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ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Mozambique Country Report FY15

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2014 – September 30, 2015

DECEMBER 2015

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DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Abbreviations

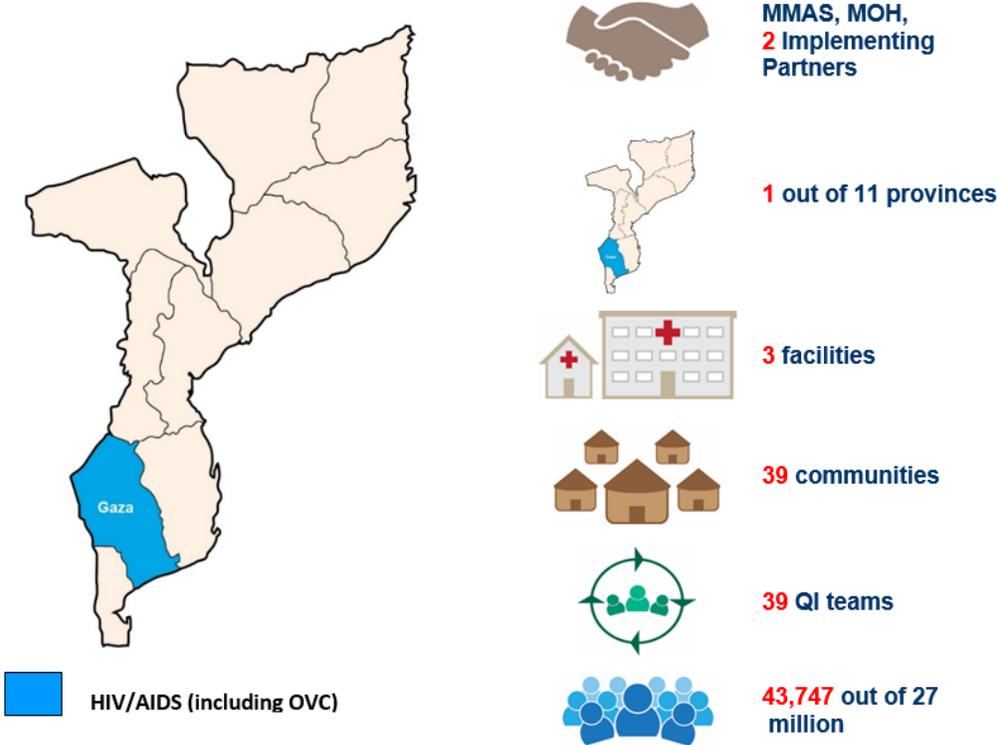
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CHW	Community health worker
FY	Fiscal year
HCI	USAID Health Care Improvement Project
HBC	Home-based care
HIV	Human immunodeficiency virus
IPs	Implementing partners
MMAS	Ministry of Women and Social Action
MOH	Ministry of Health
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
QI	Quality improvement
URC	University Research Co., LLC
USAID	United States Agency for International Development

1 Introduction

Starting in June 2013, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project began providing technical assistance to the Government of Mozambique and implementing partners (IPs) to improve the quality of services offered to vulnerable children and families affected by HIV and to implement approved standards. This work built on previous orphans and vulnerable children quality improvement work implemented in Mozambique through the USAID Health Care Improvement Project (HCI) since 2010. In Fiscal Year (FY) 2014, ASSIST also supported the Ministry of Health (MOH) to draft standards for home-based care (HBC) and supported Partnership for HIV-Free Survival (PHFS) activities at the community level.

ASSIST received its final field support obligation for the PHFS community work in Mozambique in early FY15, and March 2015 marked the end of the ASSIST activities in country. ASSIST closed-out its activities and office in Mozambique in March 2015.

Scale of USAID ASSIST’s Work in Mozambique



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Improve care and support of vulnerable children and their families	
<ul style="list-style-type: none"> Improve the quality of orphans and vulnerable children services through distribution of national service standards in 11 provinces 	Distribution of standards to 11 provinces 80 implementing partners adopting and integrating the standards into their work plans One district in each of two provinces, sites to

What are we trying to accomplish?	At what scale?
<ul style="list-style-type: none"> Identify and address critical barriers in scaling up and sustaining effective, high-impact interventions for vulnerable children and their families 	be determined in collaboration with Ministry of Women and Social Action and USAID
2. Partnership for HIV-Free Survival (PHFS)	
<ul style="list-style-type: none"> Quality improvement technical assistance for community-level activities to improve uptake of PMTCT and retention in care 	Provinces: 1 out of 11 Districts: 1 (Bilene) out of 11 in 1 province (Gaza) Facilities in selected district: 3 health centers (Licilo, Chissano, and Incaia) Communities: 39 Catchment population facilities/communities served: 43,747

= Improvement Activity
 = Cross-cutting Activity

3 Key Activities, Accomplishments, and Results

Activity 1. Improving care and support of vulnerable children and their families

BACKGROUND

In FY15, no additional funds were provided by the USAID/Mozambique Mission for additional activities to provide technical assistance to the Ministry of Women and Social Action (MMAS) or to apply the standards in two districts, so no further implementation support was provided by ASSIST. The project facilitated the printing of the OVC standards by providing three competitive printing bids to the mission, which printed the standards directly.

