Quarterly Performance Report

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

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## Acronyms

<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>BK</b>	Detection of acid-fast bacilli (AFB).
<b>CBO</b>	Community-Based Organization
<b>CHASS</b>	Clinical HIV/AIDS Services Strengthening
<b>CCM</b>	Community Case Managers
<b>CCM</b>	Conselho Cristao de Mocambique
<b>CCR</b>	Exposed Children Attending Clinic
<b>CDS</b>	Diocesan Committee for Health
<b>COP</b>	Chief of Party
<b>CT</b>	Counseling and Testing
<b>CMAM</b>	Central de Medicamentos e Artigos Médicos/ Central Warehouse of Drugs/pharmaceuticals
<b>DBS</b>	Dried Blood Spot
<b>DDSMAS</b>	District Directorate for Health, Women and Social Welfare
<b>DPS</b>	Provincial Health Directorate
<b>DQA</b>	Data Quality Assurance
<b>FH</b>	Food for the Hungry
<b>FHI</b>	Family Health International
<b>FP</b>	Family Planning
<b>FY</b>	Fiscal Year
<b>GAAC</b>	Community Adherence Support Groups
<b>GRM</b>	Government of the Republic of Mozambique
<b>HBC</b>	Home-Based Care
<b>HF</b>	Health Facility
<b>HMIS</b>	Health Management Information System
<b>HQ</b>	Headquarters
<b>HSS</b>	Health System Strengthening
<b>IT</b>	Information technology
<b>L&amp;D</b>	Labor and Delivery
<b>LTFU</b>	Loss to Follow-Up
<b>M2M</b>	Mother to Mother
<b>MCH</b>	Maternal and Child Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoH</b>	Ministry of Health
<b>MSF</b>	Médicos Sem Fronteira (Médecins Sans Frontières) Bélgica
<b>MULEIDE</b>	Women, Law and Development
<b>NGO</b>	Non-Governmental Organization
<b>NID</b>	Número de identificação do doente/ Patient Identification Number
<b>OI</b>	Opportunistic Infection
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief

<b>PES</b>	Economic and Social National Plan
<b>PICT</b>	Provider-Initiated Counseling and Testing
<b>PLHIV</b>	People Living with HIV/AIDS
<b>PMP</b>	Performance Monitoring Plan
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PP</b>	Positive Prevention
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>RH</b>	Reproductive Health
<b>SIS</b>	Sistema de Informação de Saúde (Health Information System)
<b>SOP</b>	Standard Operating Procedure
<b>STI</b>	Sexually Transmitted Infection
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TRTU</b>	Therapeutic Food Ready to Use
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>VCT</b>	Volunteer Counseling and Testing
<b>WASH</b>	Safe Water/Sanitation/Hygiene
<b>WLSA</b>	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'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: CT, 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

The project's emphasis is supporting a health care system that delivers and sustains excellent services to meet the needs of patients and maximizes clinical outcomes. This change has been fueled by the growth of outpatient services, the need to support services delivered in an integrated environment to ensure high-quality care health improvement and equity as key to a sustainable health care system. This integrated approach will enable the public sector PHC system to test more patients for HIV, place more patients on ART more quickly and efficiently, reduce loss-to-follow-up, and achieve greater geographic HIV care coverage.

This quarter, from April – June 2012, the CHASS/Niassa project made great progress in meeting program objectives and targets to support clinical and community services in fourteen districts of Niassa province, covering 45 health facilities. Key areas in which the CHASS project provides on-going technical support are pharmacy, laboratory, TB/HIV services in 14 sites, ART available in 21 sites, and HCT, PMTCT in 45 sites and community HCT in the city of Lichinga.

During this reporting period the following key achievements were made:

**Decentralization of ART and pre-ART services in the City of Lichinga.** The DPS, with support from the CHASS project, has begun to decentralize HIV treatment to PHC to decrease the burden of providing HIV services at the provincial hospital while increasing access to treatment. Lichinga health centers started receiving and providing pediatric clinical treatment and prophylaxis this quarter. The decentralization of the ART and Pre ART services from Lichinga Provincial Hospital to Lichinga City health centers will contribute to increases in the number of children enrolled and reduce the loss of opportunities to provide care and support to children at risk. Currently five children are in care (one ART and four Pre-ART).

**TB/HIV “One Stop Shop” Model and Universal Access.** The integration of HIV services into TB clinics has dramatically increased. During the quarter, 284 TB patients were registered; of these, 137(48%) were patients with unknown HIV status, and from those 124 (91%) received CT services at TB sites. Of the 125 co-infection patients identified, 125 (100%) received CTX prophylaxis and 68 (54%) started on ART as a result of the consolidation of the universal access strategy and the “One Stop Shop” in Niassa province.

**Nutrition, access to food and utilization.** In order to improve nutritional counseling and treatment for PLHIV, health facilities screened and assessed 641 children age 6-59 months for malnutrition (123 were HIV positive) and treated them for moderate and severe malnutrition in an outpatient setting. During this period 26% (168/641) of all children age 6 months to 59 months were discharged after treatment with TRTU (plumpy nut). Approximately 32,121 TRTU packets were distributed in an outpatient setting. This is an increase of 400% from the last quarter (7,843). This increase in part is attributed to improved forecasting of needs, good collaboration with the pharmacy staff, on-the-job-training of the health professionals to regularly use TRTU and improvements in reporting system.

**Expansion of the new strategy to increase male involvement in antenatal HIV counseling and testing (ANC).** Male involvement in PMTCT services continues to show remarkable progress. This quarter, 19% of male partners accompanied their pregnant partner to the ANC. Of 12,269 women in the first antenatal clinical (ANC), 2,311 invited male partners attended ANC with their respective partners and were counseled. The project has surpassed the annual target, now reaching 233%. 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. Currently, all the 45 CHASS project supported health facilities are implementing this intervention. In addition, to address harmful gender norms and behaviors that increase both men and women’s vulnerability to HIV the project is promoting the creation of Male Support Groups (MSGs). These Male Support Groups (MSGs) will be held at antenatal care (ANC) services and are an

effective strategy in some places to mobilize communities and motivate more male partner engagement in ANC and PMTCT treatment and care. MSGs will keep men involved and engaged at the site and create a space for positive dialogue and self-reflection. The prevention of HIV transmission during pregnancy should clearly highlight the role of both parents, not just women, and the crucial roles men can play in the prevention of HIV transmission to their children.

## **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 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 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*

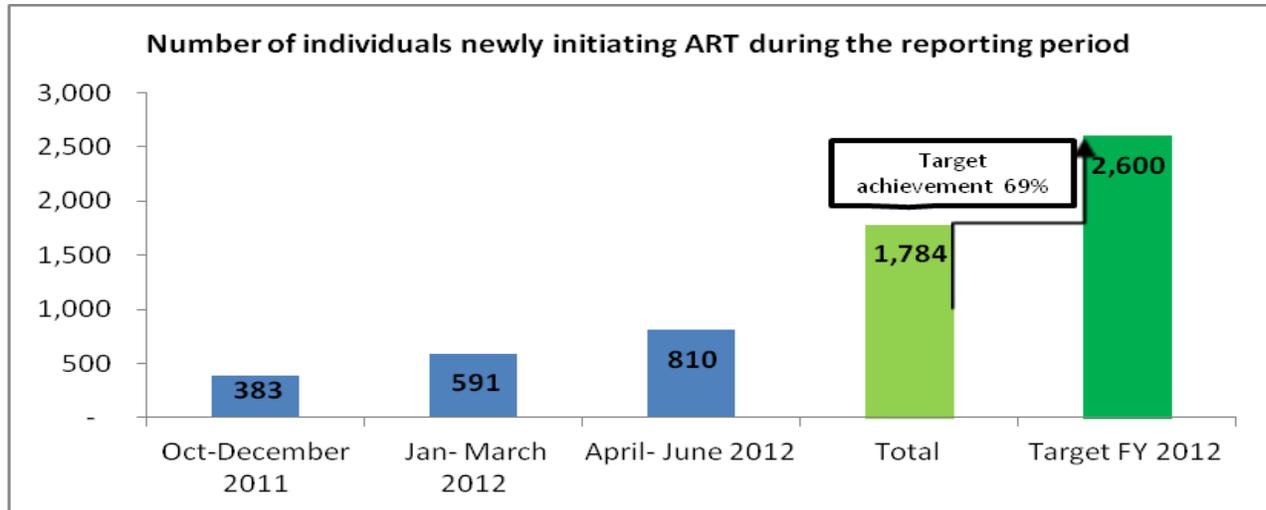
- ✓ 810 new individuals enrolled in ART at USG supported sites. To date, the project achieved 68% of the annual target and 5,901 individuals took ART in May and June;
- ✓ Decentralization of pediatric ART care from Lichinga Provincial Health to Lichinga City health centers, resulting in 5 children enrolled in care (one ART and four Pre-ART);
- ✓ 284 TB patients were registered this quarter. Of these, 271 (95%) knows their HIV status;
- ✓ 28,205 individuals received CT, of which 1,531 (5%) tested positive;
- ✓ 12,269 women attended ANC for the first time, 2,311 invited male partners attended ANC with their respective partners and were counseled. In total 19% of the women who came to the ANC brought their partners.
- ✓ 1,893 individuals were counseled by Community CT volunteers. Out of those 956 were tested (50.4%) and 93 were HIV positive;
- ✓ 12,269 pregnant women were registered for ANC services. Of these 88% knew their HIV status. 84% of the HIV positive women were provided with ART prophylaxis at an ANC service.

## Adult Care and Treatment Technical Support

CHASS's provision of technical assistance and mentoring has contributed to increased access to care and treatment in 21 ART sites. This quarter, the clinical CHASS team continues to provide technical assistance including: distribution of handbooks of pediatric ART guidelines per clinician in all provinces, provision of the new registration tools and on-the-job training for clinicians at all 21 ART supported sites on how to use these tools. A joint technical assistance and supervision visit with the provincial Chief Medical Officer and the HIV/AIDS provincial manager (Focal Point) took place in Muembe and Metangula. In other districts the CHASS clinical and M&E team carried out a joint visit to provide technical assistance and also introduced the new ART registration tools. The new ART registration tools allow for the longitudinal follow-up of the patients, the monitoring of LTFU, the correct and timely monitoring of CD4 count, and utilizing FILA,<sup>1</sup> which is a new form based at the pharmacy used to monitor ART adherence.

From April to June a total of 810 patients were initiated on ART, reaching 68% of the annual target as illustrated in Figure 1 below. This is the highest enrollment in a single quarter this fiscal year. In part this is due to the implementation of the universal access intervention in all 14 supported districts and health facilities, the full implementation of the new pediatric and adult ART enrollment criteria's<sup>2</sup> and the process of systematic review of Pre-ART patient charts. We will continue to motivate staff and promote the new criteria to enroll more patients on ART.

