

MOZAMBIQUE FINAL REPORT

October 2002–September 2006

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





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for

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and Care (IMPACT) Project**





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*Submitted to USAID
By Family Health International*

December 2007

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In partnership with

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GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
BCC	Behavior change communication
BP	Best practices
CA	Cooperative agency
CBO	Community-based organization
CNCS	Conselho Nacional de Combate contra o SIDA
COP05	Country Operational Plan 2005
CSO	Civil society organization
CT	Counseling and testing
DOH	Department of Health
DPS	Directorate of Provincial Health Services
ECR	Expanded comprehensive response
FBO	Faith-based organization
FGD	Focus group discussion
FHI	Family Health International
FP	Family planning
HBC	Home-based care
HIV	Human immunodeficiency virus
HTC	HIV testing and counseling
IA	Implementing agency
IEC	Information, education, and communication
IHN	Integrated health networks
IMPACT	Implementing AIDS Prevention and Care Project
M&E	Monitoring and evaluation
MCH	Maternal and child health
MTCT	Mother-to-child transmission
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of understanding
NGO	Nongovernmental organization
NVP	Nevirapine
OI	Opportunistic infection
OVC	Orphans and other vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
PVO	Private voluntary organization
RCH	Reproductive and child health
RH	Reproductive health
STI	Sexually transmitted infection
TA	Technical assistance
TBA	Traditional birth attendant

USAID
USG
WVI

United States Agency for International Development
United States government
World Vision International

EXECUTIVE SUMMARY

From October 2002 through September 2006, the Implementing AIDS Prevention and Care (IMPACT) project, in collaboration with the Mozambican Ministry of Health (MOH), worked to implement a program for the prevention of mother-to-child transmission (PMTCT) of HIV and to improve the wellbeing of children, mothers, and their families in the province of Zambezia, Mozambique. Zambezia is one of the largest and most densely populated provinces in Mozambique and accounts for the third highest HIV prevalence rate in the country. The program was funded by USAID and received continued funding in FY05 from the President's Emergency Plan for AIDS Relief.

The goals of the IMPACT project were to prevent HIV infection among women of childbearing age, prevent unintended pregnancies among HIV-infected women, prevent perinatal HIV infections, and offer care and support for mothers, their infants, and families. At the national level, IMPACT provided support to the MOH in the development of a national PMTCT plan, the formulation of national PMTCT policies, the development of PMTCT training and resource materials, and the development of a national PMTCT monitoring and evaluation plan.

At the provincial level, IMPACT spearheaded the creation of a PMTCT Working Group under the auspices of the Zambezia Directorate of Provincial Health Services and played an essential role in the drafting of a provincial PMTCT plan, which served as a roadmap for PMTCT scale-up in the province. The PMTCT Working Group guided the successful rollout of the PMTCT program in Zambezia, which included such activities as a behavior change communication strategy development workshop and the training and education of PMTCT healthcare providers. Additionally, IMPACT partnered with local NGOs, community-based organizations, faith-based organizations, and people living with HIV/AIDS to facilitate the implementation of comprehensive PMTCT activities in the province.

One of the many achievements of the IMPACT project in Mozambique was introducing the concept of incorporating HIV testing and counseling into maternity services. This innovative practice was facilitated by offering counseling to mothers during their visits to centers providing antenatal care services. The concept was well received by pregnant women and was later adopted by the MOH.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

At the request of USAID/Mozambique and in collaboration with the Mozambican MOH, IMPACT implemented a program for PMTCT in the province of Zambezia, where IMPACT ran operational sites in the districts of Quelimane, Mocuba, Nicoadala, Inhassunge, Mopeia, Namarroi, Ile, and 17 de Setembro.

The MOH had identified PMTCT interventions as a priority component of its national HIV/AIDS response and strategy to provide integrated HIV/AIDS prevention, care, and treatment services. Thus, the goal of the IMPACT program was to reduce the incidence of HIV transmission from mothers to their infants, and to improve the wellbeing of children, mothers, and families by focusing on the following four areas:

1. Primary prevention of HIV infection among women of childbearing age
2. Prevention of unintended pregnancies among HIV-infected women
3. Prevention of perinatal HIV infection
4. Care and support for mothers, their infants, and families

The IMPACT project began its work in Mozambique in October 2002 and concluded in September 2006. Throughout the life of the project, USAID/Mozambique committed a total of \$3,129,000 in field support, and as part of the President's Emergency Plan for AIDS Relief, USAID/Mozambique obligated \$1,340,000 in the 2005 Country Operational Plan (COP05) funding to the IMPACT project.

