CHASS Niassa
Agreement No. 656-A-00-10-00-113

FY2015 5th Year of the Project

3rd Quarter Report: April to June 2015

July 2015

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ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOR	Agreement Officer's Representative
APR	Annual Performance Review
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCM	Community case manager
CCR	Consulta da Criança de Risco (high-risk consultation for children)
CD4	Cluster of Differentiation 4
CHASS	Clinical HIV/AIDS Services Strengthening Project
C-HCT	Community HIV Counseling and Testing
COP	Chief of Party
CS	Centre de Saude
CSB+	Corn Soy Blend Plus
CTZ	Cotrimoxazole
DDM	Depósitos Distritais de Medicamentos (District drug depots)
DPS	Direcção Provincial da Saúde (Provincial Health Directorate)
EPTS	Electronic Patient Tracking System
FP	Family planning
GAAC	Grupo de Apoio para Adesão das Comunidades (Community adherence support groups)
GBV	Gender based violence
HCT	HIV Counseling and Testing
HF	Health Facility
HIV	Human Immunodeficiency Virus
IEC	Information, education, and communication
IP	Implementing partner
IUD	Intrauterine device
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MoH	Ministry of Health
NRP	Nutrition Rehabilitation Program (Programa de Reabilitação Nutricional)
PCC	USAID Community Care Program
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PICT	Provider Initiated Counseling and Testing
PIMA	Point of Care technology for CD4
PLHIV	People living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
QIP	Quality improvement project
SAPR	Semi-annual Performance Review
SDSMAS	District directorate for Health, Women and Social Action Services
SI	Strategic Information
SIMAM	*Sistema Informatizado de Gestão de Medicamentos*
SISMA	Health Information System for Monitoring and Evaluation
TA	Technical assistance
TB	Tuberculosis
TSV	Technical Support Visit
UATS	Unidade de Aconselhamentos e Testagem para a Saúde (Health Counseling and Testing Unit)
USAID	United States Agency for International Development

LIFE OF PROJECT SUMMARY

Life of Activity (start and end dates): August 2010 – July 2015

Total Estimated Contract/Agreement Amount: $35,983,413

Total Amount Obligated (to date): $ 32,687,070

Actual Expenditures Through this Quarter: $31,066,633

Current Pipeline Amount: $647,132

Projected expenditure July 2015: $973,305

Geographic Focus: Niassa Province, Mozambique

I . EXECUTIVE SUMMARY

Summary of Progress this Quarter

This quarterly report presents an elaborated report of the multi-sectoral activities performed in Niassa at all levels. It reports both improved and unsatisfactory performance while elaborating on major challenges faced during this reporting period and planned actions for the immediate future.

Key achievements for this quarter included:

- Advocacy with the Nampula reference laboratory for the creation of a partnership for the implementation of viral load count
- Mother and Child Health Course completed by 34 MCH nurses with funding from CHASS Niassa
- Follow-up visits for SIMAM implementation in expansion districts
- Completion of entry and validation of the data in the electronic patient tracking system at HR Cuamba and CS Cuamba

Key Indicators

The following list presents key indicators at the aggregate level; more detailed and disaggregated information is provided in the body of the report.

HCT

- The majority of people who are counseled and tested did so through PICT: 60% this quarter up from 51% in the first quarter of this year
- Overall 2,378 clients tested positive for HIV and were referred for care and/or treatment; 1,591 (67%) were enrolled into care and 1,285 (81%) were enrolled into ART
- The percentage of HIV+ clients referred from community-HCT who received care and treatment services increased to 94%
- 277 family members were tested using the case index approach; 36% (99) of them were HIV+, a substantially higher yield than last quarter when just 10% tested positive

PMTCT

- 88% of HIV+ pregnant women in antenatal clinics and 97% of women in labor and delivery received ARV prophylaxis
- 51% of women who started PMTCT enrolled on Option B+ compared to 80% last quarter; the reason for the decline in coverage is discussed in the body of the report
- 61% of the HIV+ women were provided with cotrimoxazole prophylaxis in ANC; again substantially below past levels
- 91% of HIV-exposed children (n=379) were provided with ARV prophylaxis in maternity wards, an improvement relative to last quarter
- High rates of partner HIV testing and counseling as part of PMTCT were maintained with the partners of 45% of pregnant women in ANC services counseled and tested for HIV

ART

- 1,285 patients, including 66 children, were newly initiated on ART; leading to 78% cumulative achievement relative to the annual target
- 30% of newly enrolled patients were women receiving Option B+, a decrease from 38% last quarter to levels seen in prior quarters

TB/HIV

- 531 new TB patients were registered
- 96% (511) of registered TB patients knew their HIV status
- 39% of registered TB patients were HIV positive; 85% of them received CTZ prophylaxis

Laboratory

- 7,631 CD4 counts were performed this quarter, with 38% done using PIMA

GBV

- 14 patients were identified as victims of sexual violence
- 100% of the victims of sexual violence were tested for HIV

II. PROJECT OVERVIEW

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. CHASS Niassa is supporting the Provincial Health Directorate (DPS) in efforts to prevent, care for, and treat people living with HIV (PLHIV) in Niassa and is implementing critical programmatic, and advocacy initiatives aimed at eliminating HIV infections and supporting HIV-positive children, mothers, and families. In collaboration with our international and local implementing partners (IPs) and the DPS, the project works directly with individual districts to implement a broad range of HIV/AIDS services that focus on:

- Expanding the provision of comprehensive prevention of mother to child transmission (PMTCT) services,
- Improving access to HIV care and treatment, and,
- Strengthening systems and building capacity.

Through extensive technical assistance (TA) and capacity building support to the DPS and its local partner organizations, CHASS Niassa has covered all 16 districts working in the HIV response with service delivery that significantly contributes to USAID/Mozambique's targets. In order to achieve the desired goals of the Ministry of Health (MoH) HIV/AIDS Response, major activities during the period included:

- Implementation of the Quality Improvement Projects (QIPs) for laboratory, PMTCT, and community
- Implementation of the pilot of integration of family planning (FP) into Antiretroviral therapy (ART) services
- Initiation of the expansion of SIMAM in Pharmacy to the districts
- Completion of the verification of EPTS at the Provincial Hospital in Lichinga and handover to the facility management
- Training of the IPs in data review procedures and use of the DHIS2 database for data entry

III. PROGRESS REPORT

The majority of activities scheduled for this reporting period were completed or underway by the end of the quarter. Implementation of the index case strategy in three HFs (Metangula, Centre de Saude (CS) Lichinga and Mecanhelas) was a key activity this quarter. It was well accepted by targeted facilities because the services are delivered in their homes, providing privacy while also allowing for psychosocial support and linkages to care and treatment. Further progress was also made with the implementation of the electronic patient tracking system (EPTS) with three sites now reporting using data from the system. In addition, the program continued to strengthen its partnership and consultations by participating in the U.S. Government, MoH, and other relevant stakeholders' convened events.

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.

HIV Counseling and Testing (HCT)

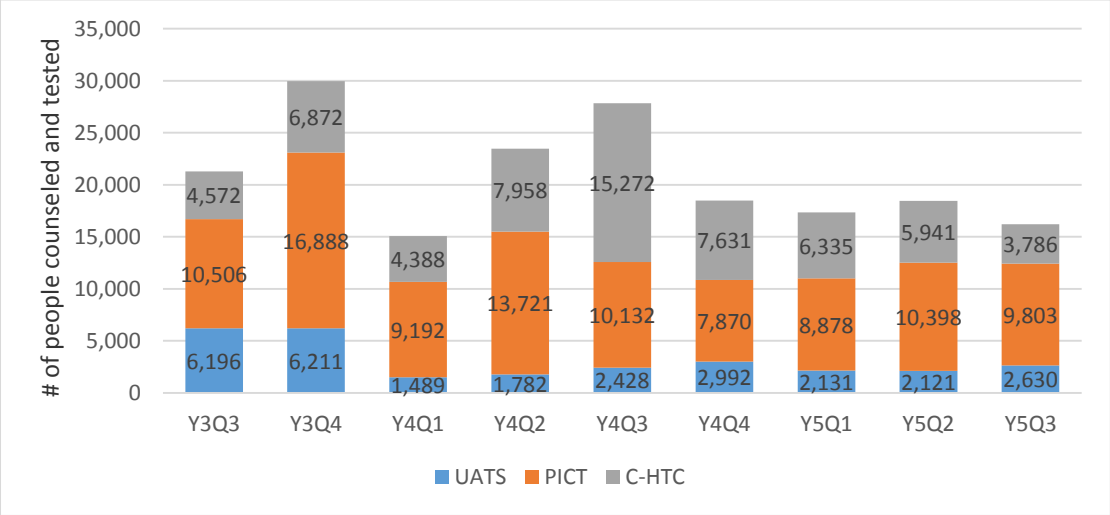
HIV counseling and testing is implemented in a total of 65 health facilities (HF), in several health services, grouped in three testing settings: Provider-initiated counseling and testing (PICT), health counseling and testing units (UATS) and community HIV counseling and testing (C-HCT). PICT is done in various service points including triage, in-patient services, laboratories, antenatal care (ANC) units, maternities, and emergency rooms. PICT is implemented in all 65 HFs while UATS is implemented in 9 HFs and C-HCT in 5 of the 16 districts: Cuamba, Mecanhelas, Lichinga City, Lago and Mandimba.

During this quarter a total of 16,219 people were tested in different points of services (UATS, PICT, and C-HCT). Of those 2,630 (24%) people were tested in UATS at the 9 facilities providing these services, 199 of them (8%) were children under 15 years.

Another 3,786 (23%) were counseled and tested in C-HCT, 668 (18%) of which were children and 9,803 (60%) were tested through PICT in various service points, 2,102 (21%) of whom were children.

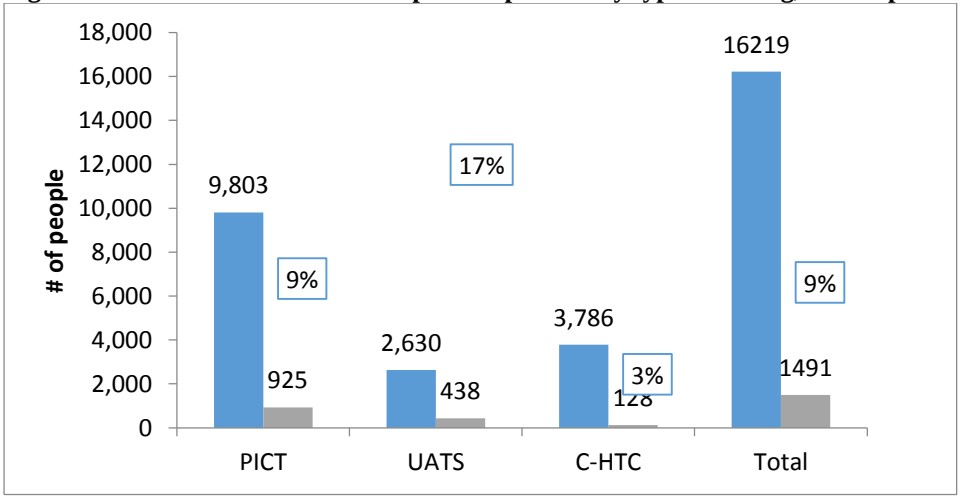
The number of individuals tested in UATS increased by 24% compared to last quarter (Figure 1). In PICT, the number of people tested decreased lightly by 6% than last quarter (10,398 to 9,803). The decrease over last quarter was due to the non-register of testes use in the peripheral HF and the reduction of quantity of testes supplied by CAMAM. The number of people tested through C-HCT declined significantly (by 36%).

Figure 1. Number of people receiving HIV counseling and testing in Niassa province, by type of testing, Q1Y4 to Q3Y5



In general, the percentage of patients tested positive was 9%, about the same percentage as in the last quarter, but it varied by type of testing: it was 3% in C-HCT, 9% in PITC, and 17% in UATS (Figure 2). As in the past quarters the majority of HIV positive patients were tested through PICT because of the large number of patients tested there. In all settings, the percentage testing positive was slightly higher among females as expected.

Figure 2. Total number of tests and percent positive by type of testing, Niassa province, April–June 2015

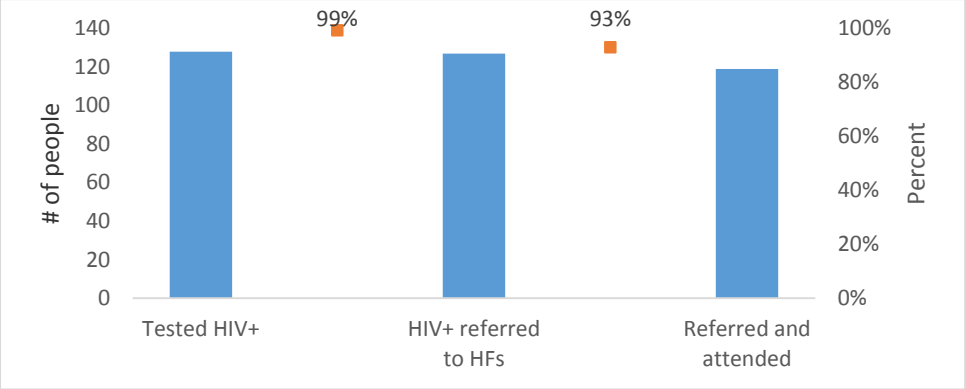


At the end of this quarter, CHASS Niassa was below 50% of the annual target for both PICT (41%) and UATS (18%). However, CHASS Niassa has already achieved the target for C-HCT (193%). However, CHASS Niassa will further focus its C-HCT on people identified through the case-index approach and consider expanding this approach to additional sites. This quarter CHASS Niassa, technical support visit (TSV) teams, SDMAS and DPS were prioritizing the monitoring of testing offerings in different UATS despite the testing activities in the Rural Hospital of Cuamba and Lichinga have prioritized the offices to APSS, a situation that will influence the reduction of numbers.

For community testing, ensuring that patients who test positive successfully reach care and treatment services is critical to ensuring access to care. This quarter, almost all patients who tested positive in C-HCT were referred to a HF, with 94% of them (119; 43 males, 76 females)

successfully reaching a HF to receive HIV care or treatment (Figure 3). Compared to last quarter, the percentage of HIV+ referred patients who reached a HF decreased by 2%.

Figure 3. Community HCT cascade in Niassa province, April to June 2015



The index case strategy is being implemented in three HFs (Lago, Lichinga and Mecanhelas) 277 patients were tested via home visits (97 males; 180 females, 58 of whom were children under 14 years). Compared to the last quarter the number of individuals tested through home kits increased by 413%. The increase was due to the expansion of sites, as in the previous quarter only one site reported data (Mecanhelas). Registration and follow up of cases also improved with more detailed technical assistance and a better understanding of the strategy of testing using index cases. In total, 101 families were tested using the case index approach with 277 family members tested. Among those tested, 36% (99 people, 45 males; 54 females) were HIV positive and were referred to care; 33 of those testing positive were less than 15 years old.