Figure 1: Cumulative of individual newly initiating ART at USG supported sites in Niassa provinces, April –June 2012



The new registration tools were introduced in Niassa in May 2012 and as such we were only able to report patients currently taking ART during the last two months (May and June) following the

<sup>1</sup> Ficha individual de levantamento de ARV

<sup>2</sup> 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 less than two years old independently of their CD4 count and start the treatment of all co-infected patients with TB/HIV

introduction of the new ART instruments. Only 5,901<sup>3</sup> patients were registered as currently taking ART.

The provincial clinical services management committee held a one-day meeting in Mandimba led by the provincial Chief Medical Officer. The 16 district HIV focal points, CHASS staff and provincial health directorate staff attended. At the end of the meeting, it was recommended that 1) participants fully implement the new ART tools, 2) targets for each clinical staff be established to improve enrollment of *new individuals on ART*, and 3) the use of TB screening and CD4 monitoring be improved in the province. The Provincial Chief Medical Officer recommended starting with preparations for the fourth round of the CLINIQUAL Assessment in July.

The Lichinga Provincial Hospital has reactivated weekly clinical committee meetings. During the last meeting the committee recommended that pediatric ART care should be decentralized to Lichinga health centers. During the same period, the Lichinga City Health Directorate created a similar committee with technical support from the CHASS project staff.

Despite the enormous progress made in scaling up ART in Niassa, many challenges remain, not least of which are the identification and management of patients who have failed first-line therapy. Adequate resources and/or manpower to monitor patients on ART through the use of regular laboratory testing as is standard practice is greatly lacking. An important goal in ART is ensuring maximum durability of current drug regimens, first through continued support of health care systems to ensure uninterrupted access to ART services and improved ART adherence support, but also through the identification of the early warning signs of potential virologic failure, before the development of multiple HIV drug resistance, which will limit the response to future ARTs. The CHASS project is promoting the MoH guidelines for treatment failure and is supporting the provision of the case notification of adverse drugs reaction forms (Formulário de solicitação de mudança de regime antiretroviral). As a result this quarter 31 patients are being monitored for treatment failure before sending blood samples to the central level (HIV Focal point) for viral load testing.

### ***Pre-ART Care and Treatment Technical Support***

Earlier initiation of ART requires early diagnosis and regular monitoring until clients are eligible for treatment. Poor retention in pre-ART care, or the failure to link patients from HIV testing to HIV care and retain them until they are eligible for ART, is a serious challenge in Niassa province. During this quarter the CHASS clinical team reviewed 1,884 pre-ART patient charts and as a result 388 patients (21%) were found to be eligible to start ART. The names of the (388) eligible patients were referred to community case managers (CCMs) for active tracing in their respective communities.

Guidelines for treatment of pediatric HIV have recently changed to recommend that all infants who are identified as HIV-infected start ART immediately, regardless of their immunologic or

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<sup>3</sup> This count only those patients who appeared in May and June and received their medication.

clinical status. Consequently, the project is collaborating with the DPS in a campaign to increase pediatric pre-ART and ART enrollment, using various strategies such as: reviewing charts of HIV positive women who delivered in the maternity wards, identification of at risk children at the well-baby care and critical care services, and targeted outreach of pediatric HIV counseling and testing services to identify HIV infected children in the communities. Accordingly, the clinical team collaborated with the MoH staff in the review of 43 charts of HIV positive women and found that 41 of them had delivered their babies at the maternity wards and were registered at the Critical Care Services (CCR) for PCR Test. In addition, the team also reviewed 58 pre-ART clinical charts of children under 15.

CHASS project recognizes the need for early initiation of eligible HIV exposed infants and is making considerable efforts to address the situation. The CHASS technical team continues to provide support in re-organizing and harmonizing filing systems at all 21 ART health facilities supported in the province to improve efficiency.

CHASS project is supporting the decentralization of ART patients from the Cuamba Rural Hospital to Cuamba health center. During the quarter, a new space was identified within Cuamba health center to support HIV care. In the beginning, the health center will start with enrolling the newly tested HIV pregnant women into the health center. Once the decentralization process is complete, ART patients from the Cuamba Rural Hospital will be transferred to Cuamba health center.

Lastly, the CHASS M&E technical team supported the Lichinga Provincial Hospital and the Lichinga health center reactivate the use of MSF database system - FUCHIA - to help with the regular updates of CD4 tests monitoring, to better track patients LTFU by sending the names of patients to CCMs for active search.

### ***Pediatric Care Treatment Technical Support***

The CHASS technical team continues to provide clinical mentoring and tutoring to improve follow-up of HIV-exposed children. As a result, the number of children (<18 months) born to HIV positive pregnant women who started CTX prophylaxis within two months of birth, went from 247 last quarter, to 363 this quarter, an increase of 47% and 76% of the annual target. The identification of HIV-exposed infants and children represents the first critical step towards identifying HIV-infected infants and children who can be identified through laboratory or clinical diagnosis. The number of infants born to HIV positive women receiving an HIV test within 12 months of birth increased from 182 the previous quarter to 404 this quarter, representing 71% of the 2012 target. The introduction of new ANC log books and the use of new *modulo basico* contributes to the continuous increment of this indicator. During the quarter, 78 children under 15 were newly enrolled in pediatric ART, out of those 33 were males. In total 467 are currently receiving treatment at all CHASS supported ART sites.

During this quarter, the CHASS project supported the decentralization of the pediatric ART care from the Lichinga Provincial Hospital to Lichinga City health center. Presently five children are receiving care, (four of whom are pre-ART and one is enrolled on ART), and all five children started their treatment at Lichinga health centers. Next quarter additional pediatric patients

currently receiving care will be transferred from the Lichinga Provincial hospital to Lichinhga City health centers.

The project distributed 74 handbooks of guidelines for pediatric ART and opportunistic infection treatment to all clinicians in the province.

In collaboration with the project laboratory technical team, the CHASS project is working to improve the PCR sample transportation from peripheral health centers to Lichinga Provincial Hospital. The CHASS vehicles are used twice a month to collect the samples in the districts and deliver them to Lichinga Provincial Hospital. In addition, the project introduced a delivery register book managed by each driver to avoid the loss of samples and the long waiting time for the results.

The process of sending samples from Lichinga to Nampula, facilitated by the DHL Company sponsored by MoH is becoming more flexible. In a maximum of 2 weeks the results are sent back through the SMS printers installed in each of the districts. During the quarter, 393 PCR samples were sent out of which 25 have positive results, this represent a seroprevalence of 6%. CHASS project supports the health centers in the implementation of the recommendation of the new ART pediatric protocol, which states that all positive children less than 2 years old independently of their CD4 count should start treatment and all co-infected patients with TB/HIV.

### *Improving Adherence to Treatment and Retention in Care*

Optimizing adherence to treatment and retention in HIV care are important challenges for the DPS and the CHASS project in Niassa. Results of the revision of the patients charts conducted by CHASS staff indicated substantial loss of patients at every step, starting with patients who do not return for their initial CD4 count results and ending with those who do not initiate ART despite eligibility. More attention needs to be given to finding patients who don't return to the clinic, utilizing the most cost-effective methods for tracking patients, and developing better health information systems to track patients between service delivery points in order to properly evaluate pre-ART loss to care. The CHASS project continues to roll out the "*fichero moveis*" (paper based patient-tracking tool) as an important tool in each clinic to identify and track defaulters. During this quarter, all 104 CCMs from Conselho Cristão and Associação Renascer a Vida received on the job training in the management of "*ficheros movies*." This training aims to refresh CCMs in the daily registration of patients and routine updating of the monthly summary of patients registered in the *ficheiros moveis*. With the introduction of the new national ARV services registration tools including *FILA*,<sup>4</sup> which is the substitute of the former *FRIDA*,<sup>5</sup> there is a need to re-think the utilization of the "*ficheiros movies*" in the ARV, although this is still an important tool to use for CCR, PMTCT and TB services.

This quarter, the CCMs referred 2,482 individuals in the community to health facilities, of those referred; 585 for FP, 428 for ANC, 542 for CT, 251 for TB sector and 676 to adult and pediatric

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<sup>4</sup> Ficha individual de levantamento de ARV

<sup>5</sup> Ficha de Resumo Individual de ARV

outpatient clinics. A total of 1,835 individuals completed the referral and received services at the health center.

From the health facilities, the CCMs received a list of 1,418 patients LTFU (*faltosos*) out of which 964 (68%) were found by CCMs and 866 (61%) have re-initiated treatment (see Table 1). From the last quarter there is a 2% increase in people who re-initiated treatment, however, loss-to-follow-up is still high overall. Some reported reasons for high loss-to-follow-up rates in Niassa include: proportion of patients transferred to another facility, patients stopping treatment, and patients who could not be found or died. The 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.

The data above are referring to both Pre-ART and ART. Most of the lost-to-follow-up patients are pre-ART patients, however since the data is not disaggregated we can't be specific in reporting this. In order to be more specific in tracking of the loss-to-follow-up by the status and service (pre ART and ART, CCR, PMTCT and TB), in collaboration with the DPS, the team is updating the new tool to register *faltosos* and *abandonos* (Livro de registo de faltoso e abandonos), which is already in use in the pharmacy. The CHASS project is planning to update the tool and start to use it in pre-ART, ART, CCR, PMTCT and TB wards to be used by the CCM's and the reports.

