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*Applying Science to Strengthen
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USAID ASSIST Project

Mozambique Country Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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DISCLAIMER

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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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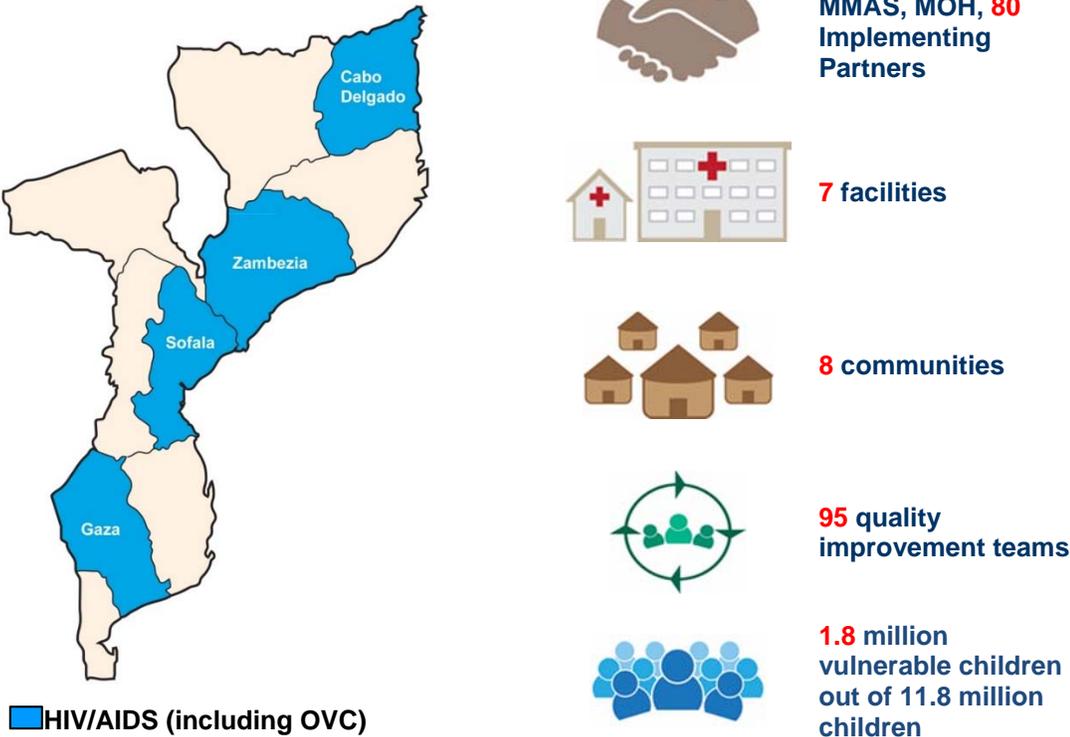
Abbreviations

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CBO	Community-based organization
CCPC	Community Child Protection Committees
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HBC	Home-based care
HIV	Human immunodeficiency virus
IP	Implementing partner
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
PLWA	Person living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
QI	Quality improvement
SADC	Southern Africa Development Community
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 has provided technical assistance to the Government of Mozambique and implementing partners to improve the quality of services offered to vulnerable children and families affected by HIV and to implement approved standards. The project’s work builds on previous orphans and vulnerable children work implemented in Mozambique through the USAID Health Care Improvement Project since 2010. The project is also piloting draft standards for home-based care (HBC) and supporting community-level activities of the Partnership for HIV-Free Survival (PHFS) in Mozambique. USAID ASSIST’s support to the Government of Mozambique and implementing partners is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID.

Scale of USAID ASSIST’s Work in Mozambique



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
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 to their work plans		x

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
	<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 	One district in each of two provinces, sites to be determined in collaboration with Ministry of Women and Social Action and USAID		
2. Draft and pilot home-based care standards	<ul style="list-style-type: none"> Finalize the HBC standards in Mozambique 	Pilot in two communities in one district in each of Gaza, Sofala, and Cabo Delgado provinces		x
3. 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 	Mozambique – 95 sites in 8 communities in three provinces: Gaza, Sofala, and Zambezia	x	

3 Key Activities, Accomplishments, and Results

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

BACKGROUND

Approximately 11.8 million children live in Mozambique, representing over half of the population. The high HIV prevalence rate in the country (11.5% among 15 to 49 year-olds) has resulted in severe levels of vulnerability, particularly among children and the elderly, who assume the role of parents when the life of the parents is prematurely interrupted due to AIDS. Mozambique has an estimated 1.8 million orphans (of father, mother, or both), of which 510,000 are orphaned due to HIV and AIDS (INSIDA 2009).