Prevention of Mother to Child Transmission Support Activities

During this quarter, the project continued to promote access to PMTCT services and strengthen linkages for pregnant women and their HIV-exposed infants to care and treatment at 65 HFs by integrating PMTCT services into routine maternal and child health (MCH) services. The interventions in PMTCT aim to:

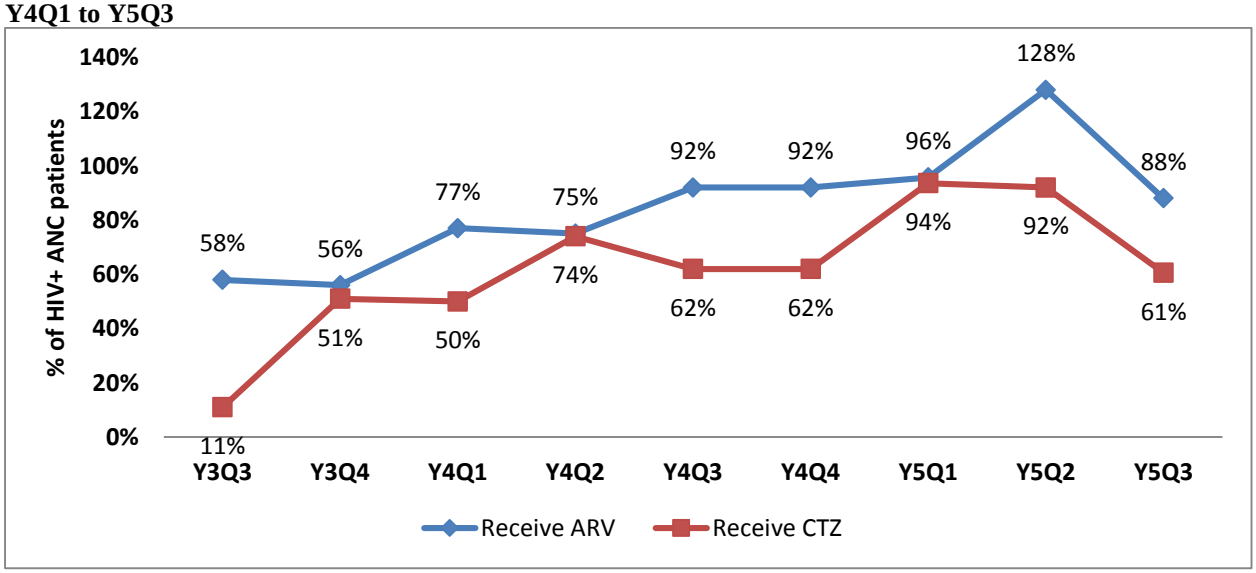
- Support rollout of the national PMTCT program using national guidelines and training curricula;
- Increase enrollment of women and families in care and treatment programs by strengthening linkages between PMTCT and care and treatment;
- Increase access to quality PMTCT services, by linking women, children and their families in care and treatment;
- Increase uptake of antiretroviral (ARV) prophylaxis in HIV-positive pregnant women and HIV-exposed infants.
  +

In the second quarter of year five a total of 15,681 women were newly registered in ANC, 14,228 (91%) of whom knew their HIV status, and 13,975 (89%) of them were tested for the first time in ANC services. The total number of pregnant women whose HIV status was known represents 98% achievement against the annual project target. The percentage of women with known HIV status declined slightly (from 95 to 91%, $p<0.01$) from last quarter. This is likely because stock outs of tests at some peripheral facilities that are receiving less

frequent TSV. CHASS Niassa will work with DPS to determine how best to address this issue moving forward.

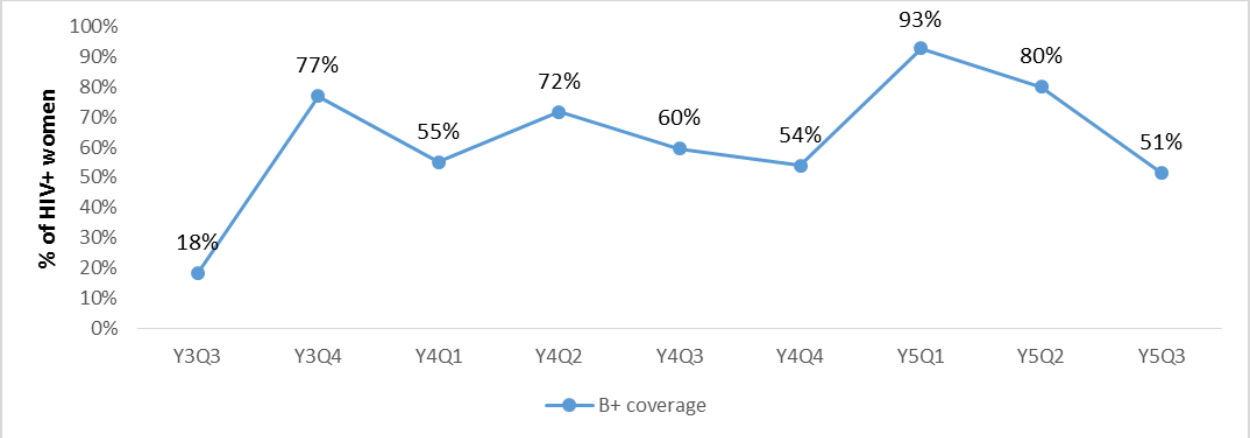
The percentage of ANC clients who were HIV-positive was 5% (744) which is consistent with trends over time. Reported coverage of ARVs among HIV+ pregnant women was 88% (655). This is lower than during any quarter in the past year (Figure 4). This decline is largely the result of a decline in the percentage of women starting Option B+ to just over 50% (from 80% in recent quarters). Again, we believe this may be related to the reduction in TSV to some sites since 11 peripheral facilities were responsible for 39% of the 89 women who did not start on ART. Most of these sites registered less than 10 HIV+ pregnant women but did not enroll most of these women on ART. For example, in Cheiacheia, a total of 7 HIV+ women were registered but only 4 were enrolled on ART. At the same time, some of the larger sites (e.g., CS Lichinga) require particular attention because they are responsible for a large proportion of the women who are not enrolled. CS Lichinga, for example, registered 73 HIV+ pregnant women this quarter and enrolled 82% of them on ART but is responsible for 15% of all pregnant women NOT enrolled on ART in the province. . CHASS Niassa will follow up with these facilities in the next quarter. Prophylaxis with cotrimoxazole (CTZ) also declined to the same level seen at this time last year after two quarters of improved performance; this is likely the result of a record review that was done this quarter.

Figure 4. Changes in ART and CTZ coverage among ANC and maternity clients in CHASS Niassa sites, Y4Q1 to Y5Q3



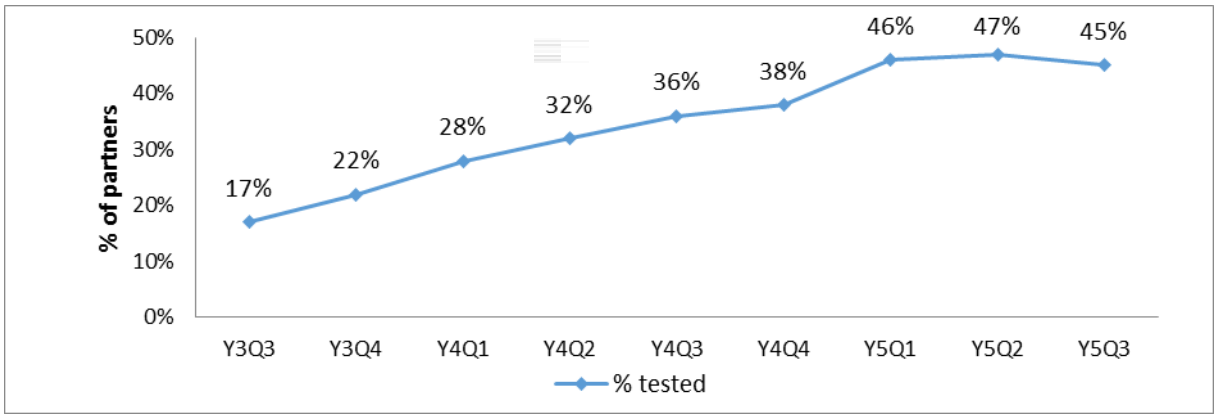
Among the women who tested positive for HIV, 382 (51%) started Option B+, a substantial decrease in the percentage compared to last quarter and the lowest level in more than a year (Figure 5). While the proportion of women who had already initiated anti-retroviral therapy (ART) increased slightly (from 30% to 32%) and the proportion of women enrolled on Option A also increased slightly (from 8% to 9%), these increases do not account for the decline in Option B+ coverage. The likely reasons for this decline are discussed above.

Figure 5. Option B+ coverage in CHASS Niassa Sites, From Y3Q3 to Y5Q3



Male involvement remained constant with the last two quarters; 7,063 women brought their partners to ANC services and they were tested for HIV, corresponding to 45% of all women registered in ANC (7,063/15,681), about the same level as last quarter (Figure 6). Among the partners tested, 145 (2%) tested positive.

Figure 6. % of ANC clients whose partners were tested for HIV, Y4 and Y5, by quarter

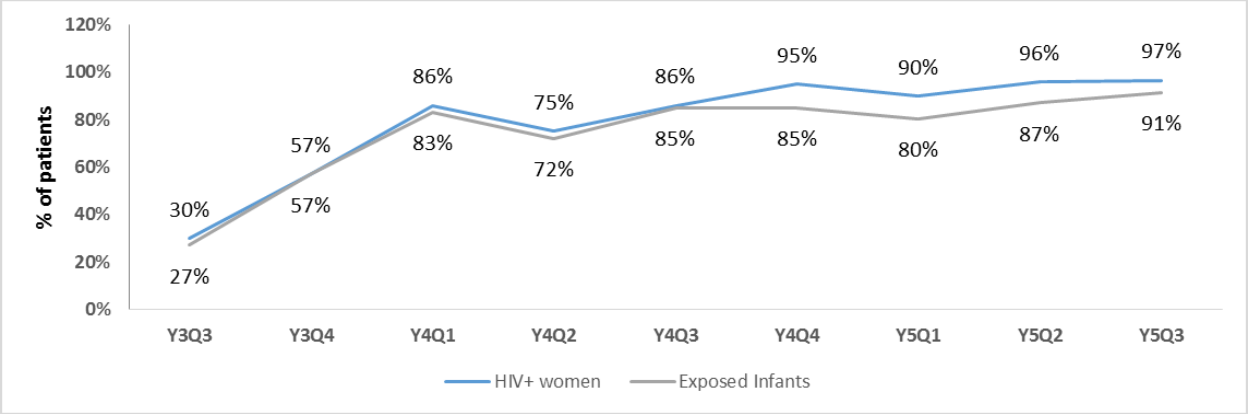


This quarter 10,756 pregnant women were registered in maternity wards, 2,138 of them had unknown status, and 1,972 (92% of those with unknown status) received HIV testing and their results. The small increase from 90% to 92% (p=0.01) may be associated with the prioritization of test kits in the maternity sector and increased awareness of the need to test all women meeting the criteria for testing in the maternity ward.

In total, 415 women who delivered in maternities were HIV positive and 401 (97%) of them were provided with ARVs (**Error! Reference source not found.**), roughly the same percentage as last quarter.

Regarding exposed infants, a total of 379 (91%) were provided with ARV prophylaxis, a small but significant increase (p=0.05) from last quarter and a continuation of the upward trend seen over time (Figure 7).

Figure 7. % of HIV positive pregnant women in maternities and exposed infants receiving ARV prophylaxis, CHASS Niassa sites, Y3 to Y5, by quarter



In order to achieve the PMTCT objectives, in the next quarter CHASS Niassa will continue to focus on the same interventions:

- Ensure that providers understand the MoH guidelines for the provision of Option A for women who refuse Option B+ in order to decrease the number of women who do not take prophylaxis to prevent vertical transmission
- Train medical staff to offer integrated FP services during ART consultations (counseling and select methods—pills, injectables and condoms—and referrals for other methods)
- Ensure follow up in ART services of women discharged from MCH consultation
- Monitor the reception of polymerase chain reaction (PCR) results through the electronic database of the National Health Institute and support transport of samples

Family Planning

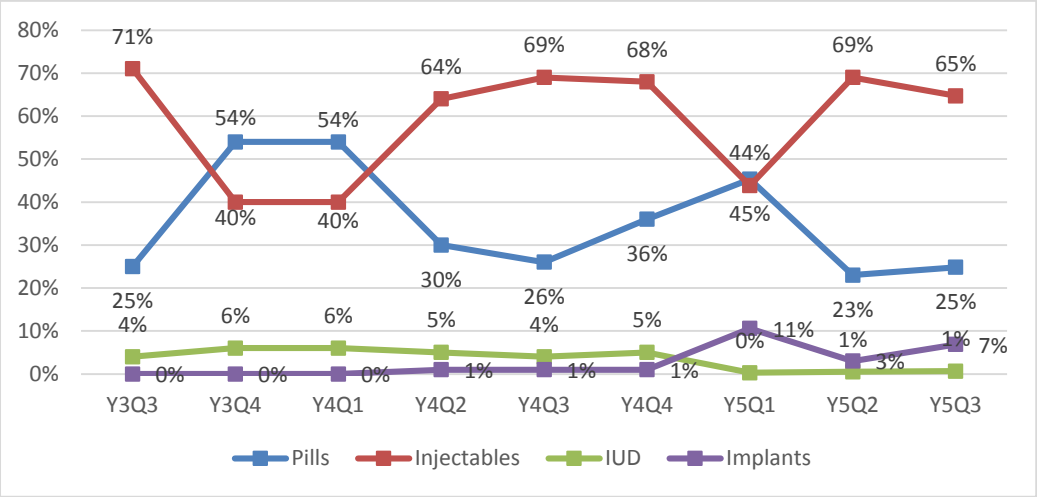
A total of 27,718 women had their first FP consultations this quarter. Their HIV status was unknown for 16,065 (58%) women, 9,330 (58%) of whom were tested for HIV, with 78 (1%) testing positive. Of these 78 HIV positive women, 20 were eligible for ART and started it in FP services, the remainder were referred to ART services where they initiated ART. The number of women who received FP services is 130% of the number seen last quarter but this is similar to the number seen in the first quarter of this year (27,113); CHASS Niassa is exploring the reasons for this variation but it is likely the result of the National Health Week Campaign during the last quarter which focused on FP.