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

Indicadores	Agencias Implementadoras											
	CCM					TOTAL	ARV				TOTAL	TOTAL GERAL
	Sexo/ Idade				TOTAL		Sexo/ Idade					
	0-14anos		15anos ou mais				0-14anos		15anos ou mais			
M	F	M	F	M	F	M	F	M	F			
Nº total de participantes nas sessões de IEC	11502	12760	19278	31141	74681	1530	2351	2262	6867	13010	87691	
Nº total de sessões de IEC					1745					547	2292	
<b>Referência a US/ sector</b>												
<b>Nº total de referidos pelos GCCs para unidade sanitária</b>	237	391	311	995	1934	60	80	99	309	548	2482	
Nº de referidos pelos GCCs para Unidades Sanitarias e que foram atendidas	217	288	288	705	1498	26	45	86	180	337	1835	
<b>Busca Activa</b>												
Número de doentes entregues	105	134	384	629	1252	3	7	77	79	166	1418	
Número de doentes encontrados	80	115	259	413	867	0	0	43	54	97	964	
Número de doentes recuperados (Reiniciados com tratamento)	73	104	239	362	778	0	0	39	49	88	866	

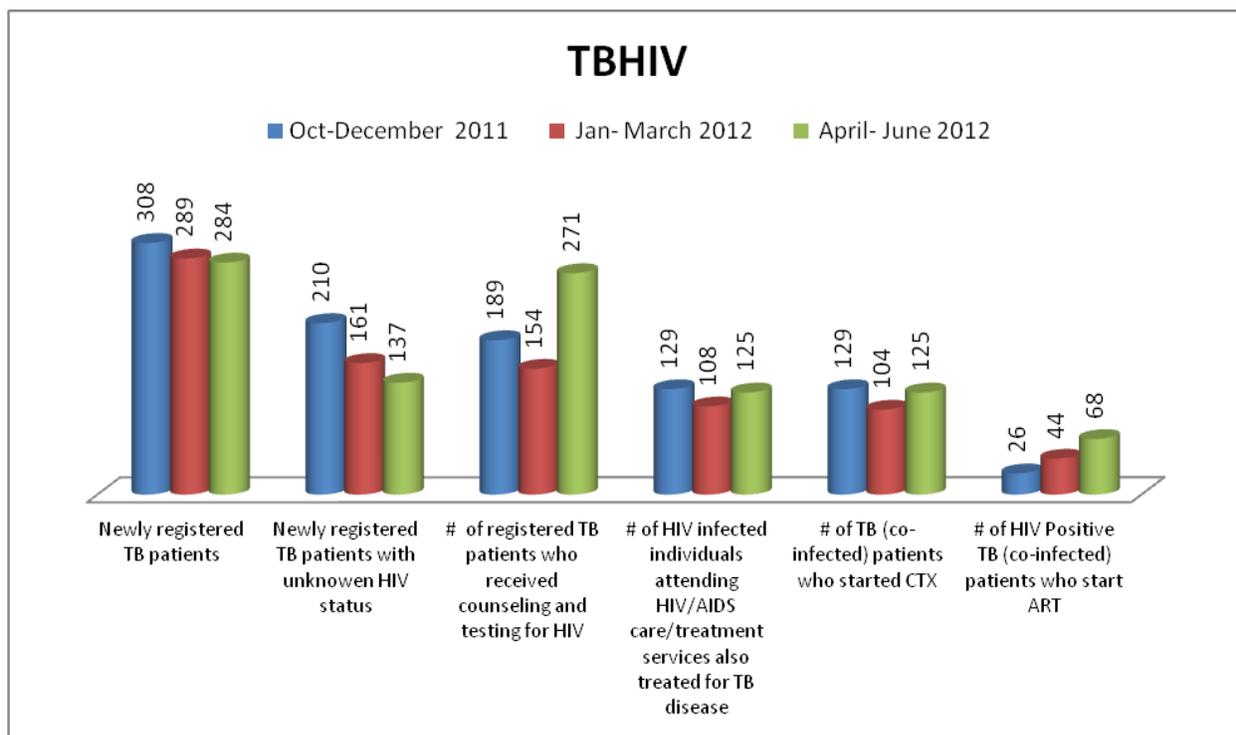
The CHASS project continues to provide appointment diaries for patient scheduling in all pre-ART and ART supported sites. This is an important tool to manage the number of patients booked for certain day and reduce the work over load in the same day for the clinicians.

CHASS project provided 47 cell phones and credit allowances to same number of CCMs placed in the health facilities and in the community, and their supervisors. This aims to increase adherence or assist in providing patient data, or health information/ appointment. By the next quarter we will report more about the progress of this new initiative.

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

Integration of TB diagnosis and treatment among HIV-positive patients is critical to help reduce the morbidity and mortality of patients with HIV. During the quarter, 284 TB patients were registered; of these, 137(48%) were newly registered patients with unknown HIV status, and 124 (44%) received CT services at TB sites. Among the co-infected patients identified, 125 (100%) received CTX prophylaxis and 68 (54%) started on ART. The project will continue to expand this approach in all sites. Figure 2 below illustrates the improvement.

Figure 2: TB/HIV collaborative activities at USG supported site in Niassa province, April-June 2012



The achievement of the universal access strategy remains a key priority for the DPS and the CHASS project. The DPS is very committed to scaling up access to HIV treatment, prevention, care and support in Niassa and the CHASS project continues to support clinical services in

implementation of the Universal access strategy. As a results, all clinicians, *técnicos* and *agentes de medicina* are fully engaged in implementing the strategy. On the other hand various versions of the One Stop Shop model are being implemented in all facilities. The CHASS project is supporting the health centers and is currently waiting on MoH approval to begin the training of the *agentes the medicina* and *enfermeiros basicos* who are responsible for the PNCTL<sup>6</sup> in the districts. This training will in part strengthen their capacity to fully implement the initiative. The trainings are part of the activities included in the sub-agreement with DPS, and will take place pending the MoH final approval of the training.

During the provincial clinical management meeting, which took place this quarter as part of TB/HIV integration activities, it was noted that the rate of TB screening is low in the ART clinics. The provincial medical chief recommended finalizing the CLINIQUAL fourth round Assessment. The province will then design an improvement strategy based on the findings of the assessment.

### **Injection Safety/Infection Control/Biosafety**

The CHASS project staff continues to provide technical assistance in infection control and biosafety services in all 14 districts including the Lichinga Provincial Hospital and Cuamba Rural Hospital. However, challenges remain in the provision of sufficient materials, consumables and biosafety equipment in all health centers. This quarter Post-Exposure Prophylaxis (PEP) was provided for six health staff (out of the seven) that were exposed. The CHASS project will continue to promote the MoH guidelines and procedures to ensure the availability of the PEP kits in all CHASS supported health facilities in the province.

### **Prevention of Mother to Children Transmission and Counseling and Testing Services (PMTCT and CT)**

The CHASS project began supporting PMTCT services in collaboration with DPS in August 2010, The Project began to support 20 sites in 8 districts in the province which, among other interventions, provided PMTCT services to pregnant women, their children, and their families. Two years later, pregnant women in most districts are now more informed on how to prevent HIV infection in their children during pregnancy, delivery, and feeding. Integration of PMTCT into reproductive and child health (RCH) services has succeeded in increasing awareness of HIV, improving staff knowledge, and reducing stigma. However, challenges still remain, including staff shortages, high workload, staff burnout, limited working space for conducting PMTCT services, low male involvement, and lack of privacy due to shortage of space.

CHASS technical team continue to assist DPS/districts with PMTCT supervision and mentorship; sharing of knowledge and experience; organizing community activities; and building capacity in monitoring and evaluation, supply chain management, and laboratory services

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<sup>6</sup> Programa Nacional de Controle da Tuberculose e Lepra

The DPS PMTCT program reaches more than 80% of pregnant women in the 14 districts the project operates and has been very successful in using the district approach to build capacity within DPS and to expand access to and uptake of PMTCT interventions.

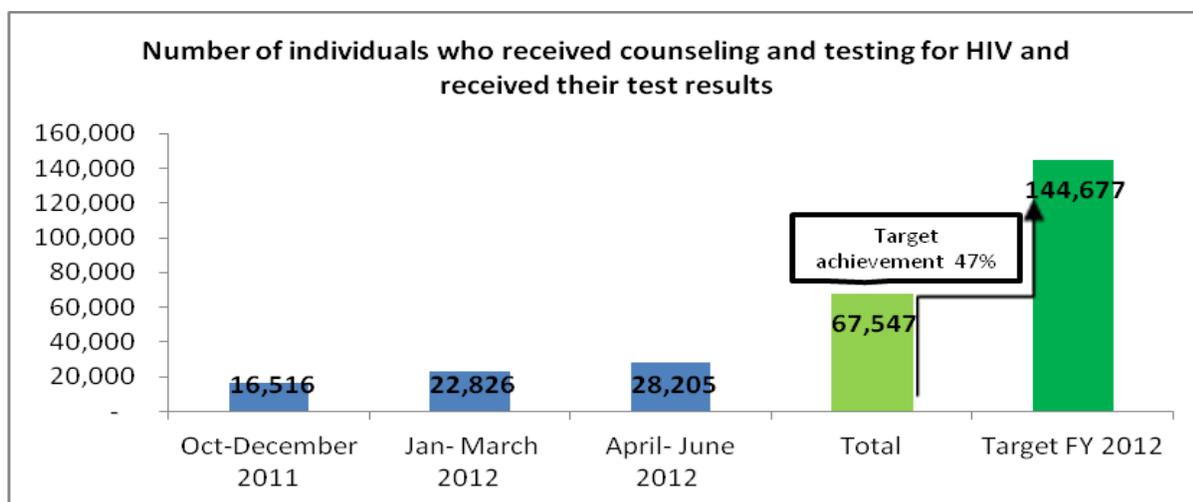
The project has been able to provide customized support within the local setting; collaborate with the DPS in the integration of services from the outset into existing RCH services at the district and facility level; and promote interaction among stakeholders within the districts, who include service providers, clients, communities, DPS and district supervisors and the program team at the central level of the MISAU.

In addition, the CHASS project is supporting the rollout of the MOH national PMTCT guidelines which include routine HIV testing and counseling, ARV treatment and prophylaxis for mothers and children, safer delivery practices, counseling and support for safer infant feeding practices, long-term follow-up care for mother and child, and reproductive and sexual health services.

### ***HIV Counseling and Testing (CT) Technical Support***

This quarter a total of 29,789 individuals received CT of which 1,531 (5%) tested positive in all supported services outlets providing CT, as reported in figure 3 below. In comparison to the last quarter, this is a 24% increase in the number of people tested. This is due to the increase in availability of HIV test kits as a result of increased collaboration with SCMS and other government entities such as CMAM to minimize the HIV test kit stock outs. To date, 47% of the annual target for counseling and testing has been met. The CHASS project is now assessing the possibility of scaling up community HCT, expanding the testing points within the health facilities through PICT, and ensuring the availability of HIV test kits.