The Government of Mozambique, supported by USAID, developed, finalized, and approved the minimum standards of care for orphans and vulnerable children. The standards were piloted in three provinces of Gaza, Zambezia, and Cabo Delgado (targeting about 6,150 children in 10 districts). The findings of the pilot demonstrated that out of seven services, household economic strengthening and psychosocial support were the weakest services in terms of implementation. The government recommended that these two services be addressed during the roll-out process and that the capacity of key actors in the process be enhanced to better respond to the needs of children.

In July 2013, USAID ASSIST was asked to continue supporting the Ministry of Women and Social Action (MMAS) to roll out the standards throughout all 11 provinces of Mozambique. During the roll-out phase, USAID ASSIST will also engage the quality improvement (QI) task teams to use quality improvement techniques to identify, address, and share best practices in the implementation of the standards.

KEY ACCOMPLISHMENTS

- During the first quarter, ASSIST supported the MMAS to conduct a national mapping exercise that sought to identify implementing partners (IPs) with human and financial resources targeting vulnerable children in all 11 provinces of Mozambique.** A simple tool was developed for contacting provincial-level organizations to assist in the assessment process. A total of 147 IPs working with vulnerable children were identified. The mapping was the first step in establishing a comprehensive picture of all the partners in each province that would be reached through the roll-out of the service standards. The mapping provided information on who the partners were, what services they provided, what groups of children their programs served, and identified in which districts and communities they were implementing their programs. In addition, the mapping exercise identified the major stakeholders that USAID ASSIST needed to engage in the roll-out of the service standards.

- **Provided technical assistance to the MMAS to conduct regional workshops.** Workshops were held in the southern (Q1) and central and northern regions (Q2). The main purpose of the workshops was to disseminate the orphans and vulnerable children (OVC) standards and support teams and their IPs to design and come up with implementation plans for the OVC standards at the provincial level. One hundred forty-seven (147) implementing partners participated in the workshops and began implementing the roll-out of OVC standards.
- **ASSIST supported the MMAS in following up with all 11 provinces to see how far the provincial teams had disseminated and integrated the standards into their organizational implementation plans.** Seven of 11 provinces organized provincial meetings with the provincial OVC technical working group to present the standards, the tools, and refine the implementation plans for the standards that were developed at the end of each of the three regional workshops.
- **Facilitated training of trainers of Community Child Protection Committees (CCPCs) led by UNICEF and the MMAS.** ASSIST was invited as a member of the national OVC technical working group to be part of the facilitation group of three regional trainings of trainers of CCPCs. The first regional training took place in the southern region in March 2014. It involved four provinces and 34 participants. ASSIST took advantage of the opportunity to share and disseminate the tools the project has developed to support the use of the OVC standards. Both MMAS and UNICEF have concurred that for the present, no new tools would be developed other than those tools developed and approved together with the OVC standards in July 2013. It was equally agreed by all parties that the OVC tools would be incorporated into the CCPC training of trainers manual.
- **Mozambique's OVC standards' experience was showcased at the Southern Africa Development Community (SADC) Minimum Package of Services training and review meeting held in Johannesburg, South Africa.**
 - Mozambique was represented by Dr. Francisca Lucas, the Director for Social Action in MMAS at the "Regional Training and Review meeting on the implementation of the SADC Minimum Package of Services for OVC and Youth" that was hosted by the SADC Secretariat on March 20-21, 2014 in Johannesburg, South Africa.
 - ASSIST supported the preparation of Dr. Francisca's presentation on key results from the pilot phase, including the data of children who improved their status through the implementation of standards in all three pilot provinces, and the steps that have been taken after the standards' approval, as well as the results of the OVC regional dissemination workshops concluded in February 2014.
 - Dr. Lucas reported that, "Mozambique received some resounding ovation from the participants for being the only SADC country so far with the OVC standards approved and disseminated at national level, with provincial implementation plans in place."
- **Provided technical support to integrate and implement OVC standards.**
 - In May 2014, 70 participants representing members of Children's Networks and government institutions at the provincial and district levels benefited from a one-day workshop on the OVC Standards and the Costed National Action Plan II organized by the Children's Network and Maputo City MMAS authorities.
 - World Vision (Mozambique office), in designing their annual activity plan for FY15, requested ASSIST to support them in integrating the OVC standards into their work plans.
 - MMAS asked ASSIST to provide technical assistance to Save the Children's essential package pilot process in Inhambane, Zambezia, and Niassa provinces, building on ASSIST's knowledge of lessons learned from the development and piloting of OVC standards and tools.