The implementation and monitoring of "Tecnicos de Medicina" in ART services and the realization of FP during the child immunization and supplementation campaigns helped a lot in the increase in numbers of deals on family planning services. On the other hand the MoH in collaboration with SDMAS are ensuring the stocks of FP methods to ensure the FP services. CHASS will continue to support but the registration of patients to ensure that stock levels are recorded and the transport of commodities.

In total 306 HIV+ women (including women with known HIV+ status at entry and those newly testing positive) were followed at FP consultations and all of them received a FP method: 198 (65%) injectables, 76 (25%) pills, 21 (7%) implants, 2 (<1%) an intrauterine device (IUD), and 9 (3%) other methods. This rate of uptake is similar to that in most past quarters. The method mix is similar to that seen last quarter with high levels of injectables and lower levels of pills

(Figure 8), the more common pattern seen over time. This pattern appears to reflect women's preference for injectables and is possible when injectable contraceptives are available as they were this quarter.

Figure 8. Method mix among HIV+ women using FP, at CHASS sites, from Y4Q1 to Y5Q3

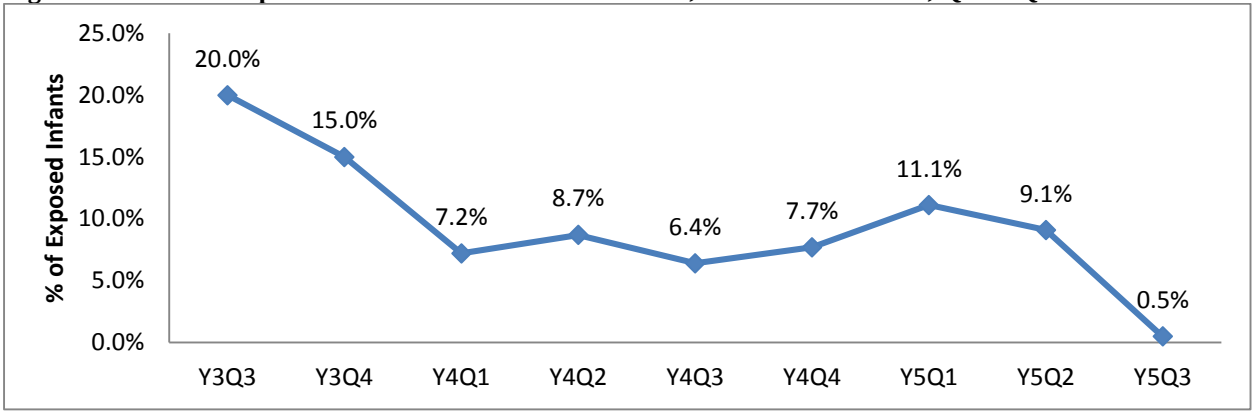


Early Infant Diagnosis Technical Support

During the quarter, 454 children exposed to HIV were registered in high-risk consultation for children (CCR), this is about 109% of the expected number of exposed children (i.e., the total number of HIV+ women who gave birth) compared to 92% last quarter. This improvement is the result of efforts to identify HIV+ children and enroll them in care; for example, during vaccination campaigns health providers encouraged the mothers of HIV-positive children who came for services to go to MCH services for follow up of both the mother and her child. This was the result of a major initiative by CHASS Niassa, DPS, and SDMAS to train providers in the registration of samples collected and of results received in order to decrease the discrepancy between the data at the facility level and that in the National Institute of Health database.

Among children seen at CCR, 280 (62%) were infants recorded as having initiated CTZ prophylaxis before 2 months of age. A total of 443 PCR samples were collected and sent to the Nampula lab, and in the same period the province received results of 413 samples, most of which were results from samples sent in the prior quarter (see Laboratory, below). Only 2 (0.5%) of the results received this quarter were positive for HIV (Figure 9). The reason for the marked decline in the percent positive is unclear. All of the children who tested positive were enrolled in ART according to the MoH norms.

Figure 9. Rate of HIV positive PCR in children 0–18 months, CHASS Niassa sites, Q3Y3-Q3Y5



Pre-ART Care and Treatment Technical Support

During the quarter a total of 2,413 patients tested positive in all testing points: with 794 in MCH (17 maternity, 490 pregnant women in ANC, 145 partners, 62 postpartum consultation, 78 FP, and 2 children in CCR), 93 in the Tuberculosis (TB) sector, 925 in PICT, 163 in C-HCT, and 438 in UATS. Of those testing positive, 1,591 (66%) patients were enrolled in pre-ART services (Figure 10). Compared to the previous quarter the proportion of people testing positive who were included in pre-ART services was unchanged.

Of the 1,591 people who enrolled in pre-ART, 1,285 (81%) started ART (Figure 10). The proportion of new patients who initiated ART increased relative to last quarter (73% to 81%), returning to the level seen during most of last year (Figure 11). This increase was the result of sensitization of health technicians during TSV to the need for requesting CD4 counts during the first visit and an increase in the number of patients who are eligible for ART according to immunological criteria.

Figure 10. Pre-ART cascade, CHASS Niassa sites, Apr to June 2015

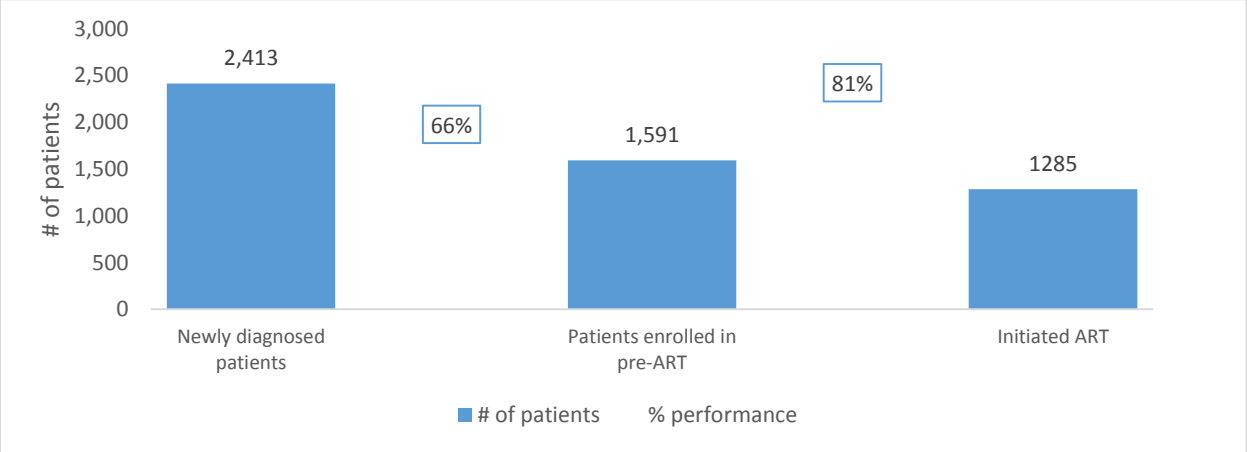
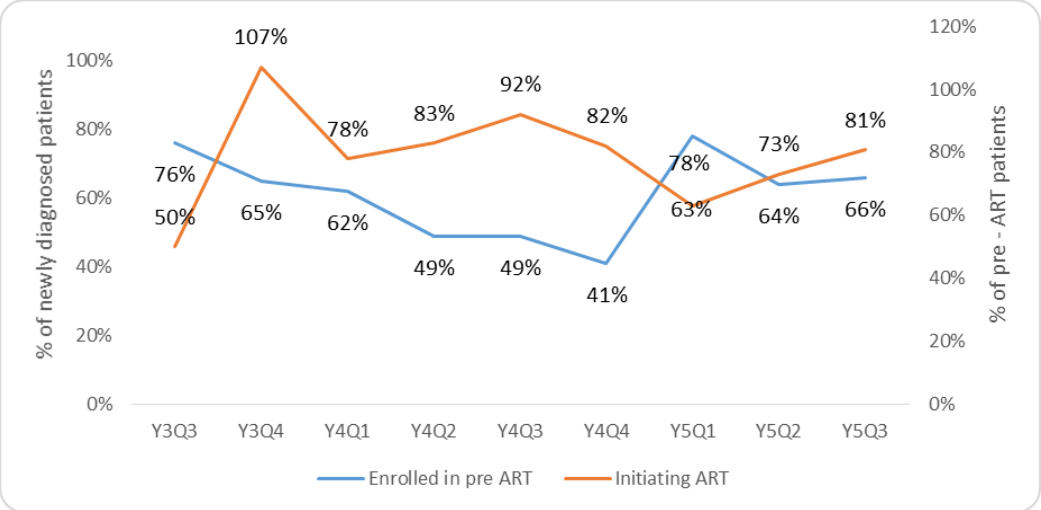


Figure 11. Pre-ART and ART uptake among newly diagnosed patients, CHASS Niassa sites, Y4Q1 to Y5Q2



Adult Care and Treatment Technical Support

During this quarter, 1,285 new patients initiated ART in all HFs that are providing these services. This is a 17% increase (1,097 to 1,285) compared to last quarter although the number remains below that enrolled in each quarter of last year (**Error! Reference source not found.**). Despite this increase, Niassa remains on track to achieve the target for 2015 (Figure 13).

Figure 12. Number of newly enrolled patients on ART in CHASS sites, by quarter, Y3Q3 to Y5Q3

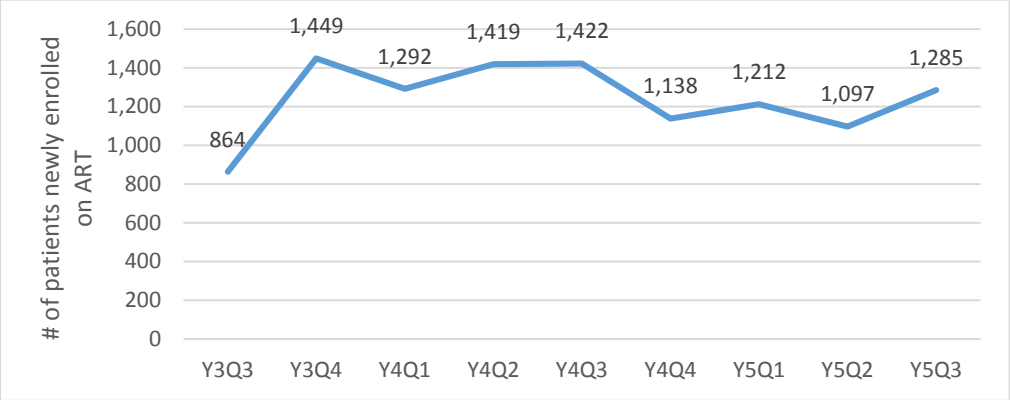
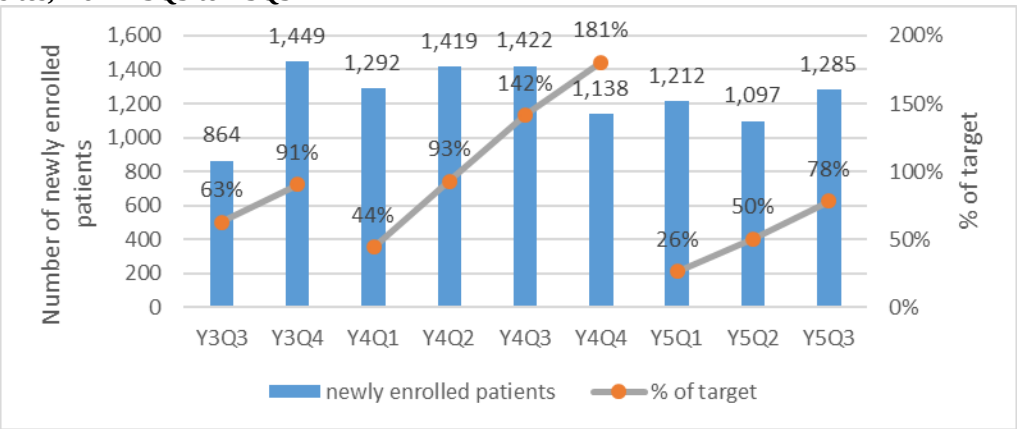


Figure 13. Percent achievement of annual target in number of newly initiating ART in CHASS Niassa sites, from Y3Q3 to Y5Q3



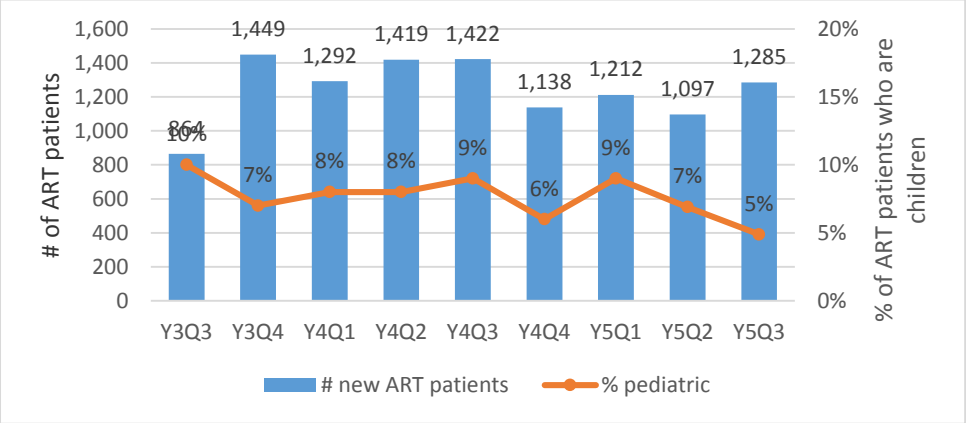
Of the patients enrolled in ART, at least 382 (30%) are pregnant women who have benefited from Option B+. This is a decline from last quarter due in part to a decrease in the number of women enrolled on Option B+ and in part to an increase in the number of other types of patients enrolled.

The number of patients currently in ART in June was 13,989 which is 87.2% of the annual target, unchanged from last quarter, although the number of patients ever enrolled on ART was 22,296. The discrepancy between these numbers, with a smaller than expected increase in the number of patients ever enrolled, is the result of data validation as Hospital Rural and Centre de Saude in Cuamba transitioned to the EPTS.

Pediatric Care and Treatment Technical Support

During the quarter, 66 (34 males, 32 females) children were newly enrolled in ART, corresponding to 4.9% of all patients enrolled. Relative to last quarter, the percentage of pediatric patients decreased from 7% to 4.9% (Figure 14) and the number declined from 81 to 66. This decline is in part due to the small number of positive PCR test results (just 2) this quarter. We anticipate an increase next quarter due to the introduction of the new standards in June.

Figure 14. Number newly initiating ART and percent of those who are children in CHASS Niassa sites, FY4 and FY5, by quarter



TB/HIV Co-infection Support Services

CHASS Niassa supports the implementation of TB/HIV services through the one-stop-shop model in 17 HFs, specifically in HFs of the 16 district headquarters and Lichinga district with two HFs. Ten of the supported HFs are implementing the partial one-stop-shop model (it is partial because CD4 samples are not collected in the TB sector; they are collected on specific days and then sent to a reference laboratory for analysis of CD4), with health staff trained in ARV prescription.