Figure 3: Result of CT activities at USG supported HF in Niassa provinces, April–June 2012



The CT technical staff continue to provide on-the-job training to the MCH nurses and other health staff in 23 health centers. This quarter, of the 12,269 pregnant women who attended antenatal clinics (ANC), 2,311 pregnant women came with their respective partners and were counseled. In total 19% of the pregnant women came with their male partners. There were not

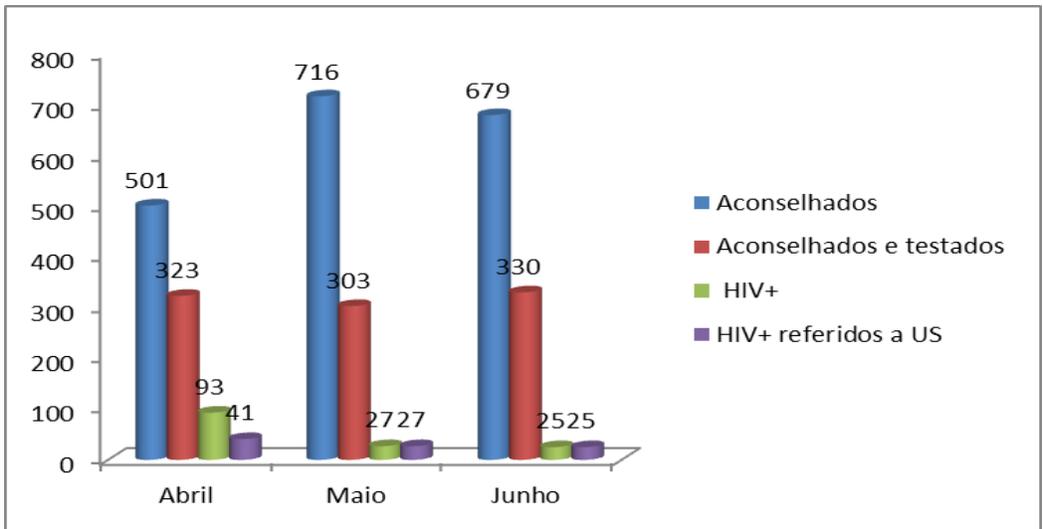
enough HIV test kits in some health facilities and the health staff prioritized testing of the pregnant women and post-partum women rather than their male partners. The lack of infrastructure and limited space for privacy, eg. Maua, Nipepe, Lione, Chissauá, etc., and in some expansion sites the MCH nurses were not well trained to provide complete services for male partners who attended ANC.

Other health facilities in the province such as Chiúta, Entre Lagos, Mecanhelas, Malanga, Machomane, Metangula, 7 de Setembro and Chimbunila have been able to achieve better results. 100% of the male partners invited were tested and received some services. The CHASS project is concerned that in some health facilities such as Marrupa, Meripo and Lúrio only 15% of male partners were tested. To overcome these challenge the project will provide on-the-job training for the new MCH nurses and other health staff, increase coordination with the pharmacies to continue improving the forecasting and provision of HIV testing kits to all health centers.

Regarding community testing, from April to June, 2012 Associação Renascer a Vida the community based organization, implemented the community testing program in the City of Lichinga. The CHASS Community Support Services technical officer provided considerable assistance to the organization in the implementation of the community CT log books, monthly summary, referral and counter referral guidelines, and folders for the health centers namely: Namacula, Chiaúala and Lichinga health centers.

During this period Associação Renascer a Vida (ARV) peer counselors were able to counsel 1,893. From those 956 were also tested representing 50.4% % and 93 individuals were tested HIV positive and referred to the health facility for follow-up representing 9.7% (See figure 4 below).

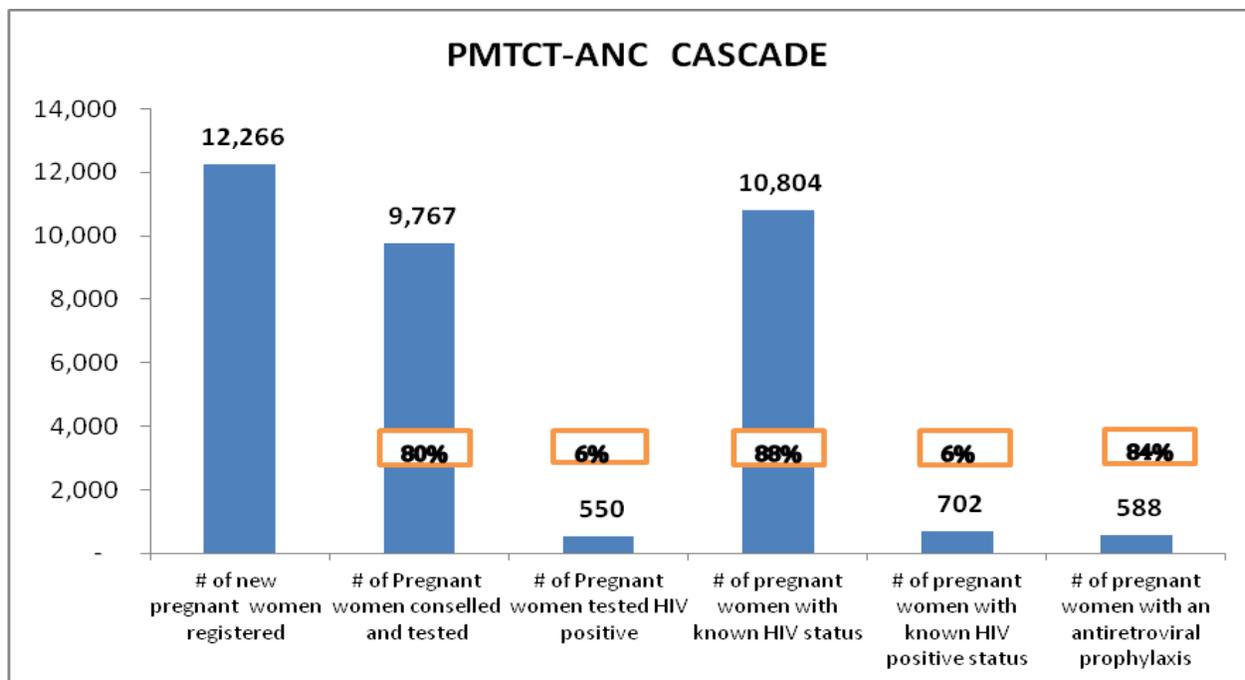
Figure 4. Community Counseling and Testing in the City of Lichinga from April–June 2012



## Prevention of Mother-to-Child Transmission (PMTCT)

This quarter, 12,269 pregnant women were registered in ANC setting. Of the total number of women registered this quarter, 88% were counseled and tested (or knew their status upon entry) of which, 6.5 % tested HIV positive and 84% of the HIV positive women were provided with ART prophylaxis at an ANC service (see figure 5 below).

Figure 5: PMTCT Cascade in ANC from April-Jun 2012



The PMTCT technical staff provided technical assistance to all 45 supported health centers using the SOC (Standard Of Care). The aim was to ensure that all health facilities are following the provided MoH guidelines and procedures in the MCH and PMTCT services, and to ensure the reduction in the loss of opportunities in the PMTCT cascade. On-the-job training was provided in filling in the new registration tools, new PMTCT norms, referral and counter referral guidelines, collection of PCR, etc., and the team found that there is an improvement in use of the internal referral guide and an understanding of how to fill out the new registration books in MCH and new PMTCT protocols. Sometimes the staff reinforced the use of the internal referral guides and distributed folders in Mandimba, Cuamba, Maúa and Nipepe to file the referral registers. The referral guide was expanded to be used in PAV<sup>7</sup> and refer to other services as they are one of the entry points of care for CCR.

From June 4-7, the DPS organized the 3<sup>rd</sup> provincial MCH/PMTCT meeting funded by the CHASS project, with 46 participants from the entire province, the national PMTCT

<sup>7</sup> [National childhood immunization program](#)

representative and project CHASS staff. The provincial Chief Medical Officer led the meeting. During the meeting data from the last six months was reviewed. The data highlighted the need for significant improvement especially in MCH/ PMTCT. The DPS raised the issue of lower HIV testing of pregnant women in the ANC clinic<sup>8</sup> and the lower inclusion of the women in the ARV treatment, and high rates of LTFP of the pregnant women and their babies. To overcome these challenges it was recommended that the MOH guidelines for testing at least 95% of the pregnant women during their first ANC visit be implemented. Other recommendations included training for TBAs, ensuring the availability of HIV testing kits and ARV, and strengthening community mobilization and sensitization in the health centers regarding couples CT.

During the reporting period the project received a visit from the MOH National PMTCT Coordinator Dr Nidia Remane, who was accompanied by the CHASS PMTCT/CT Coordinator Dr. Rahima Sacur. They visited Cuamba Rural Hospital and the Health Center, Mecanhelas, Mandimba, and Metangula Health Centers. During their visits, they reviewed the registration books, observed MCH nurses in their daily routine and conducted interviews with providers and patients. During their visit they discovered that the quality of HIV testing by the health providers was not satisfactory, that there was low availability of HIV test kits and incorrect registration of HIV logbooks. Recommendation from the visit included improving the availability of HIV test kits and ARVs at PMTCT sites, ensuring the provision of complete and timely services to couples partners invited who came to keep them motivated, and providing some non-monetary incentives to the M2M groups in order to keep their motivation.

CHASS/Niassa project staff were invited by MOH to share their lessons learnt from using the *ficheiros moveis*<sup>9</sup>, in the ART sites in the Niassa province. This system has been in use in the CHASS/Niassa supported sites since 2009. 15 participants from different organizations namely, JHPIEGO, ICAP, CDC, EGPAF, and WHO as well the MoH national level team, with the leadership of Dra Lidia Chongo the associate national director for Public health attended the meeting. The presentation was a success and MoH is considering using *ficheiros moveis* in areas with lower than 500 patients in ART with support from implementing partners.

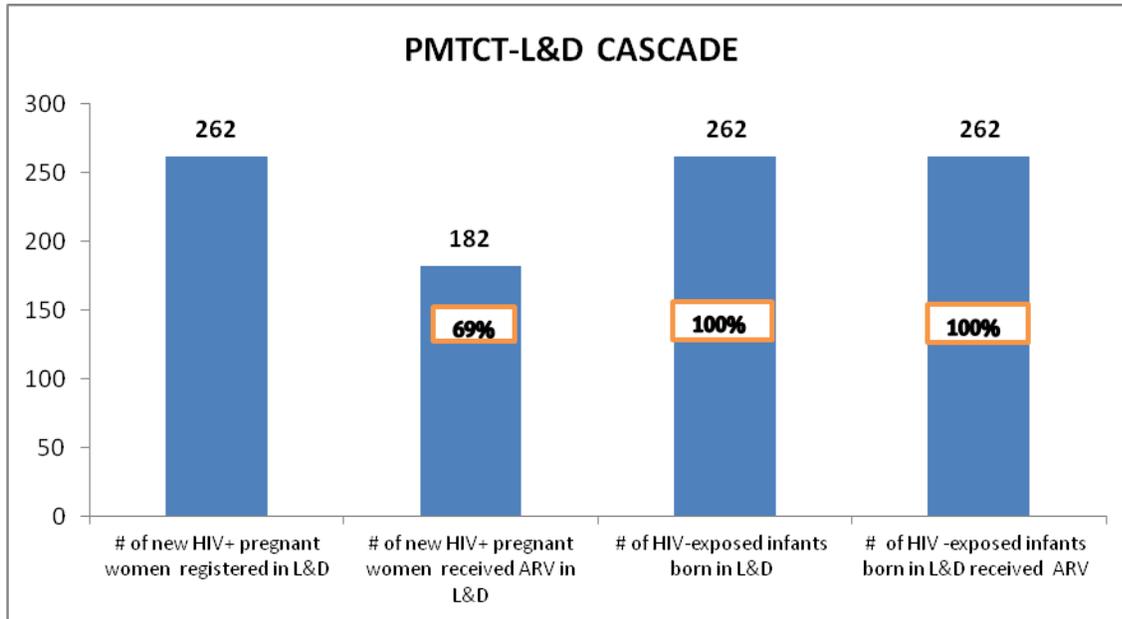
In the L&D settings, over 7,581 pre and post-partum women were registered. Of them, 7,201 (95%) either knew their HIV status upon entry or received HCT. To prevent HIV transmission from mother to children, 182 (69%) women agreed to take ARV as a prophylaxis. 100% of exposed children were also provided with ARVs to prevent the transmission of HIV (see figure 6 below).