Activity 2. Partnership for HIV-Free Survival

BACKGROUND

ASSIST received initial funding from PEPFAR in 2013 and additional funds from USAID Mozambique in 2015 to support community-level improvement activities in the catchment area of facilities participating in the PHFS initiative, to improve postnatal prevention of mother-to-child transmission of HIV (PMTCT) care for HIV-infected mothers and their infants to maximize HIV-free survival of infants. In December 2013, ASSIST began to provide technical support for community-level improvement to the Ministry of Health of Mozambique. The goal of the PHFS Community Demonstration Project was to contribute to the elimination of mother-to-child transmission through increased community awareness, improved community-facility linkages, and increased access to services for pregnant women.

ASSIST provided limited training to PHFS partners in Sofala and Zambezia provinces in the community health systems strengthening model, quality improvement (QI), and coaching. In Gaza Province, ASSIST provided direct technical support to Chissano, Incaia and Licilo health centers in Bilene District and their respective catchment areas, totaling 39 communities, known as *bairros* in Mozambique.

In the ASSIST-supported sites, *bairro* committees focused on organizing the community system by engaging and educating community groups in supporting pregnant women and developing a process for information and data exchange with the facility nurse coach. These community committees then began to promote care for pregnant women, seeking to increase the number of pregnant women identified by the community; increase the percentage of women who were accessing antenatal care (ANC) services; increase the percentage of pregnant women tested for HIV; and increase the percentage of HIV-positive pregnant women who are put on treatment. While these areas of improvement are not comprehensive

PMTCT activities, they represent the first steps in getting pregnant women connected to and comfortable with facility-level care as early as possible. Given the funding and short timeframe for implementation, these were realistic initial aims. The community plays a critical role in influencing care-seeking behavior.