However, the retention of HIV patients who have completed TB treatment remains a challenge, to ensure retention of patients who completed TB treatment in the TB sector, the list of names and additional medical information is shared with the HIV/AIDS care and treatment sector.

This quarter, 531 patients were registered in the TB sector, an increase of 35% when compared to the 391 patients registered last quarter. This increase is the result of a health screening campaign in which 40 children were diagnosed, as well as mobile TB consultations in Lago

District where over 300% of the number registered last quarter were registered this quarter. This quarter, 71 (13.4%) of the TB patients were children, the same percentage as last quarter. Among the TB patients, 66% (338) did not know their HIV status on admission and were tested for HIV (**Error! Reference source not found.**) resulting in 511 (97%) who knew their HIV status. In total, 205 (38.6%) of new TB patients were HIV positive (those with known status on entry plus those who tested positive). Among co-infected patients, 85% were provided with CTZ prophylaxis and 79% (161) were enrolled on ART (**Error! Reference source not found.**). Coverage of both CTZ and ART appear to have declined but this is the result of changes in data collection; for the first time this quarter CHASS Niassa collected all TB data from the primary sources rather than using the data reported by the TB sector. Next quarter, we will work to harmonize these data.

Figure 15. TB/HIV cascade in CHASS Niassa sites, from Apr to Jun 2015

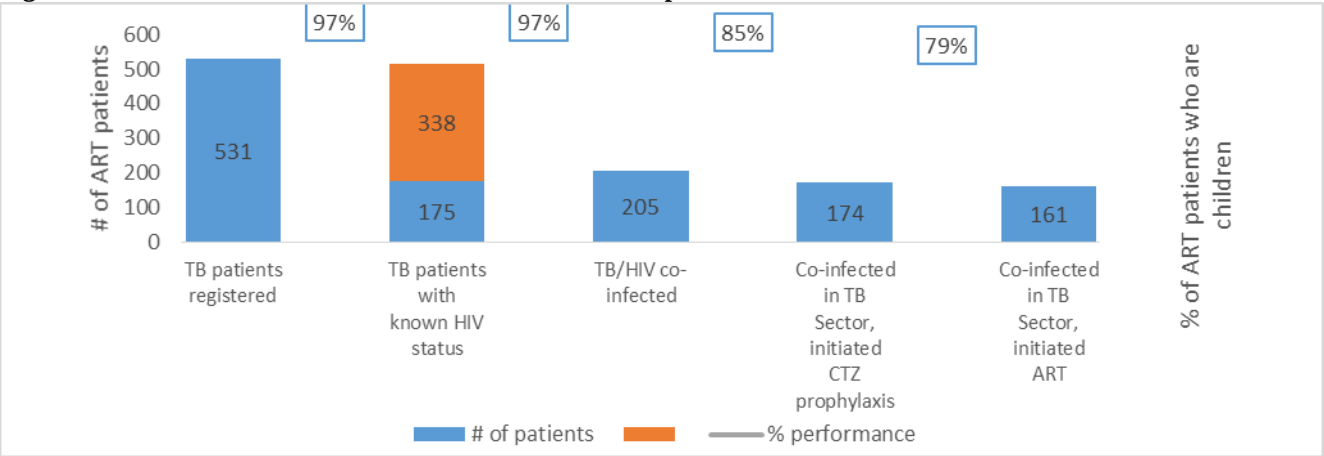
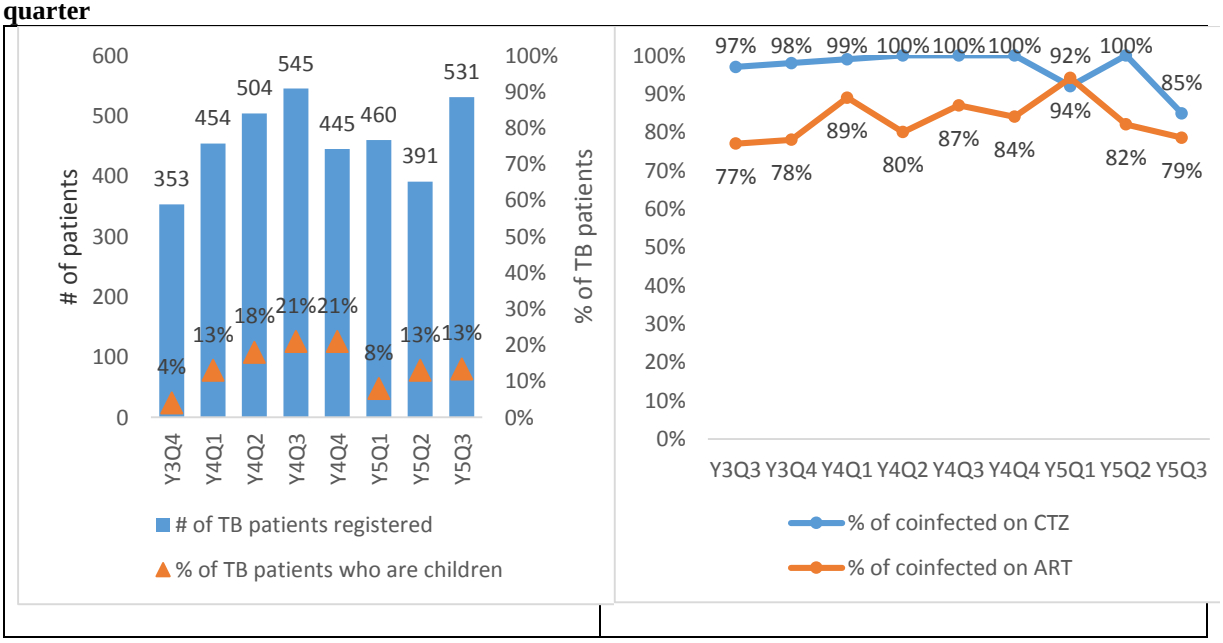


Figure 16. TB registration, prophylaxis and ART coverage in CHASS Niassa sites, FY4 and FY5, by quarter



In coordination with DPS, next quarter CHASS Niassa will continue providing TSV to the TB sector and will work to improve linkages to the HIV sector to ensure inter-sectorial coordination on patient tracking after TB treatment is complete.

Adherence to Treatment and Retention in Care Technical Support

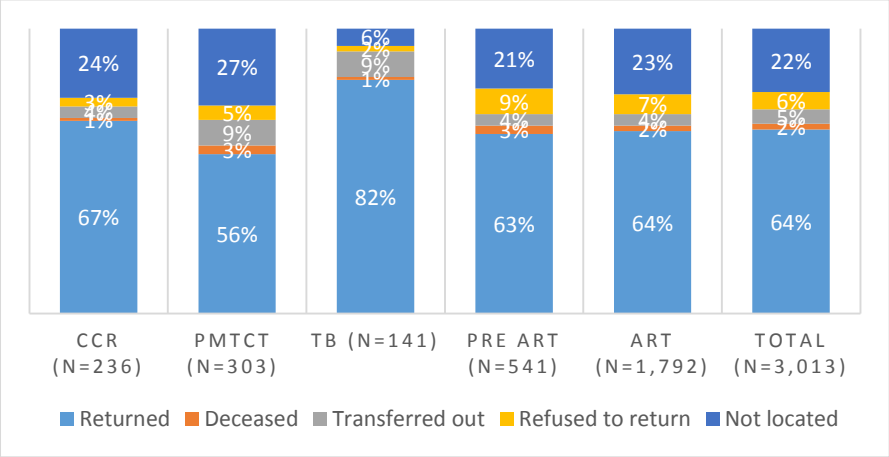
This quarter, CHASS Niassa continued to implement the strategies that are believed to contribute to ART retention: 1) implementation of the acceleration plan, and 2) implementation of the psychosocial support strategy. The outcome of these continued activities on retention will be reported in Annual Performance Review 15. However, *busca activa* continues as a means to encourage retention and is reported here. Moving forward, CHASS will be implementing in alignment with PEPFAR3, focusing on areas with a high HIV burden as described in the CHASS proposal and workplan.

With regard to *busca activa*, one key strategy used to encourage retention, this quarter, a list of 541 *defaulted* patients in pre-ART (203 males, 338 females) was delivered to the Community-Case Managers (CCMs) and C-HCT lay-counselors for tracing; 115 (21%) of these defaulted patients were children. In all, 63% (342; 124 males, 218 females) of these patients returned to treatment, 3% (18; 6 males, 12 females) had died, 4% (21; 9 males, 12 females) had transferred to other HFs of the province or country, and 9% (47; 20 males, 27 females) refused to return to treatment even after sensitization and counseling sessions for adherence (**Error! Reference source not found.**). The remaining 21% (113; 44 males, 69 females) could not be found at the addresses provided during pre-ART counseling sessions.

In ART, names of a total of 1,792 patient (721 males, 1,071 females) patients who *defaulted* treatment were delivered to CCMs for tracing; 15% of these defaulted patients were children. In all, 64% of these patients (1,150; 452 males, 698 females) returned to treatment (**Error! Reference source not found.**), whilst the remaining patients had either died 3% (44; 20 males, 24 females), transferred out (4%; 69; 31 males, 38 females), refused to return to treatment after sensitization (7%, 121; 53 males, 68 females), or could not be located at the provided addresses (23%, 408; 165 males, 243 females).

The percentage of defaulted patients who returned to care varied in other services. In CCR 67% (159) returned, 56% (171) in PMTCT, and 82% (116) in TB. The percentage of defaulted patients that could not be located was 24% (57) in CCR, 27% (81) in PMTCT, and 6% (9) in TB but all of these groups have small numbers of patients so a small difference has a large impact on the percentages.

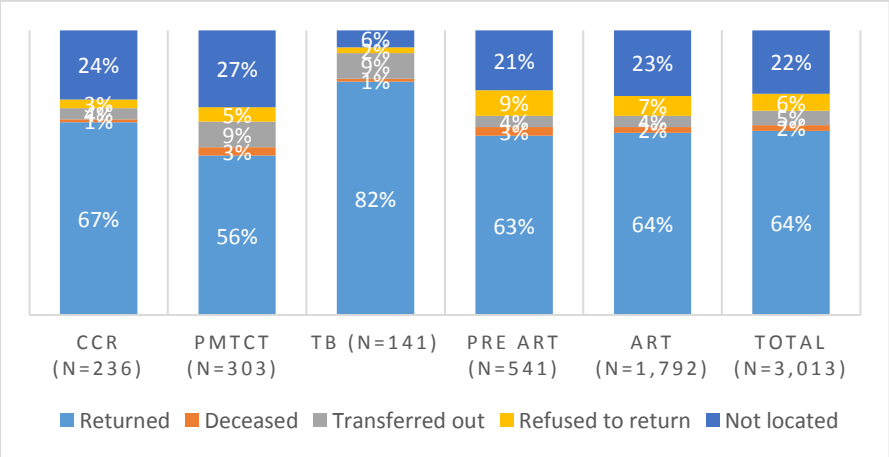
Figure 17. Outcome of patients who defaulted in CHASS Niassa sites, by type of care from, Apr to Jun 2015



With regard to efforts to ensure return of patients that *abandoned* pre-ART care, a list of 283 patients (130 males, 153 females) was delivered to the CCMs for tracing, 23% (64) of these abandoned patients were children. In all, 64% (181 patients; 78 males, 103 females) returned to treatment (**Error! Reference source not found.**). An additional 2% were deceased (5; 4 males, 1 females), 5% had transferred out (14; 9 males, 5 females), 7% (20; 7 males, 13 females) had refused to return to treatment, and 22% (63; 32 males, 31 females) could not be located.

In ART, 1,026 patients who had *abandoned* treatment (397 males, 629 females) were listed and delivered to CCMs for active finding, 15% of these abandoned patients were children. Overall, 61% (623; 241 males, 382 females) returned to treatment (**Error! Reference source not found.**), with 4% (45; 21 males, 24 females) having died, 7% (69; 26 males, 43 females) transferred out, 7% (68; 21 males, 47 females) refused to return, and 22% (221; 88 males, 133 females) could not be located.

Figure 18. Outcome of patients who abandoned in CHASS Niassa sites, by type of care from Apr to June 2015

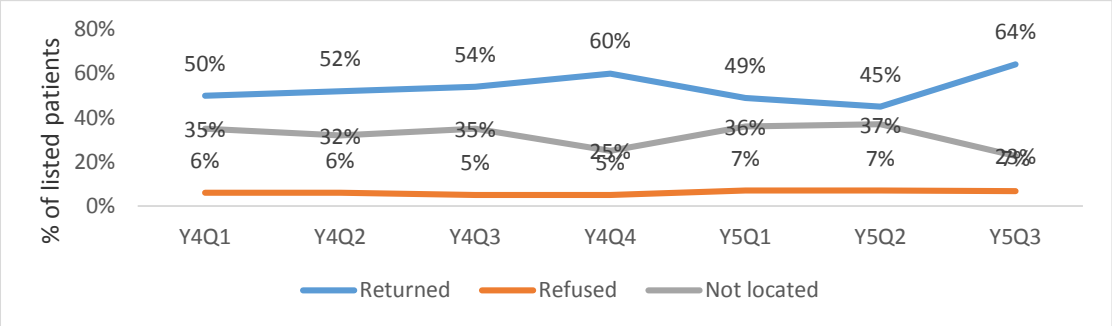


The percentage of abandoned patients returning was 77% (85) in CCR, 61% (96) PMTCT, and 73% (80) TB. Among the abandoned patients, 24% (7) in CCR and 69% (59) in PMTCT were not found.

Challenges to active case finding include: the high proportion of patients who cannot be located, and patients who refuse to return to treatment after being located, especially in PMTCT and ART.

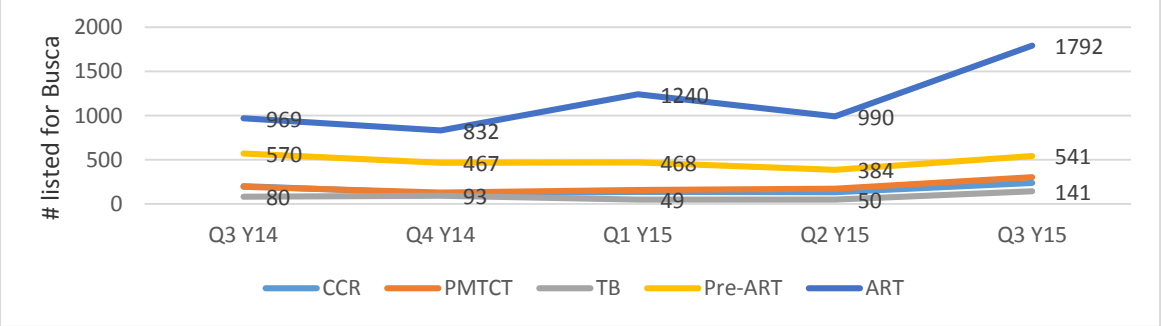
After substandard results last quarter, this quarter the percentage of defaulted ART patients returned to care was markedly higher at 65%; the highest percentage seen in any quarter in the past two years (**Error! Reference source not found.**). This is largely related to better success in locating these patients which was related to improved registration of patient addresses, strengthened psychosocial support which encouraged patients to register correct information, collaboration between the clinical and community teams on registration of patients, and joint *busca activa* by CCMs and CBO staff.