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<sup>8</sup> The MoH recommend that 95% of pregnant women should be tested

<sup>9</sup> A manual patient tracking system

Figure 6: PMTCT Cascade in L&D from April-Jun 2012



The introduction of new *modulo basico* has created delays in data entry and analyses. Lack of data is also one of the reasons why there has been a decrease in performance in some of the PMTCT indicators. Next quarter, The CHASS PMTCT and M&E staff will continue to work together with the NEP, NED and health centers in order to remedy to the situation training the health staff to use the new *modulo básico* and new PMTCT tools.

Lione, Lisiete and Nungo health centers now have MCH nurses, while Còbué and entre Lagos still do not have MCH nurses. In 7 de Setembro, Sanga District and Marrupa health center, the number of MCH nurses is not sufficient, with one person covering both maternity and the general MCH ward. The CHASS project will continue advocacy efforts to DPS to place MCH nurses in these centers.

## **Referral linkages between MCH, PMTC, and ARV services**

During the quarter the team continued implementation of the referral and counter referral form used to track pregnant and post-partum women and their babies referred to different services within the health center. This form is still in pilot phase in the following seven health facilities: Cuamba health center and the Rural Hospital, Mandimba, Nipepe, Maúa, Mecanhelas and Lichinga health centers.

The introduction of the referral forms has assisted in reducing the number of clients LTFU. At Lichinga health center, 20 positive pregnant women were transferred from PMTCT to ART services; all of them were successfully transferred and started with on ART. The CHASS project and DPS plans to expand the referral and counter referral form to all 14 district health centers.

The staff held sensitization meetings with TBAs in Lichinga district, Machomane and Lione health center. The meetings were facilitated by the district health staff and included district medical chief, MCH nurse and community health representative at the district, and other key staff. In these meetings, the importance of reference of pregnant women's to the health centers and the importance of the vaccination of the babies in their first 72 hours of life was emphasized.

The M2M groups continued to grow with two new groups created in Mandimba and Entre-lagos health facilities during this quarter. These groups are providing psychosocial support at both the individual and group level and conducting home visits to HIV positive women. During the meetings culinary demonstrations using local foods are held to improve nutritional habits. The importance of breastfeeding and adherence to ART prophylaxis is also discussed during the monthly meeting.

The CHASS project and the provincial MCH department provided an on the job training-of the-trainers in community counseling for child feeding for the MCH nurses, the MCH nurses are now rolling-out the training at the district level.

## **Family Planning (FP) counseling in MCH program**

Integrated MCH provided at facility level includes services for postpartum FP, malaria in pregnancy, and PMTCT. From April to June 2012, 5,494 women of reproductive age benefited from FP counseling and accepted FP methods during their first visit to the health facility. From those 1,209 received injectable methods, 3,970 received oral contraceptives and 79 received an IUD. In general 18,415 received FP methods at the 45 health centers supported by the project. The injectable FP methods are the most requested by the patients, however there is frequent stock out of this method in most health centers. The project is assisting the DPS to implement the MOH strategy for integrating RH/FP/MCH and ensuring that all post-natal women have access to at least one FP method. At the community level, this quarter, CCMs referred 585 clients to the health facilities for FP and sexual and reproductive health (SRH) services. This has doubled from the last quarter (229).

During this period the project staff continued to provide technical assistance and on-the-job training on how to fill out FP registration books and provided FP logbooks at Lúrio, Maniamba, Meripo, Chisimbirre and Cuamba health centers. As new FP logbooks become available in all supported health centers, and the information is available in the MoH data collection system, *modulo basico*, information availability is improving month by month.

## **Laboratory and Pharmacy Technical Support**

### ***Laboratory Technical Support***

The CHASS laboratory team continues to provide regular technical assistance to 14 health centers: Lichinga Provincial and Cuamba Rural Hospital, Lichinga, Cuamba, Metarica, Mecanhelas, Massangulo, Mandimba, Marrupa, Chimbunila, Sanga, Maúa, Chimbunila, and 7 de Setembro health centers. The CHASS technical team provided assistance on completing registration books for PCR/BK and expression of Urine II results registration, provided training on correctly reading of RPR tests and correctly preparing samples to be sent Lichinga Provincial Hospital for CD4, Hematology and biochemistry. During the trainings, laboratory staff emphasized the importance of collecting good BK samples, which leads to receiving accurate results. The team also provided training on biosafety.

During this quarter, the team participated in a national workshop on the quality HIV testing in Mozambique. This workshop took place at MoH and the provincial Laboratory supervisor, the National lab technical advisor, CHASS laboratory officers based in Maputo and Lichinga attended. This workshop was helpful in sharing lessons learnt from throughout Mozambique, highlighting best practices on lab services, reviewing challenges, and identifying models to maintain quality assurance in rapid testing. The workshop also discussed how to minimize indeterminate samples.

In this workshop Columbia University-ICAP<sup>10</sup> shared their students' centered training model in quality of testing. Whenever the practical training is carried out, the facilitators are observers and they take notes of all the errors and gaps. This is followed by a discussion with the trainers regarding all the gaps observed. They then provide specific recommendation for the trainees and the trainees do the exercise again. The advantage of this training model is a reduction in the number of training days and an improvement in practice skills.

In May, the CHASS project Laboratory technical staff conducted a training of 62 MCH nurses and three laboratory technical officers, from all districts in Niassa, in the collection, drying, and storing of PCR samples. The training aims to improve the samples collection quality and the follow up of the child at risk in the province. This training is targeting all 237 MCH nurses in Niassa province.

During the quarter the team participated in a meeting organized by MoH on simplified technologies for LT-CD4 PIMAS dosing in Mozambique. MoH national level staff, National Health Institute and partners attended the meeting. Issues discussed included the implementation

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<sup>10</sup> International Center for AIDS Program

of the PIMAS in the country, the allocation of new PIMAS in provinces (Sofala, Nampula, Zambezia. Gaza,) with high HIV prevalence, high ART and pre-ART patients registered, and high population density. Even after much advocacy by the CHASS project and importance of including Niassa because of the vast distances and the limited number of laboratories to test CD4 (only two), Niassa was not as considered a priority province for PIMAS.

The CHASS project continues to transport CD4/PCR/biochemistry and hematology samples and supports the delivery of results using project's vehicles. During this quarter, the team was involved in the planning to improve sample transport and the DPS requested that the team also transport Sarampo, Cholera, TB MDR, and other laboratory consumables and deliver results from the health centers to the reference laboratories and vice-versa. In order to improve efficiency, the project reviewed two options for the transportation of samples and delivery of results. One option included using five vehicles in one day and another used five vehicles over two days. The first plan was the finally approved, as the samples are collected and timeously sent to the lab (on the same day). This also lowered costs for transporting samples because the car retnals were used less frequently. During the first 2 months of the quarter, the laboratories processed 1,971 CD4 samples in April and 1,603 CD4 specimens in May.

As part of collaboration with TB CARE I Project, infrastructure upgrades began at the Cuamba Rural Hospital laboratory and the Mitande Health Center laboratory this quarter. Equipment at the facilities will also be upgraded.

### ***Pharmacy Technical Support***

This quarter, the pharmacy technical officer conducted mentoring/tutoring and on-the-job-training activities at Ngaúma, Lago, Lichinga Provincial Hospital, Lichinda district Cuamba, Mandimaba, Marrupa, Metarica and Mecanhelas pharmacies. During the visits the staff assessed levels of satisfaction for drugs requisitions from the national warehouse (CMAM) to the provincial warehouse and from the provincial warehouse to the district warehouses. The staff found that in the Lichinga provincial warehouse there is significant improvement in drugs requisition satisfaction which went from 38% in the 1<sup>st</sup> quarter to 58% in the second quarter due to better quantification, communication and transport availability from CMAM to the provincial warehouse.

From the provincial to the district warehouses, the level of satisfaction for drug requisitions varies from 24% in Mecanhelas to 83% in Nipepe district. Some of the reasons reported are weak quantification capacity, transport challenges, and stock out of drugs in the provincial warehouse. In order to overcome these challenges CHASS staff are providing on-the-job training in drug forecasting and maximizing the use of CHASS project vehicles and all the available governmental vehicles in each district. The availability of essential drugs, including ARVs in the province range from 27% in Cuamba Rural Hospital pharmacy to 89% in the Provincial Warehouse. This clearly demonstrates that there is a weak distribution system from the province to the district, due to the lack of transport at the provincial level.

Last quarter, the CHASS pharmacy technical officer attended the TOT workshop on the recently approved 3<sup>rd</sup> Edition Manual for the integrated management of drugs. This quarter, the pharmacy

technical officer facilitated the cascade training for all 188 provincial level pharmacy and clinical health staff in Niassa. The training is expected to improve the forecasting, control and management, access, and rational use of drugs.

Following discussions with SCMS to increase the provision of HIV test kits and pharmaceutical products in Niassa from 3% to 16%, the province started receiving updated quantities, and there were no reported stock out of HIV tests this quarter.

### **Prevention with Positives (PwP)**

The CHASS project is continuing promoting intervention that addresses the specific prevention needs of HIV-positive persons. HIV-positive people are now able to be involved in the planning and implementation of all prevention with positive programs. All 21 ART sites have received new ART registrations tools, including logbook. These registration tools include space for information on PwP interventions. CHASS staff continues to promote filling out information on PwP in the new tools. Data will be collected in the next cohorts study and will be included it in the next ARP.