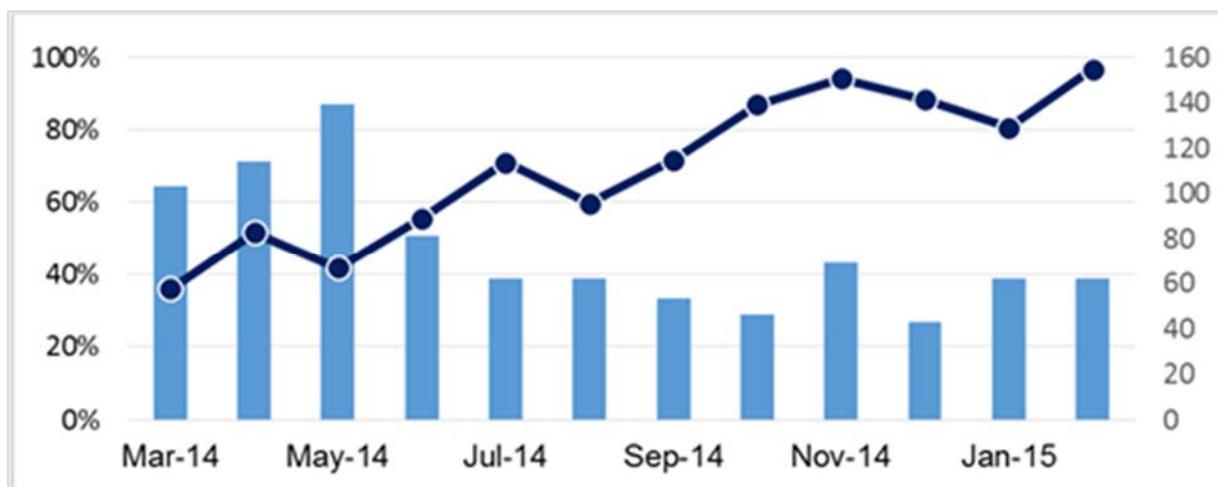
KEY ACCOMPLISHMENTS AND RESULTS

- **Provided coaching visits monthly to all 39 communities and three health facilities participating in the activity** (Oct 2014 – March 2015). Coaching was conducted primarily at the health facility level to the facility health committees, which included representatives from each of the communities. However, intensive coaching was conducted in Chissano and Incaia to find additional community groups interested in participating in the community system to support pregnant women. This coaching was successful, resulting in 95 community groups participating in Licilo, 68 in Chissano, and 77 in Incaia. Technical assistance focused not only on identifying community groups, but also on supporting the community-based committees that functioned as QI teams to review their data on who was identified and who had been to ANC, the gap, and how to address the gap in care.
- **Provided technical assistance to Sofala PHFS partner** (Dec 1-4, 2015). The ASSIST community advisor consultant traveled to Dondo, Sofala to provide technical support to FHI 360, another PHFS partner in Mozambique. The community advisor worked with FHI 360 staff and community health workers (CHWs) whom they support on organizing a community system using existing community groups.
- **Conducted final harvest meeting** (March 5, 2015). ASSIST staff conducted a harvest meeting with 55 participants, including representatives from each of the 39 communities, CHWs, nurse coaches, and district level officials. The harvest meeting focused on how the community system was organized and the processes that were created to identify pregnant women, encourage them to go to ANC, and follow up with those who did not attend. The results of this meeting were compiled into a final technical report detailing the experience and learning from this activity.
- **Documented the process design that occurred at the community level** (March 2015). The primary change that took place in each of these communities was the design or creation of a new system for information and data exchange and review between existing community groups and the health facility. In each *bairro* (village), community groups were invited to participate in supporting health workers and pregnant women. A *bairro*-level committee served as the village QI team, consisting of a representative from each of the active community groups. Since the nurses at the health center were unable to travel to each *bairro* due to workload, a second tier of a QI team was created at the health facility, called the Health Committee, to review the pregnant women identified in each community, compare the list of identified women with those who went to ANC, and discuss strategies or changes to encourage pregnant women to come to ANC. The Health Committee also served as the mechanism for the nurse to share critical health messages, which needed to be passed on to community members. The nurse at each health center, district staff, and ASSIST staff oriented the Health Committee members on key health messages around the importance of ANC for pregnant women and treatment for HIV-positive pregnant women to prevent transmission to their children. Health Committee members brought this information to *bairro* committee members who in turn brought it to their respective community group members and their families. Each community group agreed to set aside time during their regular meetings to discuss health issues. The community groups gathered the names of their family and neighbors who were pregnant and brought that information to the *bairro* committee, which subsequently passed it to the Health Committee and nurse. The nurse would review who had and had not been to ANC with the Health Committee members, and they would discuss the gaps and strategies for encouraging women to come to the facility. Health Committee members would share this information back down the chain, and *bairro* committees would determine strategies to encourage women to go to ANC. They found that one of the most effective strategies was targeting messages to mothers-in-law, since many of the men were working in mines in South Africa. They also used different strategies for following up with women who did not attend ANC based on the particular family, including asking the CHW, religious leaders, community leaders, or other community group members to meet with her.

Results from Licilo Health Center:

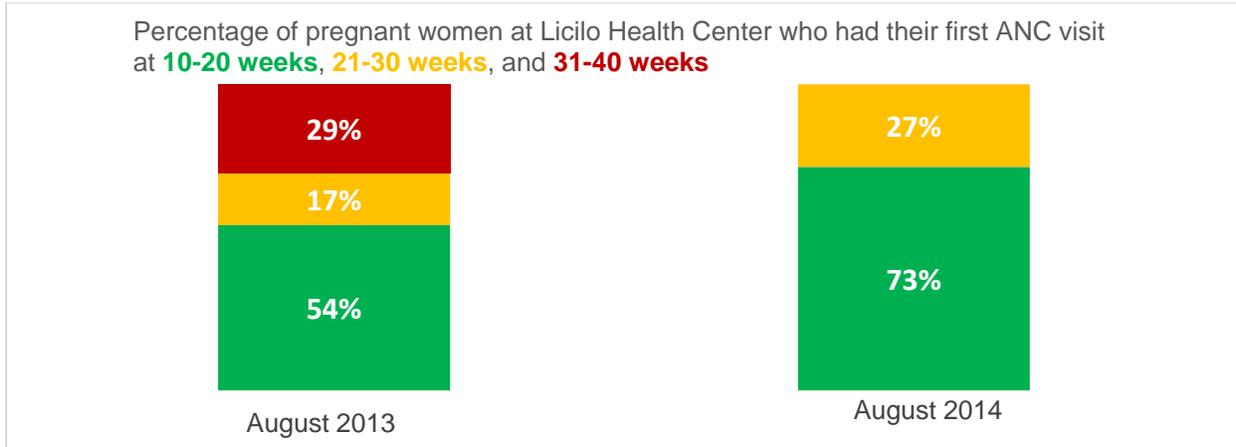
- Licilo Health Center had the largest catchment area of the three sites and had the most success of the three health centers. Licilo Health Center and its associated *bairros* were the most receptive to the PHFS activity and showed the strongest interest in the community health system model. In total, 95 community groups in the 15 *bairros* were identified and actively participating in supporting pregnant women. When community groups began identifying pregnant women in Licilo, we saw an initial spike of pregnant women, as the community identified all of the currently pregnant women who may be at any gestational age. As time went on, the numbers identified leveled off to be a steady stream of newly pregnant women in their first and early second trimesters. In total, the community groups in the catchment area of Licilo Health Center identified a total of 896 pregnant women between March 2014 and February 2015 (**Error! Reference source not found.**).
- **The work of the Licilo Health Committee and the *bairro* committees resulted in an increase from 36% to 97% (March 2014 – February 2015) of community-identified pregnant women who had their first ANC visit in the same month (**Error! Reference source not found.**).** Over 12 months, the cumulative percent of women who went to ANC was 64%.