Figure 19. Percentage of defaulted ART patients included in active case finding in CHASS Niassa sites who returned to care, refused to return and could not be located, Q3FY3 to Q3Y5



This quarter the percentage of patients listed for *busca activa* increased in most services, a reversal of the trend seen in the first three quarters of this year (**Error! Reference source not found.**). The same factors noted above also contributed to these increases.

Figure 20. Number of patients listed as defaulted for Busca Activa, by type and quarter, Y4Q3 to Y5Q3



In addition to the *busca activa* carried out directly by CHASS Niassa IPs, *busca activa* was conducted by Community Care Program (PCC) IPs in 4 districts (Cuamba, Mandimba, Mecanhelas, and Metarica). A total 186 people were provided to PCC *activistas*; 62% of them were located and 49% of them were returned to care. Consistent with last quarter, this is about 9% of all patients listed this quarter and 7% of all patients returned to care. PCC data are not disaggregated by type of care. In addition, PCC *activistas* referred 514 people who received services (PCC only tracks completed referrals); this included 82 MCH referrals, 140 HIV referrals, 190 Social services referrals and 141 referrals for other services.

Laboratory

This quarter CHASS Niassa continued supporting 18 micro and functional laboratories in the 16 districts of Niassa province; 78% (14 out of 18) of these laboratories have the capacity to perform CD4 counts. Three new sites were added this quarter: CS 7 de Setembro, CS Chimbunila, e CS Massangulo; CHASS Niassa supported the training of staff and the assembly of the machines. During the quarter a total of 7,631 CD4 counts were performed, a 31% increase compared to last quarter (5,827). The number and percentage of CD4s undertaken using Point of Care technology for CD4 (PIMA) machines also increased. In total, 2,918 (38%) of the CD4 counts undertaken were done using the PIMA, an increase of 54% relative to last quarter and the highest number seen in the past year.

In order to improve the productivity of the PIMAs, in March CHASS Niassa started implementing a QIP in Maua and Mandimba with the objective of guaranteeing that all samples requested are processed and the results are available in the patient's clinical charts. Registers were used to document when samples are sent, when they are received, and the sample rejection rate in order to identify sectors or providers who need support to improve sample collection as well as to identify issues related to processing of samples. The results of this 4 month process will be disseminated in August 2015, however, as shown below, performance in Maua increased by 123% returning to roughly the level seen at this time last year whereas performance in Mandimba was unchanged compared to last quarter after sustaining increases in the first three quarters beginning a year ago. On the whole, five of these nine facilities showed an increase in the number of CD4 counts using PIMA, two remained constant, and two showed a decrease (Table 1).

Table 1. Number of CD4 counts using PIMA, by facility, Apr to June 2015 and Q3Y4 to Q3Y5[1]

HF	Apr	May	Jun	Q3Y4	Q4Y4	Q1Y5	Q2Y5	Q3Y5
Cobue	65	43	32	160	124	87	164	140
Metangula	150	107	160	350	406	358	256	417
Mavago	34	16	18	89	39	15	68	68
Mecula	37	41	45	128	97	91	143	143
Marrupa	73	75	83	182	148	213	153	231
Maua	121	42	122	275	182	172	128	285
Mecanhelas	219	303	241	608	381	652	421	763
Entre Lagos	16	59	69	150	139	98	78	144
Mandimba	135	164	171	342	424	476	475	470
7 de Setembro	-	31	43					74
Chimbunila	-	31	50					81
Massangulo	-	55	47					102
Total	850	850	941	2,284	1,940	2,162	1,886	2,918

During the quarter, 443 PCR samples (413 first and 30 repeated collections) were received from the Nampula reference laboratory, almost comparable to last quarter (449 versus 443). Of the PCR samples sent, 93.7% (415) results were received; 2 (0.5%) were positive. This quarter the Laboratory response time for PCR samples was the same as last quarter at around 2 months. Unfortunately, the substantial delay in receipt of PCR results means that HFs and patients are

[1] 2 facilities with the capacity to perform CD4 using PIMA were unable to do so this quarter due to a lack of reagents.

rarely receiving the results in the same quarter in which the child is tested. Seven facilities with more than 10 PCR samples sent this quarter had more than 60% unknown results. CHASS Niassa is advocating with the Nampula reference laboratory to address this issue.

During the reporting period, a total of 3,776 smear slides for diagnosis of TB were processed with 348 (9%) diagnosed positive, a significant increase compared to 6% last quarter ($p<0.01$). The number of slides processed increased by 51% relative to the last quarter, when 2,506 slides were processed. TA visits that linked the clinical services for HIV and TB with the lab were encouraged this quarter with the aim of improving referral systems. This improved the processing and recording of all requests.

A total of 125 samples were processed using the Gene Xpert machine in Cuamba and Mycobacterium TB was detected in a total of 16 samples (13%) none was identified as resistant to rifampicin (**Error! Reference source not found.**). There was a 30% increase in the number of samples processed using the Gene Xpert machines (from 96 to 125). This increase is likely the result of the installation of a new Gene Xpert machine in HPL.

Table 2. Gene Xpert results in CHASS Niassa sites, FY5 by quarter

	# of samples processed	Presence of DNA of MTB detected	Presence of DNA of MTB not detected	Invalid	Resistance to Rifampicin identified
Year 5					
Q1	88	26	56	0	5
Q2	96	16	71	0	1
Q3	125	16	97	0	0

Injection Safety/Infection Prevention & Control/Biosafety Technical Support

During the quarter, Infection Control Program (ICP) internal measurements were done in 13 health facilities. (Table 3). The average score decreased substantially relative to the last few quarters in part because facilities that had not yet been assessed had quite low scores (e.g., Metangula scored just 17.6 and Mecula just 20.2, both of which had problems with water) but also because of declines at most facilities that had already been assessed. Some facilities scored poorly because of lack of water (Majune and Muembe) while others suffered stock outs of supplies and still others were not preparing chlorine solution. These are issues that have affected infection prevention over time and CHASS will work with DPS to determine new approaches to improving the ICP moving forward.

Table 3. Overall infection control assessment score by HF, by quarter, Q3Y4 to Q3Y5

Health Facility	Y4Q3	Y4Q4	Y5Q1	Y5Q2	Y5Q3
Marrupa	53.0	44.5	--	61.1	--
Cuamba	54.4	67.7	--	73	--
Mecanhelas	--	69.8	--	53.8	57.1
Metarica	62.0	51.2	70.8	76	65.8
Majune	--	48.0	58.0	--	27.0
Nipepe	64.7	78.9	80.3	66.2	44.7
Muembe	53.1	69.7	69.6	--	26.2
Chimbonila	44.3	67.6	50.4	66.2	44.1
7 de Setembro	NF	NF	63.0	43.7	22.8
Mandimba	--	51.0	41.0	--	65.7
HPL	--	--	--	66.3	--
CSL	--	--	--	69	37.3
Ngaúma	--	--	--	61.1	39.5

Metangula	--	--	--	--	17.6
Maua	--	--	--	--	46.3
Mecula	--	--	--	--	20.2
Average	55.3	60.9	61.9	63.6	39.6

Post Expose Prophylaxis (PEP)

With regard to the PEP, this quarter there were 8 cases of occupational exposure to HIV reported with 6 males and 2 females. All exposed received PEP (Table 4).

Table 4. Occupational exposures to HIV and PEP, by type and sex, Apr to Jun 2015

HF	Type of Exposure						Total		PEP	
	Massive		Intermediate		Minimum					
	M	F	M	F	M	F	M	F	M	F
HPL	4	0	1	1	0	0	5	1	5	1
Mecula	1	0	0	0	0	0	1	0	1	0
Máua	0	0	2	0	0	0	0	0	0	0
Metarica	0	0	0	1	0	0	0	1	0	1
Subtotal	5	0	1	2	0	0	6	2	6	2

Nutrition, Access to Food and Utilization Technical Support

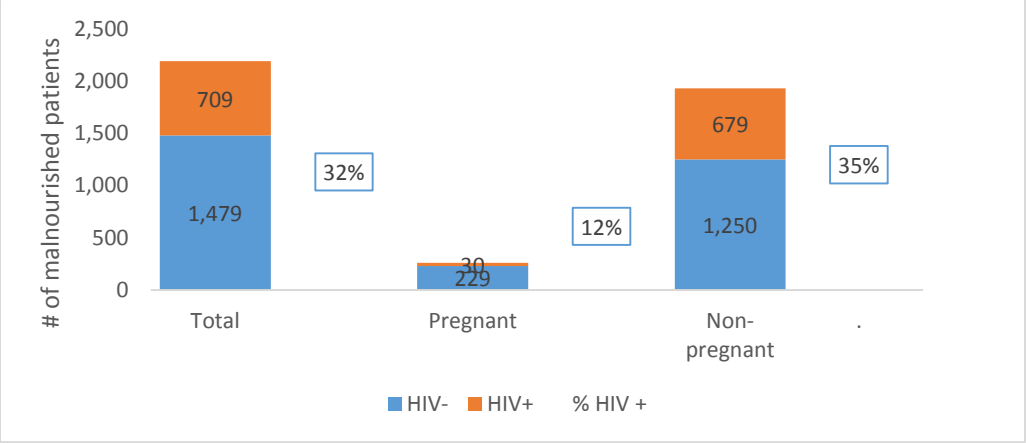
The CHASS Niassa nutrition program aims to strengthen nutrition counseling and care for PLHIV in clinical- and community-based services in Niassa Province. The program supports the implementation of the Nutrition Rehabilitation Program (NRP) volume 1 and 2. The NRP and ART, TB, PMTCT, and CCR services are entry points to reach HIV+ patients who are clinically malnourished and provide them with supplementary or therapeutic food. The community interventions under CHASS Niassa contribute to improvements in nutritional status through lectures and education demonstrations on good practices.

This quarter a total of 1,959 malnourished patients were referred to NRP from various consultations[2], of these 709 (36%) were HIV+. Compared to last quarter, the number referred decreased (2,278 to 1,959 patients), while the number of malnourished patients who were HIV+ increased by 34% (from 611 to 709). In total, 62% (440/909) of the clinically malnourished HIV+ patients were female. The increase in the number of malnourished patients who were HIV+ is likely related to multiple factors including the availability and distribution of corn soy blend plus (CSB+) for HIV+ patients (malnutrition screening is required prior to distribution), which incentivized the health providers to assess HIV + patients. The decrease in the number of patients referred may be the result of some health providers failing to conduct nutritional assessments as well as weakness in data recording. This is something CHASS Niassa continues to support but ongoing support will be required to change behavior.

[2] Note: The NRP Registers do not identify the entry point of patients who do not enter directly through the nutrition program. As noted, sources may include: ART, TB, PMTCT, CCR, and inpatient services.

All patients that were referred to the nutrition program received supplementary or therapeutic food. The number of patients remained high as a result of the availability of CSB+ as well as expansion from NRP vol. 1 to NRP vol. 2 (allowing for services for adults). Pregnant women composed 13% (259/1,959) of the malnourished patients and 12% (30/259) of these pregnant women were found to be HIV+. The reason for that the percentage of pregnant women who are HIV+ decreased slightly is not clear but CHASS Niassa will continue to encourage nutritional assessments of HIV+ pregnant women. Among the 1,929 non-pregnant patients, 679 (35%) tested HIV+ (Figure 21).

Figure 21. Number of patients clinically malnourished, by HIV and pregnancy status, Q3Y5



Data source: M&E CHASS N

Nutrition supplementation among HIV positive patients

All the HIV+ patients (709) who were malnourished were reported to have received supplemental or therapeutic food (Table 5). To date, 74% of the targeted 1,998 HIV+ patients have received food and the number of patients continued to increase this quarter. This improvement is the result of increased awareness on the part of health providers become awareness and increased motivation for doing nutritional assessments because CSB+ is now available to give to patients who are malnourished.

Table 5. Nutrition status and receipt of supplemental or therapeutic food, by group, Niassa, Apr-Jun 2015

Sex		Age			Malnutrition Status		Pregnancy status	
Male	**Female**	**0-4**	**5-14**	**15+**	**Mild/Moderate**	**Severe**	**Pregnant**	**Postpartum**
HIV+ patients clinically malnourished (non-pregnant)								
269	410	98	15	566	394	285	NA	NA
# HIV+ pregnant women who are clinically malnourished								
	30			30	29	1	30	
# HIV+ patients receiving supplementary or therapeutic food								
269	440	98	15	596	423	286	30	

We believe that the consistent completion of the registers when services are provided remains a challenge. As a result, both the number of patients who were malnourished and the number who received treatment are likely underreported.

Nutrition Rehabilitation Program Technical Support

Key results under the NRP include:

- 251 (25%) of the malnourished patients met the criteria for inpatient treatment while the remaining 759 were treated as outpatients
- All of the malnourished patients were tested for HIV; 10% (32/314) of inpatients and 41% (677/1645) of those in ambulatory care tested positive
- At the community level 229 patients were identified as malnourished and referred to HFs by the CCMs
- 197 (86%) of those referred in the community reached a HF
- 9,950 people benefitted from nutrition information, education, and communication (IEC) sessions and the number of home visits increased by 14% (2,325 to 2,647) compared to last quarter
- 1,709 people participated in nutritional counseling, education and demonstrations of vegetable gardens

Gender Based Violence (GBV)

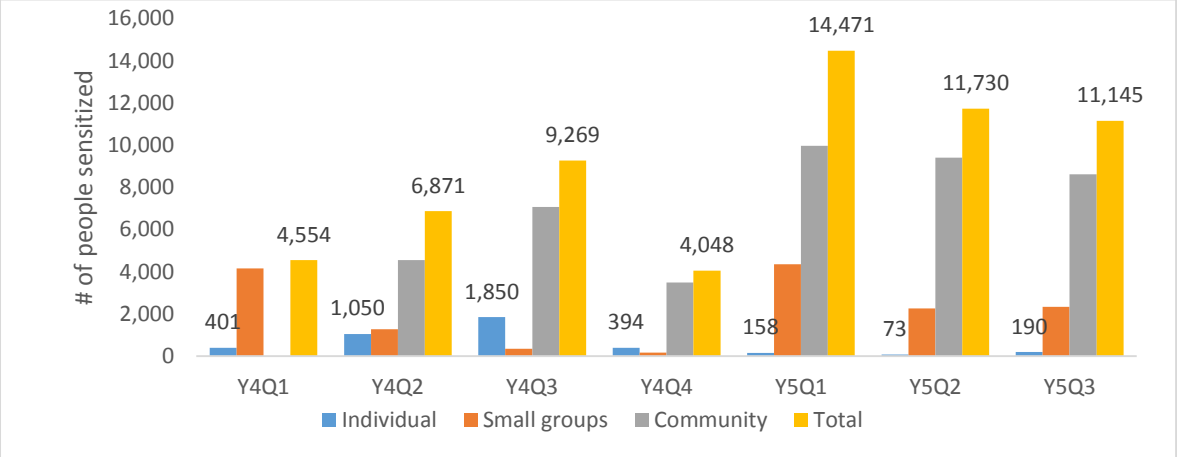
Gender equity has been a component of CHASS Niassa since implementation began. In 2012 GBV was also incorporated as part of the intervention, starting with 9 HFs. During quarter four of FY13 the interventions were expanded to 20 HFs, with a focus in the district headquarters. Since then, the focus has been on implementation in these sites. In each district, a focal point for GBV has been indicated by DPS and trained by CHASS Niassa in the GBV package. Interventions take place both in HFs (including sensitizations and clinical services such as screening and post-GBV services) and at the community level (mainly sensitizations).