### **Monitoring and Evaluation**

As a result of technical assistance provided by the CHASS project, all health facilities are now using the new filing system for clinical charts, the new ART registration tools, and the manual tracking system *ficheiros moveis*, to improve the quality of data and their overall HMIS capacity. During the quarter a CHASS project M&E technical officer provided technical assistance to the DPS Health Information System HMIS team to ensure that it works with efficacy and efficiency. The M&E officer also supported improving data management process, and general system management. At the Lichinga Provincial Hospital, with the support of the CHASS M&E staff, *FUCHIA* is now working smoothly and providing information on health services required for reporting.

The team continues to support health staff placed in the District Statistic Nucleon (NED), in the management of the *modulo basico*, the MoH health database. This quarter health facilities started using the new ART tracking and reporting tools in the *modulo basico*. The data reported in this quarterly report includes data from the newly upgraded *modulo basico*. The CHASS M&E staff and MoH statistics staff based in the NED planned joint visits to the peripheral health centers to introduce the new reporting and registration tools, review some patient charts, registration logs and reports. Some discrepancies were discovered between the information recorded on paper and in the database (*modulo basico*). This quarter, an on-the-job training on the new ART tools was conducted for the 23 ART district managers who had missed the previous training in Lichinga city. This training included clinicians and pharmacy staff.

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

Community case management is a strategy with broad global endorsement in which CCMs are trained, supervised, and equipped to respond to the prevention coverage gap and promote equity by targeting geographically remote communities. A core component of the CHASS project's community case management initiative is the extension of services to the community to reduce negative socio-economic impact of HIV at household and community level. The CCMs provide a combination of services in the community, including: 1) visiting households in their catchment zone on a regular rotation, 2) identifying and visiting vulnerable households with relevant frequency for monitoring and care, 3) being available at the community level for families seeking acute care for a sick family member, and 4) making referrals to and from the primary health care system 5) Active tracking of lost-to-follow-up patients using various methods. The CHASS project's two main partners, Conselho Cristão de Mocambique and Associação Renascer a Vida are funded to manage and support CCMs.

### ***Key Accomplishments this Period***

- ✓ 5 new Community Adherence Support Groups (GAACs) were formed this quarter, 53 GAACs actively working in Mandimba, Cuamba and Mecanhelas districts;
- ✓ 6,979 individuals (M2M, health workers, community volunteers, and influent community leaders) were covered by cooking demonstration activities and nutrition education;
- ✓ 641 children from 6-59 months were screened/assessed for malnutrition (123 was HIV positive) and treated for moderate and severe malnutrition in the outpatient, 26% were discharged after treatment with TRTU (plumpy nut) with approximately 32,121 TRTU packets in an outpatient setting, this represent an increase in 400% from the last quarter;

### ***Community Case Management***

Two local CBOs, Conselho Cristão de Moçambique and the Associação Renascer a Vida, continue the implementation of community case management strategy in the 14 Niassa districts covered by the project. During the quarter, CHASS project Community Officer met with technical officers from each organization, MoH clinicians and the CCMs to present and distribute the revised registration and monthly summary tools.

During the quarter, two new community health committees and ten additional project management committees were created. The committees will work in close collaboration with the health humanization services team at the health centers. Community mobilization continues in the province where 2,293 IEC<sup>11</sup> sessions conducted about HIV, TB and Malaria prevention messages, CT, WASH, family planning, nutrition, ANC and PMTCT issues covering around 124.958 people in the 14 districts.

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<sup>11</sup> Information, Education and Communication for Behavior Change

Associação Renascer a Vida continues to provide community CT and testing in Lichinga City. This quarter 1,893 individuals were counseled, 956 tested and out of those 93 tested HIV positive. All HIV positive individuals were referred to health facilities for specific services. During the quarter the CHASS project received a proposal from Conselho Islâmico de Moçambique. In their proposal, Conselho Islâmico de Moçambique requested financial and technical support to implement community CT in Mandimba and Lago districts. Conselho Islâmico de Mocambique is a former JHPIEGO partner and has considerable experience and trained staff in Community CT in Niassa. The DPS recommended that they be used in these districts to scale up voluntary Counseling and testing services in the province.

### ***GAAC (Community Adherence Support Group)***

The community adherence support group initiative (GAAC) is being implemented by the MOH to improve retention in care of patients on ART through increasing patient involvement and adherence in rural towns and villages. The CHASS project is working closely with the MOH/DPS and other local partners to strengthen and scale-up GAAC in Niassa by providing managerial and administrative support for the volunteers in collaboration with other local organizations. GAACs have been expanded to three pilot districts in Niassa province.

A total of 53 GAACs were active this quarter (Table 2). It is important to note that these groups are established so patients can use existing social networks and pool resources to reduce their individual need to travel and queue at their respective health facilities. The GAACs provide mutual support for adherence and social needs. In a nutshell, Community Adherence Support Groups facilitate drug distribution to rural areas as well as provide peer support, especially around adherence in the community. Long-term adherence, however, is necessary for treating HIV and preventing transmission, and as funding becomes limited, it becomes increasingly important to harness social capital to the benefit of patients and community alike.

During this period, the national coordinator of the GAAC initiative visited Niassa. The visit targeted three pilot sites; Cuamba, Mandimba and Mecanhelas Health facilities, as well as the community sites where GAAC is being piloted. The purpose of the four-day field visit was to ensure that provincial teams are following the GAAC National Strategic guidelines and recommendations from last national task force meeting. The national teams found very limited involvement of the clinical team in the GAAC initiative specifically in Cuamba Rural Hospital, where the inclusion guidelines are not systematically followed, minor errors in the clinical assessment to establish patient's eligibility to GAAC were identified, and challenges in transport and the provision of per diems of the outreach health workers.

During the visit, the team re-organized the GAAC patients charts in all health facilities in alphabetical order, revised the statistic dates and summary reports. Clinical staff were involved the reorganization process in the development of new GAACs in the province. During the visit, one GAAC member was disallowed in Mecanhelas for not complying with all the clinical criteria for group inclusion.

During the reporting period, five new GAACs were created, three in Mandimba and two in Cuamba. Mecanhelas continued to experience low participation from clinicians and very limited creation of new groups and follow-up of existing ones. Furthermore, the situation was complicated by the absence of the clinical manager who was on annual leave for nearly a month and a half. The CHASS staff has raised the issue of coverage while clinicians are out office, with the DPS.

Table 2: Resultados alcançados na implementação da estratégia GAAC nos CS de Mandimba, Mecanhelas e H.R de Cuamba April-June 2012

Resumo Trimestral de GAACs de: Mandimba, Cuamba e Mecanhelas até mês de Junho 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						49		
	A.2)	Nº de novos grupos formados durante o trimestre						5		
	A.3)	Nº de grupos desintegrados durante o trimestre						1		
	A.4)	Nº cumulativo de grupos activos até o fim do trimestre (A.3 = A.1 + A.2 - A.3)						53		
PACIENTE	Entradas	B.1)	Nº cumulativo de entradas aos GAACs até o fim do trimestre anterior	3	0	3	158	40	198	201
		B.2)	Nº trimestral de novos pacientes inscritos nos GAACs durante o trimestre	0	0	0	0	0	0	0
		B.3)	Nº trimestral de pacientes que retornaram aos GAACs durante o trimestre	0	0	0	0	0	0	0
		B.4)	Nº cumulativo de entradas nos GAACs até o fim do trimestre (B.4 = B.1 + B.2 + B.3)	3	0	3	158	40	198	201
	Saídas	B.5)	Nº de pacientes nos GAACs transferidos para outras US durante o trimestre	0	0	0	0	0	0	0
		B.6)	Nº de pacientes que desistiram ou foram retirados dos GAAC durante o trimestre	0	0	0	2	0	2	2
		B.7)	Nº de óbitos nos GAAC durante o trimestre	0	0	0	0	0	0	0
		B.8)	Nº de pacientes que foram suspensos dos GAACs durante o trimestre	0	0	0	0	0	0	0
		B.9)	Nº de pacientes que saíram dos GAACs durante o trimestre (B.9 = B.5 + B.6 + B.7 + B.8)	0	0	0	2	0	2	2
	Actual	B.10)	Nº de pacientes activos nos GAACs até o fim do trimestre (B.10 = B.4 - B.9)	3	0	3	156	40	196	199
	C.1)	Nº de consultas de seguimento registados no Livro de Registo GAAC durante o trimestre	0	0	0	16	9	25	25	

## Nutrition, access to food and utilization

The CHASS project continues providing technical support in nutrition in Niassa province during this period. CHASS nutritionist visited MCH/PMTCT units and pharmacies at Mandimba, Cuamba, Mecanhelas, Maua, Metarica, Marrupa, Nipepe, Lago, Maua, Nipepe, Lichinga City Health facilities. During the technical assistance visits, 80 posters on complementary feeding and 400 micronutrients<sup>12</sup> were distributed. The team supported the DPS in following-up nutrition activities for PLHIV and NRP, conducted joint monitoring and tutoring visits with DPS staff. During the visits, it was discovered that not all health workers were carrying out nutritional and

<sup>12</sup> 80 Posters in each dry fermented manioc, cassava fermented in water, grated cassava and our food

educational assessments, so the team also provided on the job-training on carrying out nutritional and educational assessments for pregnant women in PMTC, children in CCR and other patients receiving pre-ART, ART, TB/HIV services in Lago, Majune, Sanga, Maua, Nipepe, Muembe, Lichinga City and Lichinga district.

In order to improve nutritional counseling and treatment for PLHIV in health facilities 641 children age 6-59 months were screened/assessed for malnutrition, 123 (19%) children were HIV positive, and 30 (3%) children were hospitalized due to severe malnutrition. Among the HIV positive children, 57 (9%) were treated for moderate malnutrition and 66 (10%) were treated for severe malnutrition as part of outpatient services. During this period 26% (168/641) of the children aged 6 months to 59 months were discharged after treatment with TRTU (plumpy nut). Approximately 32,121 TRTU packets were distributed in an outpatient setting, an increase in 400% from the last quarter (7,843). This increase is attributed to better forecasting of needs, improved collaboration with the pharmacy staff, the on job training for health professionals to encourage routine use of the assessments, and improved reporting systems.

As the project continues to support routine nutritional and educational assessments for all pregnant women in PMTCT, children in CCR, and patients receiving pre-ART, ART TB/HIV services, we expect to see an increase in number of children screened for malnutrition.

The project continues to implement activities that improve access to food, and that also encourages the appropriate utilization of food at the individual, household and community levels. In this reporting period, 6,979 individuals (M2M, health workers, community volunteers, and influent community leaders) received nutritional education training in Lago, Mandimba, Marrupa, Cuamba, Mecanhelas, Nipepe, Lichinga City, Ngaúma and Muembe Districts.