Activity 2. Draft and pilot home-based care standards

BACKGROUND

USAID ASSIST was asked by USAID to support the Ministry of Health (MOH) to draft and pilot home-based care standards in addressing the new challenges of care for persons living with HIV (PLWH) at the community level. HBC is part of the continuum of care for PLWH and provides for comprehensive care that addresses the patient's physical, emotional, spiritual, and psychosocial needs. With the greater accessibility of better antiretroviral therapy regimens in Mozambique, more and more patients are living with HIV as a chronic medical condition. This in itself has led to new opportunities and challenges

associated with retention, livelihoods, and nutrition for the 1.6 million PLWH who live in Mozambique. Of the 1.6 million, 205,320 are children, 449,011 are men while 757,741 are women (National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS in Mozambique, 2009).

Until the first quarter of 2013, only 344,636 patients (315,593 adults and 28,043 children) were on antiretroviral therapy. This creates new dynamics and challenges for the community response and care for PLWH in Mozambique.

KEY ACCOMPLISHMENTS

- **Draft of HBC standards approved by USAID Mozambique project managers (Q1).** The HBC standards document was submitted to the MOH for review before piloting.
- **HBC minimum standards document write-up finalized (May 2014).** ASSIST made a presentation on the development of HBC minimum standards to the Ministry's HIV Department. The monitoring and evaluation indicators are under review by the TWG.

Activity 3. Partnership for HIV-Free Survival

BACKGROUND

Since 2002, Mozambique has implemented programs that promote prevention of mother-to-child transmission (PMTCT) of HIV. Despite having registered significant advances in quality of care and number of facilities from 8 to 1063 offering pre- and post-natal care, delivery of services to children in the period from 0-24 months continues to be problematic, and the indices of mother-to-baby transmission of HIV remain significantly high.

To reduce HIV transmission to exposed infants and reduce infant mortality by ensuring care is provided in line with the 2010 World Health Organization PMTCT guidelines, ASSIST has received PEPFAR funds from USAID to support community-level improvement activities in the catchment area of facilities participating in the Partnership for HIV Survival (PHFS), to improve postnatal PMTCT care for HIV-infected mothers and their infants to maximize HIV-free survival of infants.

KEY ACCOMPLISHMENTS

- **Conducted the PHFS situational analysis of health structures, coaches trained, and QI teams formed in Gaza, Sofala, and Zambezia provinces (January 2014):** In one district of Gaza Province, 18 QI teams were found to be functioning, supported by the MOH. In one district of Sofala Province, FHI 360 had trained 48 coaches from community-based organizations to support activities in 21 villages. In two districts of Zambezia Province, World Vision and ADRA are supporting activities in five health centers and 21 health posts. Similar to the community health system approach being applied by ASSIST in other countries, the community component of PHFS work in Mozambique focuses on mobilizing existing community groups to support the efforts of the government-supported community health volunteers.
- **Provided coaches' training.**
 - **Gaza Province (February 2014):** 20 PHFS coaches were trained. From this training, 18 community QI teams were established and have carried out their first QI team meetings. ASSIST is working on providing training to the remaining 20 community QI teams in Gaza.
 - The 18 community QI teams have met four times since the training and have been able to collect data on the pregnant women from their respective groups and villages. In Licilo, they recorded that a total of 180 women out of 206 in 15 villages received antenatal care (ANC) services in March 2014. This data was brought to the monthly community QI meeting by a nurse from Licilo health post in March.
 - **Sofala Province:** In collaboration with FHI 360, ASSIST trained 48 coaches and supervisors from all the 21 villages by the end of February 2014. In addition, in May, ASSIST provided four days of PHFS technical support to FHI 360's Community Care Program during which a detailed PHFS implementation plan for Dondo and Mafambisse covering all 21 sites in Sofala Province was developed. Thirty-seven participants (community-based organization volunteers, community leaders, nurses, religious leaders, traditional healers) benefited from the training.
 - **Zambezia Province (May 19-23, 2014):** In collaboration with World Vision, ASSIST supported 45 participants by providing a five-day coaches' technical training in Mocuba and Namacura districts. A detailed work plan was produced in which a well laid out community support structure was

discussed and agreed upon. Roles and responsibilities of ASSIST and World Vision were also defined.