Figure 1: Mozambique: Number of pregnant women identified by all community groups and percent of community-identified pregnant women who received first ANC in the same month, 15 *bairros*, Licilo Health Center (March 2014 - Feb 2015)



- Anecdotal reports from the nurse and Health Committee members that women were coming in earlier for care led to a record review of the gestational age for first ANC, comparing charts from August 2013 and August 2014. This chart review reflected a shift in women appearing for earlier ANC (**Error! Reference source not found.**). The proportion of pregnant women who made their first ANC visit to the health center before 20 weeks gestation (early ANC) increased from 54% in August 2013 to 73% in August 2014.
- Throughout the activity, the health center nurse was also tracking the percentage of women tested for HIV out of those who received ANC and the percentage of pregnant women found to be HIV-positive who were put on treatment. The median percentage tested for HIV was 97%, and the median of HIV-positive women put on treatment was 100%. Therefore, the conclusion can be made in Licilo that if women are connected with ANC services, they will receive the appropriate initial care to prevent HIV transmission to their baby.

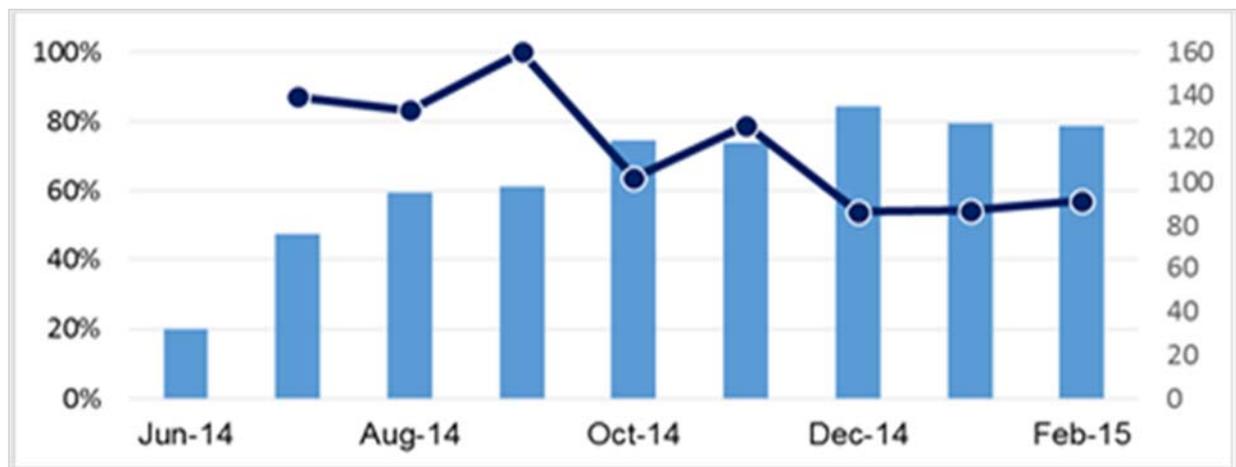
Figure 2: Pregnant women attending first ANC by weeks of gestation, Licilo Health Center (Aug 2013 and Aug 2014)



Results from Chissano Health Center:

- The Chissano Health Center and the associated *bairros* were slow in getting on board because they were not interested in the volunteer nature of the activity. As of June 2014, Chissano only had three active community groups for the whole area. Intensive support and discussions with this community led to the eventual involvement of 68 community groups and to identification of more pregnant women. In total, the Chissano community groups identified 715 pregnant women (**Error! Reference source not found.**). Between October 2014 and February 2015, the community groups appear to have reached a consistent level of identification of new cases of pregnant women. However, the ANC coverage declined with the increase in identified pregnant women. Both the Health Committee and the nurse from the health center said that increased workload from increased demand had led to longer wait times. **Error! Reference source not found.** shows that there was demand created but that there was not similar work within the facility to address the supply side.