The table below represents the situation of malnutrition in the outpatient<sup>13</sup>, in Niassa province

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

Name of District	HIV+ patients screened/assessed for malnutrition	Transferred from inpatient care	HIV+, severely malnourished*	HIV-Moderately malnourished**	HIV-, severely malnourished (without complications)*	HIV+ Moderately malnourished**	Children recovered	Deaths
Lichinga City	32	3	21	7	255	11	72	20
Cuamba	46	16	25	0	33	21	18	1
Lago****	1	2	1	0	9	0	5	0
Lichinga Distict	4	25	4	5	5	0	7	0
Majune	2	0	1	0	0	1	0	0
Mandimba****	3	10	0	7	8	3	3	0
Marrupa	3	5	3	29	16	0	16	1
Maua	6	4	1	0	11	5	15	0
Mecanhelas	13	5	6	0	12	7	21	0
Muembe	3	0	3	0	13	0	0	7
Nipepe****	1	6	1	0	2	0	0	1
Sanga****	9	12	0	13	5	9	11	4
<i>Province***</i>	<i>123</i>	<i>88</i>	<i>66</i>	<i>61</i>	<i>369</i>	<i>57</i>	<i>168</i>	<i>34</i>

\* Severely malnourished means Weight/Height <70%, PB<11cm/edema.

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

\*\*\* Unfortunately the data is not reported regularly to the District from DPS but we are raising awareness to change this practice during Technical Assistance visits in health facilities.

In analyzing the data in table 3, we observed that there were 369 HIV negative severely malnourished without complications and that the District of Cuamba (255) and Lichinga City (33) accounted for 80% of these cases. Lichinga City and Cuamba health centers most likely had a higher number of malnutrition cases because they receive children transferred from other districts. In order to minimize burden at the health facilities and also identify malnourished children as early as possible, all districts should work with the Community Health Workers including APEs and CCMs. The CCMs can also be used to conduct nutritional assessments in communities and refer cases to health facilities.

At national level the CHASS's Nutrition Advisor participated in the drafting of the NRP Volume II Manual in collaboration with the MoH, the FANTA III project, and other partners. The manual will be submitted for MoH approval soon. The advisor also attended a meeting on nutritional rehabilitation programs held by the MoH on April 9.

<sup>13</sup> Data source DPS collected using the Basic nutritional package since it does not have available a tool for NRP.

***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 provided for the initial training of two groups of intermediate level nurses (SMI 35) and pharmacists (24); and
- ✓ 27 MCH nurses graduated from an 18 month training courses supported by CHASS Niassa project in April;
- ✓ 2 Co-management committees created in Metangula Health Center and Lichinga Provincial Hospital as part of the health service humanization police.

***Technical assistance and follow-up***

The CHASS HSS team provided a technical assistance to district health service managers and administrative staff in Sanga, Lago, Marrupa, Maúa, Metarica, Mecanhelas to support the establishment and management of procedures in finance, administration. They also provided on the job training in the accountability procedures and reconciliation of accounts.

In order to improve the coordination between DPS and community partners, a one-day coordination meeting took place in Lago district facilitated by the provincial health director. Four local NGOs, MAMA Mandimba Alliances in Mozambique Africa, Associação Progresso, ESTAMOS, Comissão Diocesana de Saúde (CDS) and FHI 360 attended the meeting. During the meeting it was decided that each present their annual budget, work plans and reports to DPS in a systematic manner, starting with the current year. The plans should be aligned with the DPS and government priorities for the health sector, which emphasizes MCH.

The CHASS team supported the establishment of two Co-management committees in Metangula Health Center and Lichinga Provincial Hospital in line with the health service humanization policy of the MoH. The committees elected management teams and developed work plans for the first 3 months. The committees include influential, well known community leaders.

This quarter, MoH held a five-day DPS planning process meeting, (PESOP 2013 in Lichinga Niassa. Three USAID staff Ms. Judite Caetano, Dr. Januario Reis and Mr. Dionisio Matos and the CHASS staff and management participated. CHASS supported all the logistics for this planning meeting.

In support of the DPS logistics needs, the CHASS project provided the DPS 2,500 personnel data forms to update the health personnel data information at the provincial level in Niassa. Niassa The project has started procurement process for printing the registration forms to be used by nutrition and MCH/PMTCT program in Niassa. The CHASS project supported the DPS to distribute the new ART registration books and reports forms (adult and pediatric) provided by MoH. To improve the management of the clinical folders 17 filing cabinets were provided to they year two expansion health centers in Nipepe, Maúa, Muembe, Majune, Lago e Cidade de

Lichinga. At the community level, 47 cell phones and two new motorbikes were provided to the Conselho Cristao de Mocambique to facilitate the supervision of the CCMs in the field.

### **Pre-service Training**

In April 27 MCH basic nurses graduated from the 18-month training course supported by CHASS project and implemented by Cuamba health training center. All graduated nurses are now receiving professional orientation and will begin working in health facilities throughout Niassa province.

This quarter the CHASS project continued to support training costs for 27 nurses in intermediate MCH nursing at Lichinga Health Training Center and 24 pharmacists in intermediate pharmacy at Nampula Health Training center.

### **Scholarships**

The CHASS project has launched a scholarship program to support two senior managers of DPS Niassa and SDSMAS for a Masters in Public Health and Management of Health Services program. The scholarship recipients are currently finalizing the registration process with the universities they identified. They expected to enroll this August. The scholarships are to strengthen their skills in management of the health services.

### **Performance-Based Financing in Health**

Performance Based Financing (PBF) is an approach to health financing that shifts attention from inputs to outputs, and eventually outcomes, in health services. Inputs-based funding has apparently failed to deliver the results that are necessary to achieve the MISAU's overall goal and objectives. The CHASS project is in the process of developing strategies to address weaknesses through delegating service delivery to the DPS/DDSMMAS under contracts that link disbursement of funds to the outputs or results delivered. This intervention has the potential to improve accountability and ownership, while also expanding opportunities for building sustainable capacity to achieve meaningful results.

Project technical assistance will be focusing on developing and implementing DPS/DDSMMAS initiatives by strengthening management capacity, estimating costs, setting fees, developing performance indicators linked to interventions that are proven to improve health, and bolstering systems for information and financial management. These DPS/DDSMMAS initiatives will align with USAID and FHI360 requirements and local circumstances, and maximize synergy by sharing tools, approaches, and systems with other USG funded projects.

Project's performance-based grants and contracts will tie payments to achievement of agreed-upon, measurable performance targets with verifiable indicators and provide incentives to the districts for meeting or exceeding the expected results. Incentives include funding small rehabilitation projects, medical equipment, financial payments of office materials or other DPS/DDSMMAS identified needs, bonuses, and public recognition. Sanctions for non-performance include withholding these incentives, termination or reduction of agreement.

Five key strategies will be used to strengthen health systems and reach public health impact goals: effective management of performance-based grants and contracts; capacity building plan; quality improvement of health services; effective management of data collection and use; and, ensure sustainability including community involvement to increase demand and participation through project CCM referral system.

### ***DPS Sub-agreement***

During the quarter, the DPS sub-agreement were amended to provide incremental funding to support DPS implementation of activities in the following areas: support monitoring and evaluation capacity by purchasing laptops and printers to be used by DPS M&E staff; support on-going supervision of GAACS, support purchase of laboratory equipment to be used at the CHASS/Niassa sites; provide In-service training for MCH nurses and HR staff; renovate n two new health facility sites, support the utilization of patient files at the health facilities; provide on-going support for district-level clinical ART meetings; and data validation meetings and support the District-level support.

In total it is anticipated US\$341,696 will be provided directly to the Recipient and it is anticipated US\$1,106,774 will be incurred by FHI on the Recipient's behalf through September 2012. As DPS have planed the PESOD 2013, the CHASS team is working to ensure that all CHASS supported activities are included in the upcoming amendment.

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

DPS has reviewed and approved the final list of medical equipments and supplies to be donated to 7 de Setembro and Machomane Health Centers by project C.U.R.E. The lists have been sent to MoH, which will facilitate the tax inspections. Project CURE has started to prepare the next shipment of supplies and materials.

### ***Gender***

During the quarter, MULEIDE gender technical officer provided technical assistance to Lichinga City and promoted the creation of a women's group with representatives from the provincial government institutions and local networks including the lawyer organizations. The women's group meeting once every two months, to discuss issues related with GBV, HIV, women's rights, and other cases related with gender inequalities in the health sector.

The SDSMAS staff already trained in MoH gender strategy have started to implement interventions to address gender inequity at the health facilities. In Mamndimba and Sanga including male partners of pregnant women in CT is part of the health center routine, and the provincial MULEIDE coordinator is visiting each health center in the district in order to raise awareness and provide support to CCMs. In some districts the focal persons, in collaboration with the CCMs, community leaders, TBAs twice a week do a program on the local community radio, using local languages, to present about HIV/AIDS, GBV, Sexual Violence, FP, and other

relevant other community issues. The community management committees, created in all districts, are integrating the gender issues as well.

The GBV proposal submitted by FHI360 staff to USAID responding to the GBVI RFA recently released, is still under review by USAID. The CHASS staff are still participating in the GBV/PEPFAR preparations meetings and gender MoH working groups.

### ***Quality Improvement (QI) Technical Support***

The CHASS clinical team, in collaboration with DPS, is implementing the 4a CLINIQUAL Assessment in the province, which covered July 1st 2010 to June 30 2011, and is taking place later than the planned. At the same time, is also involved in preparation of the 5a CLINIQUAL Assessment in Mozambique, supporting the Niassa province to complete the assessment on time.

The results of the 5a CLINIQUAL round will help the team choose new interventions for ART Quality Improvement (QI). DPS is well engaged on this and is interested to see the QIQA implemented in the province for all clinical areas with lower performance.

The CHASS community support team continues to implement the QI project in Mandimba health center. The project is aimed to ensure that all patients are referred from the community and counter referred.

Table. 4: QI results in Mandimba HF April-June 2012

Mês	Abril	Maio	Junho	Total
Pessoas referidas	23	23	32	78
Pessoas recebidas e contra referidas	23	23	33	79
N/D*100	100%	100%	97%	98.70%

After receiving positive results at the Mandimba health center, the CHASS/Niassa project is now planning on expanding this intervention to other Niassa districts.

The CHASS PMTCT technical team continues to be actively involved in implementing QI projects in Mecanhelas, Chimbonila, Mandimba and Sanga districts. The provincial chief medical officer held a meeting to discuss progress on the PMTCT QI Project. During the meeting it was recommended that each district appoint a project focal person. The focal person should be a health staff, actively involved in the project and will provide a monthly progress report to the DPS. The districts were instructed to use QI project designed tools, for example the referral forms, between health services. All the districts were recommended to take ownership and plan an active leadership role in the QI project and provide monthly reports to the provincial medical chief. There is now provincial leadership commitment and we hope this will translate into staff commitment at the districts as well.