- **Conducted learning sessions.**

- First community PHFS learning session, Bilene District of Gaza Province (May 5-7, 2014): Drs. Ram Shrestha (ASSIST) and Justin Mandala (FHI360) provided technical support. Forty participants including health staff, nurses, community leaders, religious leaders, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), HEALTHQUAL International, and FHI 360 participated. Workshop participants were oriented to the data collection tools.
 - Absence of addresses of pregnant mothers in the ANC registers made it difficult for the nurses to provide accurate data for the community QI teams. The teams agreed to test out a card system to track the pregnant mothers who receive their first ANC service.
 - Before May, 17 out of 39 villages were active under the PHFS. By end of June 2014, 31 community QI teams had been formed in 31 villages, with only 8 villages remaining. This significant improvement in participation came as a result of the involvement of community leaders in mobilizing the beneficiary households.
 - In the remaining eight villages, there are no active community groups that have been identified. The PHFS coaches together with the community leaders resolved to address this gap by working with groups composed of 10 households.
- The second PHFS learning session was conducted in Gaza Province for 39 sites (August 2014). The learning session had 90 participants (twice as many as compared to the first learning session conducted in May 2014). While the first learning session focused on community organization, mobilization, and group orientation, the second learning session focused more on the introduction of QI into the communities in rural settings, addressing issues of literacy and numeracy.
 - Data capturing and record keeping at group and committee levels was discussed at length at the learning session. To date, community-managed registers are kept at group and committee levels. As teams received more clarity on their roles and responsibilities, the number of functional community groups has since increased from 202 in July 2014 to 227 by end of September 2014, further increasing coverage in reaching out to more households.
 - After hearing from the participants during the August learning session, the Bilene Health District Director, Dr. Fanwel Baloi, asked ASSIST to provide technical support in building the capacity of his district team to master the community system approach linking with QI in order to reach out to all facilities in the district. A follow-up meeting was conducted in which HEALTHQUAL, ASSIST, and the MOH Senior QI Advisor all agreed to support Bilene Health District in Gaza.

RESULTS

Improvement in Key Indicators

Activity	Indicators	First value (March 2014) 15 communities, Licilo Health Center	Last value (October 2014) 15 communities, Licilo Health Center	Magnitude of improvement
PHFS	Number of pregnant women identified for ANC services	103	660	557
	Percent of identified pregnant women receiving ANC services at the health facility in the same month as identification	36%	87%	51 (percentage points)
	Percent of identified pregnant women tested for HIV in the same month	36%	78%	42 (percentage points)
	Percent of HIV-positive pregnant women initiated on treatment	100%	100%	0

- **Increased number of pregnant women identified for antenatal care:** There has been an increase in the number of pregnant women identified for ANC services in Gaza Province through use of the community groups.

SPREAD OF IMPROVEMENT

Spread will occur in FY15.

4 Sustainability and Institutionalization

USAID ASSIST has fostered country ownership throughout the development of standards for OVC care. The MMAS has led the process of developing and implementing the national OVC standards, which have become national policy. We worked with MMAS to form QI teams of multi-sectoral stakeholders, from multiple levels (national and local government, facilities, community-based organizations, communities). This resulted in collaboration among people that usually do not work together but have discovered the benefit of their mutual cooperation. Additionally, ASSIST's practice of following trainings with ongoing coaching and follow-up results in greater likelihood of holding the gains. We have also built capacity of the MMAS to continue follow-up for the standards and developed tools for the implementation that will support the MMAS beyond the life of the project.

In addition, USAID ASSIST has worked with the MOH to develop standards for home-based care, which have been approved for piloting. Once these are pilot tested and adopted as policy, the standards will guide all HBC care services in the country.

Under PHFS, we have trained over 110 coaches and supervisors in three provinces in quality improvement methodology, which they will use immediately to improve care around PMTCT, but will also retain these skills which can be applied to other priority health areas. Locally appropriate solutions for improving access and retention of HIV-positive mothers in care were developed at the community level in collaboration with the health centers. These solutions were developed by the communities themselves, leading to ownership of the new ways of working.

5 Knowledge Management Products and Activities

In August of this year, the short report entitled "PHFS Community Demonstration Project in Gaza Province, Mozambique" was produced, describing the community system strengthening approaches applied to the PHFS work in Mozambique: <https://usaidassist.org/resources/phfs-community-demonstration-project-gaza-province-mozambique>

6 Directions for FY15

- Vulnerable children: MMAS requested additional technical assistance for the next 12 months in conducting coaching and supervision of provincial task teams to ensure that the standards for vulnerable children are put into real use by implementing partners.
 - Dr. Francisca Lucas, the MMAS Deputy National Director, made this request, which also included printing of 2,000 copies of the OVC standards document and a simplified version of the standards document for use by the communities. MMAS has argued that without printed copies of the OVC standards and a simplified version for community use, a huge gap could be left that may potentially derail the success recorded thus so far.
 - USAID Mozambique thinks this role could be taken on by MMAS's implementing partners. However, no final agreement has been reached, and the Ministry looks forward to ASSIST for technical support in coaching and support supervision for at least the next 12 months as well as the printing of 2000 copies of the standards document.
- For PHFS, the training for district health staff on the community system work is planned for January 2015.

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