Reaching individuals through Individual, Small-group and Community Interventions related to GBV

During this quarter a total of 11,145 individuals (4,988 males; 6,157 females) were reached through interventions addressing GBV. There was a 5% decrease in the number of people reached with GBV interventions this period (11,145) compared to last quarter (11,730) and a continuation of the decline seen this year (Figure 22). Multiple factors have led to this decline including changes in staffing (with new CCMs in some districts) and delays in signing of sub agreements with CBOs, In all, 2,336 people were sensitized in small groups (1,121 males; 1,215 females), 8,619 people (3,801 males; 4,818 females) where sensitized through community, and 190 people (66 males; 124 females) through one-on-one interactions.

During this period in collaboration with MULEIDE and DPS three GBV committees were formed in Marrupa, Mecula and Mecanhelas districts. Although new committees were planned for Maua and Cuamba this quarter, this was not possible as the gender focal points were not available in these districts.

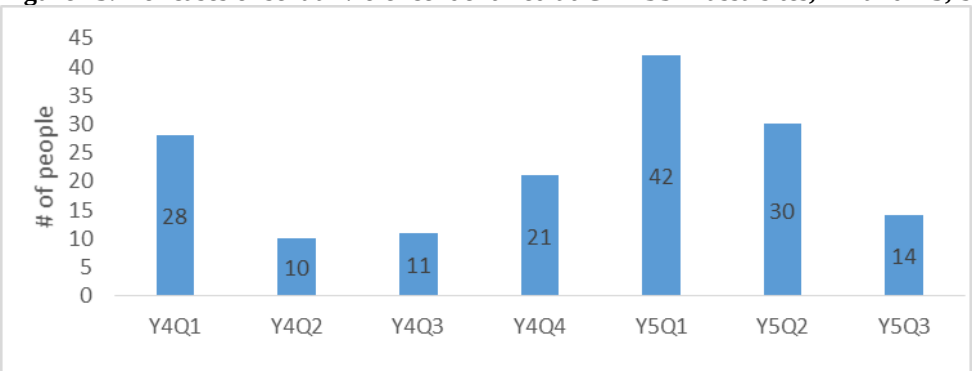
Figure 22. Number of people sensitized to GBV at HFs and in communities in Niassa Province, by type of sensitization, Apr to Jun 2015



GBV Screening at the HF

During this quarter a total of 301 people (84 males, 217 females) were screened and found to be victims of violence[3]. Of these, 263 were cases of physical violence, 14 were cases of sexual violence, 13 were cases of psychological violence, and 9 of moral violence. Note that as part of efforts to improve data quality, the monthly summaries have been reduced to only required information; sex disaggregation of cases is not included. The number of cases of sexual violence has declined from 42 in quarter 1 of this year to 30 and now to 14 (**Error! Reference source not found.**). The reason for this decline not clear, although this is more consistent with the data from 2014.

Figure 23. # of cases of sexual violence identified at CHASS Niassa sites, Y4 and Y5, by quarter



[3] At this time, Niassa does not have an effective mechanism for accurately recording the number of people screened. The numbers reported here do not include people who were screened and found to be negative for GBV.

People Who Received Services Following Violence

All 14 victims of sexual violence were tested for HIV; 2 tested positive. In addition, 7 females were eligible and received emergency contraception (4 cases 10-14 years old, 3 cases 18-24 years old). Seven younger girls were not eligible for emergency contraception because they had not yet menstruated (2 girls were 0-4 years old and another 5 were 5-9 years old).

A total of 7 people (44% of victims of sexual violence) received PEP; 2 did not receive PEP because they tested positive for HIV and were referred to ARV services for treatment and follow up, 5 cases sought services more than 72 hours after the violence and were not eligible for PEP.

Just over 40% of the 299 victims of GBV received psychosocial support (**Error! Reference source not found.**). This is an 86% increase relative to last quarter and is likely the result of on-the-job training of psychiatric technicians to implement the integrated victims of violence treatment protocols. The majority of patients (77%) were referred to the police, a small increase from 69% last quarter. The reason for the increase in referrals to the police is not clear but may be because more staff were recently trained on the correct protocols. Efforts to strengthen the collaboration between the gender focal points and psychiatric technicians to ensure that all victims of GBV are appropriately referred may also have contributed to this.

Table 6. Number of clients who received post-GBV services in CHASS Niassa sites, Apr to Jun 2015, by type of care

Service	Post-rape	Other	Total
Tested for HIV	14	0	14
Emergency contraception	7	0	7
Post-Exposure Prophylaxis	7	0	7
Psychosocial support	14	102	116
Police Referral	14	214	228

Trainings in GBV

Through on-the-job training, 40 clinicians (14 males, 26 females) were trained this quarter in using the "Protocol for Integrated Assistance to Victims of Violence" for better Integrated care and treatment for the victims, referral between services within the HF, following cases in psycho-social support, and referral to other social services (e.g., social action, GBV units, and legal assistance).

Objective 2

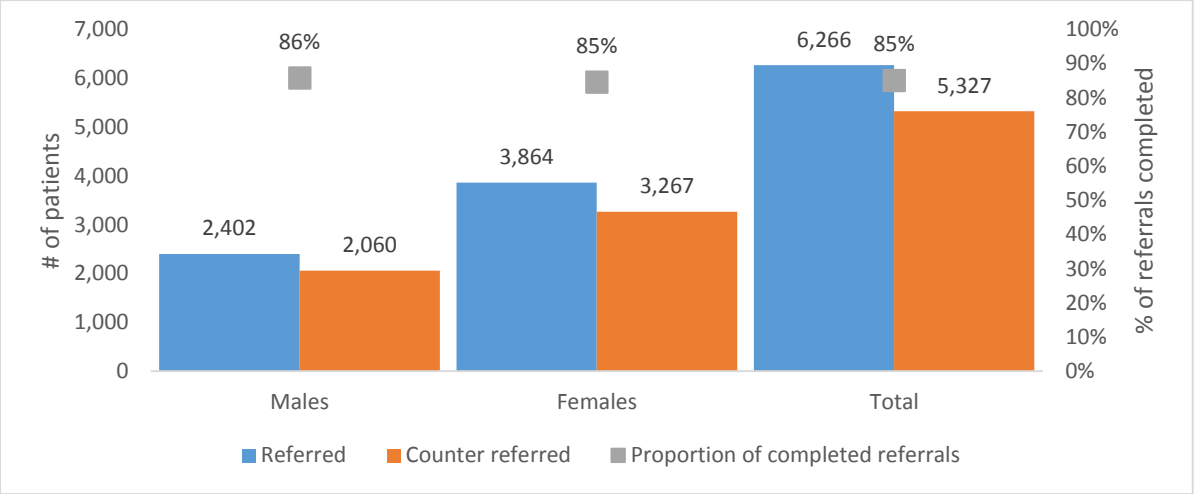
Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

Strengthening the District Referral and Counter-referral Networks

CHASS Niassa supports establishment and strengthening of the referral network to link community interventions to HFs in 46 HFs with ART services.

During this quarter, a total of 6,266 individuals (2,402 males; 3,864 females) were referred for various services (**Error! Reference source not found.**, including 1,379 (93 males[4]; 1,286 females) for MCH services (ANC, CPP, FP, CCR, maternity), 13% of whom were men in couples; 469 for TB services (200 males; 269 females); 2,415 for HIV services (1,065 males; 1,350 females); and 1,825 (866 males; 959 females) to other services (Nutrition, GBV, and Malaria). Of the people referred, 85% (5,327 individuals; 2,060 males; 3,267 females) completed the referral cycle with no difference seen in the proportion of males and females completing the cycle although the percentage completing varies by type of referral. For example, 85% of females and 86% of males referred to TARV completed the referral cycle whereas 83% of males and 76% of females referred because they had abandoned TARV completed the referral cycle.

Figure 24. Referral and counter-referral results in Niassa, by sex and total, Apr to June 2015

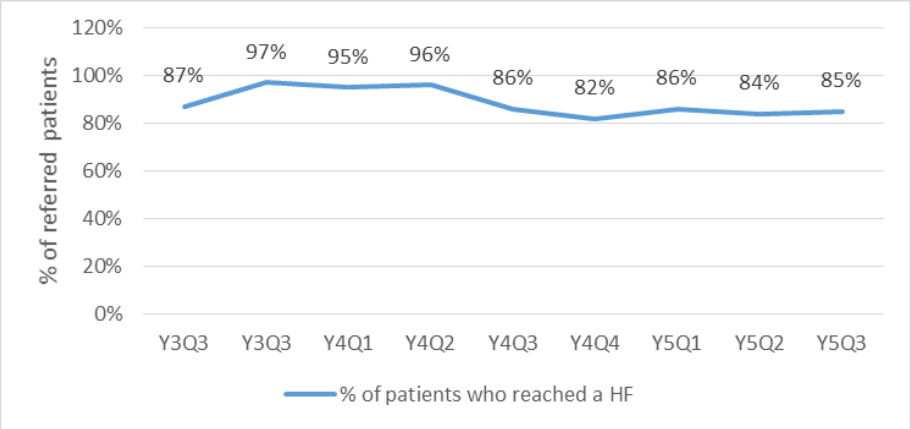


Compared with the previous quarter there was a 26% decrease in the number of people referred to HFs from 8,490 individuals to 6,266. This is the result of lack of motivation of some *Gestores de Casos* who believed the project was coming to an end as well as a shortage of the *Guias de Referencia*. After some delay, the *Guias de Referencia* have now been procured and will be distributed next quarter.

Overall, 85% of referred patients reached services, the same proportion seen in all of the last year (**Error! Reference source not found.**).

[4] Males include male children referred for CCR and partners referred for testing.

Figure 25. Percent of referred patients who reached a HF in CHASS Niassa sites, Q1FY4 to Q3FY5, by

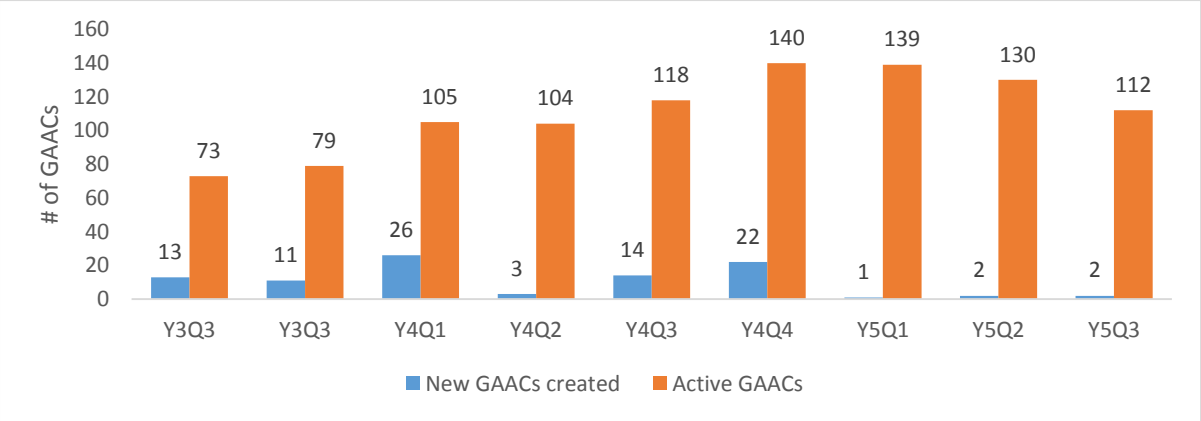


Community Adherence Support Group (GAAC)

From April to June 2015, 2 new GAACs were created and 12 were dissolved in Niassa; they were dissolved as part of a data cleaning exercise at CS Mandimba. Thus, the total number of groups at the present is 112 (**Error! Reference source not found.**); they comprise 421 patients (116 men, 305 women). The number of patients per GAAC remained almost the same as last quarter at just below four.

The number of GAACs has not increased as expected due to hesitancy on the part of the DPS to implement new GAACs at a time when the project was coming to a close. The DPS is supportive of expansion and with the transition to CHASS 3.0, the DPS has already agreed to expansion to six new health units; the trainings for these sites will take place next quarter.

Figure 26. Number of new and active GAACs, Q1FY4 to Q3FY5



Objective 3

Strengthen Government of Mozambique/MoH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

This quarter CHASS Niassa has contributed to improving the health system in Niassa across the World Health Organization health system building blocks.[5] In order to develop health system capabilities necessary to effectively plan, manage, and evaluate integrated HIV services in quarter 1 the project has supported the DPS and the District directorate for Health, Women and Social Action Services (SDSMAS) with the following interventions:

Strengthening of Service Delivery

Joint TSVs with DPS/SDSMASs to HFs to strengthen the technical support system in Niassa

During quarter 3, CHASS Niassa planned a total of 174 TA visits (78 joint TSV and 96 by Project staff); 13 unplanned visits were also conducted. There was significant reduction in the number of the visits planned for this period compared to quarter 2. This resulted from time spent on data collection in both April (for the semi-annual performance review (SAPR)) and June (for the quarterly report) as well as other commitments on the part of the MCH team including planning meetings with DPS and training on the new MCH tools. In all 85% of the planned visits were made, mainly by the project staff (97%). Special attention was given to the new TA strategy based on the prioritization of HF with 51% of the visits made to Level I sites, 23% to Level II, and 27% to Level III sites. This distribution is consistent with the planned distribution of visits.