## **Small infrastructure rehabilitation**

CHASS project staff continue to provide support for infrastructure upgrades (less than \$25,000) the following achievements were made this quarter:

- Rehabilitation of TB Laboratory of Cuamba Rural Hospital: Contract signed and work currently in progress, expected to be completed July 2012.
- Rehabilitation of TB Laboratory of Mitande Health Center: Contract signed and works on currently in progress, expected to be completed July 2012.
- Rehabilitation of the Lichinga Provincial Laboratory: Renovations completed this quarter all the three labs were upgraded in collaboration with TB CARE Project I.
- Marrupa Rural Hospital and Lichinga Health training center (Centro de Formação de Lichinga): Water pumps were installed successfully at both locations.

During the next quarter infrastructure upgrade will begin at Ngaúma Lab and the general rehabilitation of the Chimbonila health center will also start. Both of these activities are supported by the DPS Sub-agreement amendment.

## **III. Project Management**

### ***Staff Changes***

During the quarter, the FHI 360 country director resigned, and a successor has been identified and is expected to arrive soon. CHASS Public Health technical officer based in Lichinga resigned and a new technical officer was recruited and will start in July.

## **IV. Approaches to Overcome Challenges and Lessons Learned this Quarter**

The community GAAC strategy is useful in rural areas with low concentration of community members and where the community is far from the health facility. This strategy leads to fewer clients at the health facility, as clients are able to access services within the community. The successful implementation of this intervention requires involvement of the clinical staff from the beginning, as they are responsible for the selection and clinical assessment of the ART patients and candidate who will be part of the GAACs. It also requires regular follow-up visits with groups at community level and strong linkages with the different sectors within the health center. At the pilot sites in Niassa, the clinical staff were not interested in establishing and managing the groups, as results most GAACs were formed and monitored the community-based organizations. During the visit of the national GAAC coordinator, it was discovered that one of the groups did not meet the criteria to be a GAAC and was disbanded

There is a lack of appropriate tools for effectively monitoring and evaluating nutritional and educational care activities for PLHIV and NRP. There has also been a delay in the printing of nutritional care job-aids by the MoH. In addition there are updates to the Nutrition Standards and

Protocols at the National and Provincial levels, however this information is not always disseminated to the districts, which compromises the effective implementation of the planned nutrition planned activities. CHASS/Niassa, through the DPS sub-agreement will reproduce registration and report tools, Job aids and guidelines until the MoH is able to supply these for the whole country.

Niassa province is desperate need of improved infrastructure and equipment at all facilities. In addition spaces where the laboratories are housed in the province are not adequate, in most cases it is only one room without running water or electricity. This is contributing negatively towards the availability and quality of services provided. The project is working with DPS infrastructure department to address these issues.

## **Lessons Learned**

### ***Transport of CD4/hematology Samples***

This quarter the project consolidated transportation system for CD4/hematology biochemistry specimens to and from the health facilities. The project will continue to advocate for the continuity of this support service using CHASS project vehicles, as the cost are low compared with the renting a car, as was the case in the past, and the services are more efficient. The CHASS project will continue to explore other solutions.

### ***The technical assistance and immediate follow-up visits after formal trainings***

The technical assistance and immediate follow-up visits of the staff in their places of work after formal training. The CHASS HSS team implemented this approach in Metarica SDSMAS and Cuamba Rural Hospital. This approach led to an improvement in the performance of finance management in both institutions.

**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
<b>PREVENTION OF MOTHER TO CHILD TRANSMISSION</b>							
Number of unique pregnant women registered	11,325	10,559	12,266		34,150		N/A
Number of pregnant women counseling and testing for PMTCT	10,405	9,583	10,360		30,348		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	10,804		30,990	42,593	73%
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	702		1,478	1,406	105%
Number of pregnant women provided with an antiretroviral prophylaxis in a PMTCT/PN setting.	407	342	588		1,337	1,026	130%
Total number of unique pregnant and postpartum women registered	8,958	8,677	7,581		25,216		N/A
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	7,201		11,241	9,172	123%
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	261		813		N/A
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	282	285	182		749	778	96%
# infants born to HIV+ women who received an HIV test within 12 months of birth	29	182	404		615	872	71%
Total # HIV-exposed infants received ARVs to reduce risk of MTCT in L&D setting	252	274	243		769	923	83%
Number of children (<18 months) born to HIV+ pregnant women who are started CTX prophylaxis within two months of birth	56	247	363		666	872	76%
Number of HIV positive pregnant women in ANC who have initiate CTX	110	201	651		962	914	105%
Number of partners of women who are HIV tested in ANC sitting	1,088	1,554	2,311		4,953	2,130	233%
<b>COUNSELING &amp; TESTING</b>							
Number of service outlets providing counseling and testing according to national and international standards	45	45	45		45	45	100%
Number of individuals registered	23,893	22,669	29,940		76,502		N/A
Number of individuals who received counseling and testing for HIV and received their test results	16,516	22,826	28,205		67,547	144,677	47%
Number of individuals who received counseling and testing for HIV and whose results were HIV+	443	1,199	1,531		3,173		N/A
Number of individuals trained in counseling and testing according to national and international standards							
<b>HIV/AIDS TREATMENT SERVICES</b>							
Number of outlets providing antiretroviral therapy	21	21	21		21	21	100%
Number of individuals newly initiating ART during the reporting period	383	591	810		1,784	2,600	69%
Number of individuals who ever took ART during the reporting period	5,778	6,882	7,692		7,692		N/A
Total number of individuals currently taking ART during the reporting period	5,560	5,920	5901*		5,901	7,055	84%
Number of new HIV/AIDS patients who are screened for ISTs during their first visit	1,473	1,746	1,257		4,476	7,055	63%
Number of HIV + adult and children receiving a minimum of one clinical					8,369	14,111	59%

service	2,863	8,488	8,369				
Total number of health workers trained to deliver high quality ART services							
<b>TB/HIV SERVICES</b>							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	14	14	14		14	14	100%
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	129	108	125		362	847	43%
Number of HIV+ patients that were screened for TB in HIV care treatment settings	1,030	1,168	5,021		7,219	8,466	85%
Number of new registered TB patients at USG supported TB service outlet	308	289	284		881		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	271		614	392	157%
Number of TB (co-infected) patients who started CTX	129	104	125		358	196	183%
Number of HIV Positive TB (co-infected) patients who start ART	26	44	68		138	157	88%
Number of HIV+ eligible person receiving CTX prophylaxis		6901**			6,091	8,466	72%
Number of individuals trained in TB/HIV co-infection according to national and international standards							
<b>OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING</b>							
Number of Local Organizations provided with technical assistance on HIV policy/programs development and institutional capacity building	1	3			3	3	100%

\* Dates refer to 2 months (May and June 2012) as the new ART tools.

\*\* Estimated dates as per the cohort collection

## ANNEX B: List of Health Facility Sites

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

<b>Cuamba</b>	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		√	√		
<b>Mecanhelas</b>	35	Mecanhelas Health Center	√	√	√	√	√
	36	Chiuta Health Center		√	√		
	37	Entre-Lagos Health Post	√	√	√		
	38	Chissaua Health Center		√	√		
<b>Metarica</b>	39	Metarica Health Center	√	√	√	√	√
	40	Nacuama Health 41entres		√	√		
<b>Lago</b>	41	Cóbuè Health Center	√	√	√	√	
	42	Metangula Health Center	√	√	√		√
	43	Maniamba Health Center			√		
<b>Nipepe</b>	44	Nipepe Health Center	√	√	√	√	√
	45	Maiaca Health Center		√	√		
<b>Total</b>			<b>21</b>	<b>45</b>	<b>45</b>	<b>14</b>	<b>22</b>

### 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, April to July 2012:

Technical Area	Target Group (s)	N° of Participants	Dates	Location
<b>Laboratory</b>				
Quality of testing	MCH nurses, Birth ateedeeces,	32	May, 3-4	Cuamba
PCR colection good practices	MCH nurses	65	May, 28	Lichinga
<b>Clinic Services</b>				
CLINIQUAL	HIV/AIDS Focal points, 4 FHI technical staff (2 clinicians and 2 M&A), District technical staff, Lichinga provincial Hospital director	31	June, 26-29	Mandimba
<b>Total</b>	<b>14</b>	<b>128</b>		

## ANNEX D: Financial Summary

The table below provides a status update of the CHASS Niassa Total Actual Expenditures as of June 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
<b>Personnel</b>	\$9,345,233	\$3,543,252	\$ 2,531,852	\$765,394
<b>Fringe Benefits</b>	\$3,358,113	\$1,227,526	\$ 884,186	\$256,870
<b>Consultant</b>	\$77,081	\$9,222	\$ 9,222	\$0
<b>Travel and Transport</b>	\$2,332,475	\$927,435	\$998,522	\$380,100
<b>Equipment</b>	\$502,858	\$359,561	\$339,907	\$121,915
<b>Supplies</b>	\$72,600	\$36,626	\$58,997	\$6,083
<b>Subrecipient and Grants</b>	\$6,578,875	\$3,395,214	\$1,613,774	\$819,806
<b>Other Direct Costs</b>	\$4,241,367	\$1,749,223	\$3,260,922	\$2,122,852
<b>Sub-total Direct Costs</b>	\$26,508,602	\$11,248,059	\$9,697,383	\$4,473,020
<b>Indirect Costs</b>	\$5,799,102	\$2,225,971	\$2,229,369	\$999,336
<b>Total US\$</b>	<b>\$32,307,704</b>	<b>\$13,474,030</b>	<b>\$11,926,752</b>	<b>\$5,472,356</b>
<b>Cost-share</b>	\$3,230,770	\$1,347,403		
<b>Grand Total</b>	<b>\$35,538,475</b>	<b>\$14,821,433</b>	<b>\$11,926,752</b>	<b>\$5,472,356</b>

\*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	\$178,428	\$57,100
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	\$55,546	\$36,790
CCM – Conselho Cristão de Moçambique	January 1, 2012 to September 30, 2012	Community Mobilization and management of community case managers	\$95,000	\$95,000	\$63,535	\$11,372
ARV – Associação Renascer a Vida	February 1, 2012 to September 30, 2012	Community mobilization and follow to ART patients	\$19,543	\$19,543	\$9,728	\$9,954
DPS/Niassa	November 1, 2010 – September 30, 2012	Pre-service training; in-service training; supervision; rehabilitation and systems support	\$1,533,894	\$1,448,470	\$1,059,966	\$375,353
<b>TOTAL</b>				<b>\$2,261,033</b>	<b>\$1,719,116</b>	<b>\$557,446</b>

\*In a close-out process