Figure 3: Number of pregnant women identified by community groups per month and percent of community-identified pregnant women who received first ANC in the same month, Chissano Health Center (11 *bairros*) (June 2014 - Feb 2015)



- The Chissano Health Center had a median of 92% coverage of HIV testing for the period of June 2014 to February 2015, ranging from 86 to 100%, and 100% of women found to be HIV-positive were put on treatment. The intervention does not appear to have impacted the testing and treatment rates, as these were already high.

Results from Incaia Health Center:

- Like Chissano, the 13 *bairros* under the Incaia Health Center catchment area took time to begin implementing the activities around supporting pregnant women. Over time, they were able to successfully engage 77 community groups to participate and identify 409 women. Between September 2014 and February 2015, the percent of community-identified pregnant coming for ANC in the same month ranged from 82% to 100%. Due to early data collection problems, we do not have an accurate baseline. As with the other two sites, Incaia Health Center had good rates of HIV testing, ranging between 87% and 94% during the period of September 2014 – February 2015. All women found to be HIV-positive were put on treatment.

IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline (March 2014)	Last value (Feb 2015)	Change (percentage points)
PHFS Licilo – 15 sites Chissano - 11 sites Incaia – 13 sites Total – 39 sites	Total # of pregnant women identified for ANC services	Licilo – 103 (Mar 2014) Chissano- 32 (Jun 2014) Incaia – 18 (Jun 2014)	Licilo – 896 Chissano- 926 Incaia – 409	Licilo: 793 Chissano: 894 Incaia: 391 (# pregnant women identified for ANC)
	% of identified pregnant women receiving ANC services at the health facility in the same month as identification	Licilo – 36% (Mar 2014) Chissano- 87% (July 2014)* Incaia – 89% (Sep 2014)*	Licilo – 97% Chissano- 57% Incaia – 99%	Licilo: 61 Chissano: 30 Incaia: 10
	% of identified pregnant women tested for HIV in the same month	Licilo – 36% (Mar 2014) Chissano- 80% (July 2014)* Incaia – 77% (Sep 2014)*	Licilo – 95% Chissano- 53% Incaia – 90%	Licilo:59 Chissano: -27 Incaia: 13
	% of pregnant women who tested HIV-positive and who were initiated on treatment (39 sites)	100% all sites	100% all sites	0

*Problems in initial data collection in early months led to incorrect data on ANC attendance in early months of activity and later baseline figures. Given that the teams had been working for several months, these figures do not represent the pre-intervention baseline.

4 Sustainability and Institutionalization

ASSIST's work aimed to institutionalize OVC standards, which had been developed together with all the key stakeholders, within the policies of the Government of Mozambique to guide future OVC programming, budgeting, and evaluation. The PHFS community system work created a sustainable platform, as it was centered on involving existing formal and informal community groups and networks in supporting pregnant women and connecting them to the health facility.

5 Knowledge Management Products and Activities

- **Presented in PHFS Global Quarterly Webinar (Quarter 2):** Luke Dause, former Chief of Party of ASSIST Mozambique, presented ASSIST's experiences in Mozambique of community health systems strengthening for prevention of mother-to-child transmission of HIV.
- **Published a report** on how ASSIST supported three health facilities in Gaza province to employ the community health system strengthening model to improve the quality of PHFS services at the community level. The technical report, "Partnership for HIV-Free Survival community demonstration project in Gaza, Mozambique," is available at: <https://www.usaidassist.org/resources/partnership-hiv-free-survival-community-demonstration-project-gaza-mozambique>
- **Published a case study** on how a community demonstration project in Licilo Health Center contributed to eliminating mother-to-child transmission of HIV through increased community awareness, improved community-facility linkages, and increased access to services for pregnant women. The case study, "Community contributions to eliminating mother-to-child transmission at Licilo Health Center, Mozambique," is available at <https://www.usaidassist.org/resources/community-contributions-eliminating-mother-child-transmission-licilo-health-center>

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University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338

Fax: (301) 941-8427

www.usaidassist.org