Technical Support to DPS Human Resources Department

The project has been providing technical assistance to the DPS HR Department in order to improve their use of the personnel information system (SIP) for HR planning, and to ensure that at least 95% of staff are registered in the electronic registry of Government Employees (eCAF). To reach this goal, CHASS Niassa provided TA in updating the both databases,

[5] Service delivery; governance; human resources for health; finance; medical products, vaccines and technologies; and information systems

collecting and filling out the forms for the registration of the employees in five districts (Mecanhelas, Cuamba, Mandimba, Chimbunila and Sanga).

Pre-Service Training Support

CHASS-Niassa is currently supporting the pre-service training of 34 MCH nurses at the Centro de Formação de Saúde de Lichinga. These students began their studies in Feb 2014, and after finishing their final exams in June, are expected to graduate by July 2015.

Post-Graduation Scholarship Support

The three people who began their training in August 2013 with financing from CHASS continue to attend their Masters in Public Health and HIV Health Services Management in part-time status at the *Universidade Católica de Moçambique- Delegação da Beira*. They are expected to complete their studies in August 2015.

As noted last quarter, two of the three students already have post-graduate certificates and their dissertation projects have already been approved and are under way. One student is slightly behind the other two in terms of course completion due to having started the course later.

DPS/CHASS Niassa Technical Assistance Visits on Financial Management and Procurement (UGEA)

CHASS Niassa carried out TSV to five districts (Sanga, Cuamba, Mandimba, Chimbunila and Mecanhelas) in the areas of financial management, equipment, and procurement (UGEA). The main support provided by the project included:

- Accounting: TA on the correct use of required registers, organization and correction of accounting files, and ensuring that all administrative processes are completed prior to any payments;
- Procurement (UGEA): on-the-job training on the implementation of law 15/2010 of May 15, which regulates the contracting of goods and services of the state, with an emphasis on the need to verify budget availability and adhere to all administrative standard operating procedures for the purchase of goods and services, as well as the development of the 2015 procurement plan;
- Equipment and materials: organization of warehouses and on-the-job training to document available inventories and ensure routine updates are sent to the provincial warehouse.

Humanization of Health Services Activities

CHASS-Niassa conducted TA visits to Mecula, Marrupa, Majune and Lago districts to support the expansion of clinical consultations for health workers at the four District Hospitals. Given the high workload at these facilities, staff often do not have time to care for their own health. During the support visits, CHASS supported the completion of quarterly reviews in PEP, guided the training and implementation of a PEP committee, developed an awareness raising campaign and an annual screening plan, and provided training on the use of PEP health information systems and reports.

Strengthening of Financial Management

Sub-agreement Management with DPS

Since the beginning of the implementation of the activities, CHASS Niassa has secured the participation of the Government of Mozambique in the project through sub agreements with DPS and SDMAS where roles and responsibilities were defined and served as part of instruments of capacity building for the organizations supported. As in previous years, all activities described in the DPS work plan are to be executed through the DPS sub agreement. During year 5, the total costs for the implementation are estimated at $1,085,685 USD.

During the three quarters of the implementation of the sub agreement with DPS Niassa, accrued expenses amounted to 51% of the annual value. In numerical terms, expenditures for year 5 were estimated at 32,527,142.00 in local currency. At the end of June the total expenditure amounted to 16,532,754.53 of the total budget. Regardless of this low level of disbursement, the project has safeguarded the implementation of the key activities, in particular the technical assistance and supervision visits, on-the-job trainings and evaluation meetings for each strategic area.

Logistics & Supply Chain Management

Capacity Building of Supply Chain Managers at Provincial, District, and Facility Levels

CHASS Niassa supports the DPS in assuring the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Currently CHASS Niassa is supporting 16 district warehouses, 1 provincial warehouse, and 3 warehouses at provincial/rural hospitals, totaling 20 warehouses. The support consists of capacity building, improvement of working conditions, and training and installation of software (*Sistema Informatizado de Gestão de Medicamentos* – SIMAM V2) in 8 locations: the provincial warehouse, Lichinga Provincial Hospital warehouse, and warehouses in Mandimba, Lago, Marrupa, Cuamba, Sanga, and Mecanhelas districts.

During this quarter, in order to ensure compliance with the management and procedures control and rational use of medicines, TSV were again provided to districts medical warehouses (DDMs, or district drug depots) and their respective health centers. This quarter visits were made to Marrupa, Mecula, Maua, Sanga, and Chimbonila and HFs in Lichinga City namely: CS Lichinga, Namacula and Chiuaula.

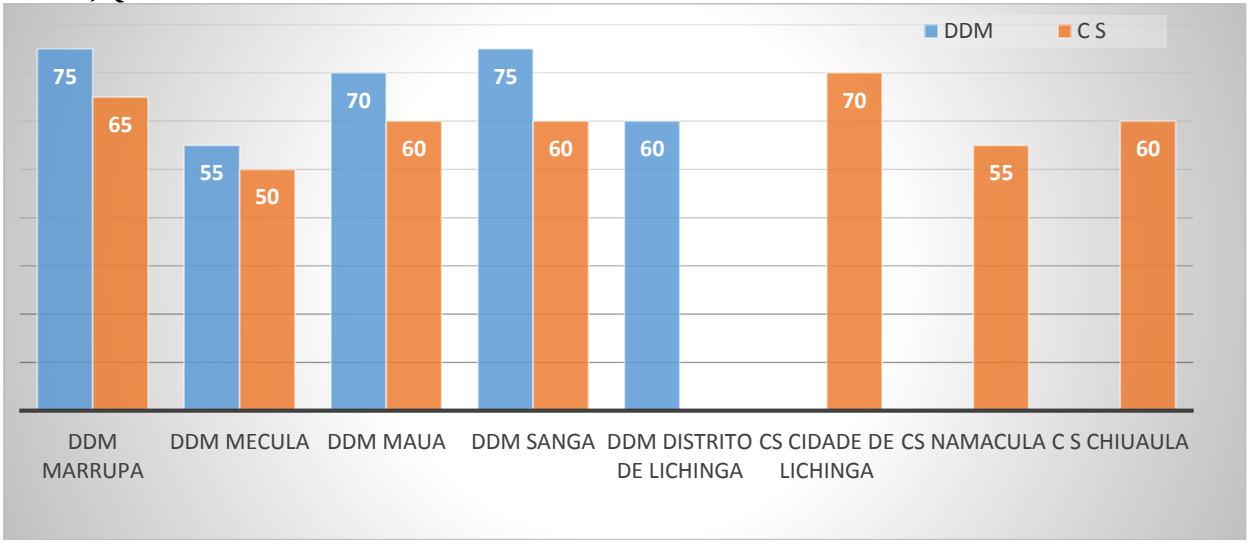
This quarter SIMAM V2 was expanded to 10 sites in the province: DDMs of Ngauma, Metarica, Nipepe, Maua, Mecula, Muembe, and Mavago; CS Chimbonila; and Rural Hospitals of Cuamba and Mandimba, so the all district warehouses in the province now have an electronic medicine management system in place. In terms of pharmacovigilance, active search of adverse drug reactions (ADR) was carried out and all ADR reporting forms were submitted to the Pharmaceutical Department at the MoH. Moreover, active search for drug samples was carried out and results were sent to the National Quality Control Laboratory for analysis.

Error! Reference source not found. shows the result of assessments of drug management undertaken at the DDMs, HFs and Peripheral HFs during TSV. The results ranged from 55 to

75% for district warehouses and HFs in relation to the standards of product management. Deficiencies were observed in updating daily ARV records, availability of ARVs record books (Chiuaula HF), updating the records of patients who had abandoned care, agreement between the completed forms and the stocks, and discrepancies between the theoretical and physical stock compared to the SIMAM in the new districts implementing SIMAM.

In order to overcome the constraints found during the TSV, the following activities were undertaken: correction of register books for the late and drop out patients in public pharmacies, in cases where discrepancies were found, correction of inventory in stock sheets with discrepancies, and updating of SIMAM.

Figure 27. Percent of the assessment of Compliance of Medicines Management procedures in select DDM and HF, Q3Y5



Over time, performance on these evaluations has improved, particularly among the DDMs. Although the DDMs included in each quarter vary, the average score had increased from 64% in Q3 of Y4 to 75% last quarter but dropped to 67% this quarter. The reason for this is not clear but may be the result of the sample of facilities. In this case, the performance in Mecula was notably low in comparison to the other sites and brought down the average although three of the five DDM scored 70% or higher. Among the HFs, there seems to be a small but steady improvement with average first round performance of 56% increasing to 58% or more in the first half of this year and reaching 60% this quarter. Although some facilities still lag behind, Namacula which was notably lower at less than 50% had improved to 55% this quarter.

Availability of Pharmaceuticals

During the quarter no stock outs of ARVs were observed except for Nevirapine 200 mg tablets. Syphilis rapid tests and Determine HIV tests were out of stock for approximately 20 days (Table 7). To ensure availability of Determine in Mecanhelas and Cuamba districts, tests were supplied from Metarica district deposit while the Provincial deposit awaited the provision from CMAM for redistribution to district warehouses.

Compared to the last quarter, 6 drugs had a decrease in the number of days with a stock out at the provincial level while 5 had an increase. Thus, the situation this quarter is not markedly different than last quarter. In response to stock outs, drugs were distributed to the districts using the security stock in order to minimize stock outs at the facility level.

Table 7. Number of days of drugs in stock-out in Niassa province, by quarter, Years 4 and 5

Medicine	Year 4				Year 5		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Teste Sifilis	60	0	25	30	33	26	20
Teste Uni Gold	0	0	0	0	21	15	0
Cotrimoxazol 480 mg comp	0	0	0	0	19	0	27
Multivitamina comp	0	0	0	0	12	60	28
Salferroso+ Ácido Folico Comp. Composto	66	40	20	45	0	0	0
Paracetamol 500mg Comp.	42	40	0	0	0	19	22
Amoxicilina 500mg Comp.	32	13	8	0	0	0	10
Amoxicilina 250mg /5ml Susp.	90	18	30	0	0	0	0
Ampicilina 500mg Inj.	80	18	8	0	0	19	0
Ceftriaxona Inj. 1g/4ml	27	0	0	0	46	21	26
Cefixima 200 mg Comp.	52	60	60	30	90	60	0
Penicilina Benzatinica Inj. 2.4MUI	90	90	8	25	0	60	0
Azitromicina 500 mg Comp.	26	60	30	10	35	60	60
Alcool Liquido Volátil	60	90	0	0	0	0	0
Metronidazol 250mg Comp.	37	30	0	0	13	13	30
Cotrimoxazol Susp. 240mg/5ml	60	0	0	0	0	0	22
Eritromicina 500mg Comp.	13	10	39	0	13	13	20
Fenoximetilpenicilina 500mg Comp.	0	30	18	0	90	90	22
Kanamicina Inj. 2g/10ml	0	90	90	90	42	90	90
Nevirapina 200mg Comp.	0	90	15	0	0	0	20
Nevirapina Susp. 50mg/5ml	0	30	21	0	0	0	0
Ciprofloxacina 500mg Comp.	0	90	23	0	15	0	60
Quinina 300mg Comp.	90	90	90	40	90	0	27
Quinina Injectável 600mg/2ml	70	60	0	0	0	0	0
Coartem 6x3 blister	60	60	90	90	0	0	0
Coartem 6x4 blister	48	90	4	30	0	0	0
Diclofenac 50mg Comp.	0	30	0	0	14	45	34
Ibuprofeno 200mg Comp.	90	60	8	0	22	34	30
Isoniazida 100mg Comp.	31	0	24	0	0	0	0
Isoniazida 300mg Comp.	36	30	22	0	0	0	0
Test Kit Determine	0	0	10	0	0	0	10

Health Information System

Electronic Patient Tracking System (EPTS)

CHASS Niassa is working with DPS to pilot the EPTS, eSaude, in select HFs in Niassa. During this quarter, data at HR Cuamba and CS Cuamba were validated and the pilot phase finalized at these sites. The validation process, included the review of all charts entered in open MRS against the registers to identify missing process in both sources and to eliminate duplicated patients or NIDS so that the two sources are consistent. Parallel to that, the status all patients in both sources was updated. Finally, the manual monthly summary prepared using the HIV registers was compared with the summary produced by the system to identify any discrepancies. The EPTS POP developed by the OpenMRS working group was used to ensure; revisions continued until the discrepancy was less than 10%. Moreover, prior to handover of the system to the HF the staff were trained to ensure they could manage and produce the monthly summary and the data previously collected through the cohort study. When these components were in place and the data flow clearly defined, a report was submitted to the in charge of the HF for signature.

In all three sites handed over to date, CHASS Niassa documented significant differences between data in the registers and data that were validated. In all sites there were reductions in

the number of patients active in TARV: HPL decreased by 29%, HRC by 23% and CSC by 9%. Big differences were seen in the number of patients who had abandoned care (increases of 43 to 89%) and the number of patients who had transferred to other sites (15 to 36%). More substantial reductions were seen in the number of patients enrolled in pre-ART with more than 70% reductions in all three sites; this was largely the result of patients having transitioned to ART. All of the discrepancies found were reviewed with HF staff and registers were updated so that the EPTS and the registers are consistent.

This quarter was the first quarter in which HP Lichinga was responsible for maintaining the data in the EPTS. The anticipated challenges arose with some data not being entered in a timely fashion and other data not being entered correctly. The CHASS Niassa Monitoring and Evaluation (M&E) team is working with DPS and HPL to resolve these issues and to strengthen internal processes at HPL to ensure quality data are entered into the EPTS and are available for use at all levels. CHASS Niassa will continue to monitor implementation and to provide support to all sites following handover.

Data Review Meeting

A data review meeting was 1 June 2015 in Lichinga at which time the technical team presented data from April and May to the entire CHASS Niassa team. Results were discussed, and planning for the next period was done based on the data. HFs with data quality problems were highlighted in the presentations. Key topics of discussion were low coverage of CTZ and ART as well as low levels of HIV testing at some facilities.

Routine Support Activities

Routine activities were undertaken at all levels, with focus on ensuring consistency of data and validity of data at the various data aggregation levels. Using data verification tools, both M&E and clinical staff from CHASS Niassa and DPS, conducted verification of the monthly summaries at 90 HFs, and corrected the existing problems through on-the-job support to the HF clinical staff. At the district and provincial levels, the M&E team supported DPS to crosscheck the data entered to correct transcription errors. They, along with the technical team, also continue to give feedback and mentoring on problems in recording and aggregation of data by clinicians.

In addition, team members attended various meetings and trainings at the provincial and national level.

Special Data Collection

With the addition of quarterly reporting requirements for OGAC, CHASS Niassa adapted its cohort data collection approach to ensure that data on the NEW_CARE indicator could be reported for priority sites. The data entry screens were revised for this purpose and team members visited the Country Operational Plan 15 priority sites to collect these data.

SISMA Training

From 11-15 May 2015 CHASS Niassa staff participated in training on the new Health Information System for Monitoring and Evaluation (SISMA) which is being introduced by the MoH to replace Módulo Básico. Twenty nine people participated in the training that was

supported by CHASS Niassa, including all of the district statistics officers (NEDs) from the province. CHASS Niassa will continue to support the roll out of SISMA.

Management Arrangements

CHASS Niassa project operates under the oversight of a Project Management Team which includes the Project Director/Chief of Party (COP), the Technical Director, FHI360 Strategic Information (SI) Director, the Provincial Coordinator, the Senior Program Officer, the Financial Manager, the Provincial Chief Medical Officer and the USAID Agreement Officer's Representative (AOR). The Project Management Team is responsible for the overall direction and management of the project and has responsibility and authority for the project within the remit of the project mandate. The Project Management Team approves all major plans and authorizes any major deviation from agreed plans. It is the authority that signs off the completion of each year of the project, as well as authorizes the start of the next year. It ensures that required resources are committed, and arbitrates on any conflicts within the project, negotiating solutions to any problems between the project and external bodies.

The Project Management Team is ultimately responsible for assuring that the project remains on course to deliver the desired outcome of the project as defined in the Cooperative Agreement. The Implementing Mechanism – FHI360 performs the oversight function as well as monitoring and evaluation of the CHASS Niassa project in Niassa. Different stages of project implementation such as project amendments, annual workplan, travel requests, no cost extension request, are cleared by and submitted to USAID through the AOR.

The project COP provides oversight of the project implementation, conducts verification of the programmatic and financial reports and makes recommendations to USAID with regards to project progress and disbursement of funds.

Project Management Team

The Project Management Team has three major functions:

Project Management: This is composed of the Project Director/Chief of Party, the SI Director, the Technical Director, the Senior Program Officer, the Financial Manager, the Provincial Coordinator, the Provincial Chief Medical Officer and the USAID AOR. The COP is fully responsible for the overall coordination of the project activities. The Technical Director, and the Provincial Coordinator work in close collaboration with the national and provincial counterparts and other stakeholders to implement the project.

Finance Management: This team is made up of the FHI360 Finance Director, the project Finance Manager, one finance associate, and one administrative assistant. The finance team is responsible for budget management.

Monitoring and Evaluation: This team is composed of the SI Director, the Senior M&E Officer, Data Manager, three M&E officers and two M&E assistants based at the provincial level. The team is responsible for monitoring of project activities, review and verification of data and preparation of progress reports to the donor.

Partners

CHASS Niassa works with six national and international partners and the DPS/MoH to execute the project. The partners are:

Provincial Health Directorate, MoH, Government of Mozambique: This Project aims at enhancing the DPS/MoH capacity at the provincial level to implement as well as monitor the health sector response to HIV and AIDS in Niassa. The key components of the project include provision of technical support at all levels of the health system, training and monitoring of service delivery HCT, sexually transmitted infection diagnosis and treatment, ARV treatment and monitoring, as well as procurement and supply management capacity building. The project is directly implemented by the DPS in the province of Niassa.

Abt Associates: Abt provide comprehensive TA that addresses some aspects of the provincial's health system, including health financing, human resources for health, and governance which are related to the third objective of the project which is to strengthen DPS/MoH capacity to effectively manage high-quality, integrated HIV services.

Food for the Hungry: FH provide TA that addresses nutritional needs (Nutrition assessment, counseling and support) and the implementation of the MoH's NRP in the province. The project is collaborating with the World Food Program in the acquisition and distribution of the fortified supplement CSB in selected heath facilities to improve the nutritional intake of the affected population. The nutrition technical officer is also collaborating with MoH in the development of mechanism to integrate nutrition data with other already existing MoH data collected through the *Módulo Básico* as well as improving the already existing data information system.

MULEIDE: MULEIDE assists the project in addressing gender-related issues that affect quality, access and sustainability of health services including HIV/AIDS. It addition, the organization supports the project in the integration of USAID GBV initiative at both the HF and community levels through the creation of partners involvement in antenatal care and the creation of Men to Men groups to increase retention and male access in care.

Implementing Partners (ARV, CCM, CISLAMO): These local NGOs/Community-based organizations are responsible for the implementation of the key interventions under the following Service Delivery Area: (1) Behavior Change Communication–Community Mobilization, (2) education and prevention, (3) Counseling and testing, and (4) psychosocial support at the community level. These NGOs/CSOs are key to the implementation of the Community Case Management initiative and facilitate linkages with the community and affected populations, promote involvement in referral networks and ART adherence support.

Major Challenges Facing CHASS Niassa

This quarter was a period of transition for CHASS Niassa and this affected performance. Concerns about job continuity on the part of many CHASS Niassa technicians may have contributed to low motivation. With the signing of CHASS 3.0, this problem is resolved and performance should improve next quarter.

The CBOs working in partnership with CHASS Niassa also lacked motivation due to concerns about continuity; this particularly affected CCMs. With the signing of CHASS 3.0, this problem is resolved and performance should improve next quarter

Support for and expansion of GAACs was another challenge this quarter. The focal points in Mandimba and Mecanhelas resigned and only one has thus far been replaced (Mecanhelas). Furthermore, without a guarantee of continued project support for GAACs, DPS was hesitant to expand to additional sites. However, plans are already in place to expand to six additional sites next quarter.

Finally, the delivery of PCR results to peripheral HFs remains a challenge with some sites having high levels of unknown results this quarter. In the new sub agreement with SDSMAS, getting results PCR results to health facilities is a required action on which future obligations depend. An indicator is included to assess performance in this area.

Upcoming Priority Activities

- Advocate with the Nampula reference laboratory to prioritize the processing of Niassa PCR samples and start the negotiation process for viral load counting
- Assess the quality of implementation of EPTS in health units which are under DPS management and validate data the EPTS data at Centre de Saude de Lichinga
- Conduct training for the replacement of the focal points of GAACs and expand GAACs to six additional health units, in collaboration with DPS
- Work with the new provincial medical chief and provincial health director to ensure that CHASS Niassa is working in a complementary fashion with DPS and to ensure continued support for activities undertaken by CHASS Niassa

ANNEXES

ANNEX 1 – Progress toward the Targets in CHASS Niassa from April to June 2015

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3
PMTCT ANC							
Number of health facilities providing MCH services that provide HIV testing and ARVs for PMTCT on site, ANC/ L&D settings	83	65	78%	65	78%	65	78%
Number of unique pregnant women registered in ANC	42,848	15,613	36%	14,601	71%	15,681	107%
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).	42,848	14,089	33%	13,862	65%	14,228	98%
# women receiving an HIV tests (with results received) in a PMTCT setting - Repeat Test	18,343	2,304	13%	2,223	25%	2,276	37%
Number of pregnant women with known HIV positive status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	988	469	47%	518	100%	744	175%
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission, total, by regimen, by setting (ANC)	970	449	46%	665	115%	655	182%
Number of HIV-positive pregnant women in ANC who have initiated CTZ	-	439	-	478	-	451	-
Number of partners of women who are HIV tested in ANC setting	18,913	6,405	34%	6,870	70%	7,063	108%
PMTCT L&D							
Total number of unique pregnant women registered in L&D	27,026	12,297	46%	11,340	87%	10,756	127%
# women receiving an HIV tests & results in a PMTCT L&D setting	-	2,827	-	2,540	-	1,972	-
Number of pregnant women with known HIV positive status LD (includes women who were tested for HIV and received their results)	-	453	-	467	-	415	-
Number of pregnant women provided with antiretroviral prophylaxis in a PMTCT/ L&D setting.	-	407	-	449	-	401	-
Number of HIV-exposed infants who received ARVs to reduce risk of MTCT in L&D setting, (total/ by regimen)	764	363	48%	407	101%	379	150%
Number of infants born to HIV-positive women who received an HIV test within 12 months of birth	1,601	536	33%	684	76%	618	115%
PCR < 9 months	938	324	35%	449	82%	424	128%
Rapid test 9 - 11 months	663	212	32%	235	67%	194	97%
Children (<18months) born to HIV+ pregnant women who are started on CTZ prophylaxis within two months of birth	-	324		216		280	
FAMILY PLANNING							

Number of unique women registered in Family Planning	-	27,113		12,026		27,718	-
Number of women with known HIV positive status in FP	-	307	-	97	-	306	-
Number of HIV positive women provided with at least one FP method-IUD	-	1	-	2	-	2	-
Number of HIV positive women provided with at least one FP method-Injectable	-	131	-	251	-	198	-
Number of HIV positive women provided with at least one FP method-Pills	-	139	-	84	-	76	-
Number of HIV positive women provided with at least one FP method-Other Methods	-	32	.-	23	-	30	-
COUNSELING & TESTING							
Number of service outlets providing counseling and testing according to national and international standards (CT Setting: Clinical)	67	65	97%	65	97%	65	97%
Number of individuals who received counseling and testing for HIV and received their test results(CT setting: Clinical)	70,213	8,878	13%	10,398	27%	9,803	41%
Number of individuals who received counseling and testing for HIV and whose results were HIV+ (CT Setting: Clinical)		759		861		925	-
Number of service outlets providing counseling and testing according to national and international standards (CT Setting: UATS)	11	11	100%	11	100%	9	-
Number of individuals who received counseling and testing for HIV and received their test results(CT setting: UATS)	38,948	2,131	5%	2,121	11%	2,630	18%
Number of individuals who received counseling and testing for HIV and whose results were HIV+ (CT Setting: UATS)		392	-	336		438	-
Number of individuals who received counseling and testing for HIV and received their test results(CT setting: ATSC)	7,108	4,026	57%	5,941	140%	3,786	193%
Number of individuals who received counseling and testing for HIV and whose results were HIV+ (CT Setting: ATSC)		74		273		128	
HIV care and treatment							
Number of health facilities that offer ARV treatment clinical services	46	46	100%	46	100%	46	100%
Number of HIV-positive adults and children receiving a minimum of one clinical service	26,634	19,946	75%	19,963	75%	18,272	69%
Number of adults and children with advanced HIV infection newly enrolled on ART	4,586	1,202	26%	1,097	50%	1,285	78%
Number of adults and children with advanced HIV infection currently receiving ART, by sex, pregnant women	16,045	13,604	85%	13,801	86%	13,989	87%
# individuals w/advanced HIV infection currently receiving ART (Enrolled in GAAC)	3,488	442	13%	423	12%	421	12%
TB/HIV SERVICES							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected	16	16	100%	17	106%	17	106%

individuals (diagnosed or presumed.)							
Number of TB patients registered during the reporting period	**1,640**	**460**	**28%**	**391**	**52%**	**531**	**84%**
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	**-**	**78**	**-**	**106**	**-**	**175**	**-**
Number of TB patients who had an HIV test result recorded in the TB register	**1,607**	**339**	**21%**	**215**	**34%**	**338**	**56%**
# HIV Positive TB (co-infected) patients with test result recorded in TB register	**964**	**195**	**20%**	**158**	**37%**	**205**	**58%**
Number of HIV-infected TB patients in the TB sector who have initiated CTZ prophylaxis	**935**	**252**	**27%**	**158**	**44%**	**174**	**62%**
Number of HIV-positive TB patients who have started ART	**820**	**257**	**31%**	**130**	**47%**	**161**	**67%**
GBV							
Number of health facilities with GBV services available	**16**	**16**	**100%**	**16**	**100%**	**16**	**300%**
Number of people receiving post-GBV care: Post-rape	**150**	**42**	**425%**	**30**	**849%**	**16**	**1050%**
Number of people receiving post-GBV care: Other post-GBV care		**596**		**606**		**285**	
NUTRITION							
# of PLHIV that were nutritionally assessed and found to be clinically undernourished	**3,995**	**154**	**4%**	**613**	**19%**	**709**	**37%**
Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	**1,998**	**123**	**6%**	**613**	**37%**	**709**	**72%**

ANNEX 2 – DPS Sub Agreement Financial Execution

Activity	Annual Budget (Local Currency)	Accrued Expenses (0ct 2014- Jun 2015)	Balance	%
Pre service training	2.550.000,00	2.040.000,00	510.000,00	80%
Equipment	1.280.000,00	330.500,00	949.500,00	26%
Technical Assistance and Supervision Visits	3.708.650,00	3.035.212,80	673.437,20	82%
Office expenses	318.800,00	54.000,00	264.800,00	17%
Service Training	4.527.067,00	1.935.776,80	2.591.290,20	43%
Institutional Support	7.270.212,00	3.287.827,91	3.982.384,09	45%
Rehabilitation	3.006.823,00	1.074.144,03	1.932.678,97	36%
Public Health meeting	439.400,00	236.870,70	202.529,30	54%
Printing	2.760.190,00	789.694,20	1.970.495,80	29%
Scholarship	1.296.000,00	1.224.000,00	72.000,00	94%
Direct Support to Districts	5.370.000,00	2.524.728,09	2.845.271,91	47%
GRAND TOTAL	**32.527.142,00**	**16.532.754,53**	**15.994.387,47**	**51%**

ANNEX 3 – CHASS Niassa Financial Expenditures Up to June 2015

Organization Name	Family Health International
Cooperative Agreement No.	656-A-00-10-00113-00
CHASS- Niassa	
Date of submission:	6/19/15

Item	Total Estimated Amount (LOP)	Total Obligated Amount	Total actual Expenditures from August 1, 2010 - 31th June2015	Projected Expenditures for July 2015	Total Actual Expenditures Plus Projected Expenditures	Remaining Obligation Balance
Personnel & Consult	6,895,770		6,884,200	147,000	7,031,200	
Fringe Benefits	2,226,927		1,754,781	62,500	1,817,281	
Travel and Transportation	2,981,857		3,125,940	85,000	3,210,940	
Equipment	757,837		866,166	0	866,166	
Subrecipient & Grants	6,541,809		6,248,528	375,000	6,623,528	
Other Direct Costs	6,570,714		5,833,427	85,000	5,918,427	
Subtotal Direct Costs	25,974,914		24,713,041	754,500	25,467,541	
Indirect Costs	6,776,234		6,353,591	218,805	6,572,396	
Total Award costs	32,751,058	32,687,070	31,066,633	973,305	32,039,938	
Cost Share	3,232,265					
Grand Total US$	35,983,323	32,687,070	31,066,633	973,305	32,039,938	647,132

LOP Estimated amount	35,983,323
Obligated amount to date	32,687,070
Actual expenditure to 31th July 2015	32,039,938
Balance of obligation at 1th August 2015	647,132
Mean monthly spend last 12 months	807,236
# of Months	0.80

TOTAL cumulative IA obligation	6,534,932
TOTAL Cumulative IA disbursement	6,195,606
Balance of IA Obligation	339,326