Country Context



Background

Located in southeast Africa, Mozambique has a total area of 801,590 square kilometers (309,493 square miles)—an expanse that is slightly less than twice the size of the state of California. The coastline of the country, which spans 2,470 kilometers (1,535 miles) along the entire eastern frontier, borders the Mozambique Channel and the Indian Ocean.¹ To the north of Mozambique lies Tanzania, to the northwest Malawi and Zambia, to the west Zimbabwe, and to the southwest South Africa and Swaziland. Maputo, the capital of Mozambique, is situated at the southern tip of the country’s territory, not far from the borders of South Africa and Swaziland. Mozambique was explored by Vasco da Gama in 1498 and colonized by Portugal in 1505.

¹ Encyclopedia of the Nations: Africa, <http://www.nationsencyclopedia.com/economies/Africa/Mozambique.html>

People

Mozambique's population is estimated to be 18.54 million.² The north-central provinces of Zambezia and Nampula are the most populous, home to about 4 percent of the population. The estimated 4 million Makua living in Mozambique are the dominant ethnic group in the northern part of the country, the Sena and Ndau are prominent in the Zambezi Valley, and the Tsonga and Shangaan are the largest ethnic groups in southern Mozambique. These major ethnic groups encompass numerous subgroups with diverse languages, dialects, cultures, and histories. Many are linked to similar ethnic groups living in neighboring countries.

Despite the influence of Islamic coastal traders and European colonizers, the people of Mozambique have largely retained an indigenous culture based on small-scale agriculture. Mozambique's most highly developed art forms are wood sculpture, for which the Makonde in northern Mozambique are particularly renowned, and dance. The middle and upper classes continue to be heavily influenced by the Portuguese colonial and linguistic heritage of the nation.

During the colonial era, Christian missionaries were active in Mozambique, and many foreign clergy remain in the country. According to the national census, about 40 percent of the population is Christian, at least 20 percent is Muslim, and the rest adhere to traditional beliefs.

HIV/AIDS in Mozambique

The first case of HIV/AIDS in Mozambique was diagnosed in 1986. An increasing proportion of Mozambicans are becoming infected with HIV, with most new infections occurring in young people. In 2000, the national HIV prevalence among adults in their prime years of life—between 15 and 49 years of age—was estimated to be 12.2 percent, and by 2006 it had risen to 16.2 percent.³

About 58 percent of Mozambicans infected with HIV are women. Girls ages 15–19 are three times more likely to be infected than boys in the same age group. Adolescents are more at risk of contracting HIV than people in other age groups because of their lack of knowledge on how to prevent infection, peer pressure, and involvement in risk-taking behavior.

Mozambique is seeing an increasing number of HIV-positive children. In 2006, about 99,000 children under the age of 15 were living with HIV or AIDS; the majority of them were under the age of five. According to the Centers for Disease Control Department of Health and Human Services, it is estimated that by 2010, this number will increase to 121,000. Most children have been infected through mother-to-child transmission of HIV and many do not live long without treatment. Poverty, limited health infrastructure, corridors of increased population mobility, and gender inequality are the key drivers of the spread of HIV/AIDS in Mozambique.⁴

² Ibid.

³ UNICEF Mozambique, HIV/AIDS, http://www.unicef.org/mozambique/hiv_aids_2967.html

⁴ CDC, Department of Health and Human Services: Mozambique Country and Regional Programs: <http://0-www.cdc.gov.mill1.sjlibrary.org/nchstp/od/GAP/countries/mozambique.htm>

Policy Response to HIV/AIDS in Mozambique

In July 2004, the government of Mozambique declared HIV/AIDS a national emergency. Consequently, a five-year control program was launched in March of the following year. The program's objective was to reduce the number of daily infections, which at that time were 500 per day, to 350 per day by 2009 and 150 per day by 2014. The control strategy aimed to⁵

- target specific groups with HIV/AIDS awareness materials in native Mozambican languages and Portuguese and incorporate these materials into education plans in the country
- recruit Mozambicans with "special prestige" to serve as advocates
- increase the distribution of male condoms and promote the use of female condoms
- improve biosecurity in the health sector to reduce the risk of HIV transmission through contaminated blood
- train traditional healers in blood safety methods
- increase the number of HIV-positive people who receive antiretrovirals under the government's program from about 6,000 in 2005 to 150,000 by 2009
- strengthen legal measures to protect people living with HIV/AIDS (PLHA) from discrimination
- encourage HIV-positive people to come forward and take part in efforts to prevent stigma and discrimination
- provide tax incentives to businesses that implement programs to fight HIV/AIDS and stem its consequences
- increase awareness among journalists and media in the country

Unfortunately, Mozambique's strategic HIV/AIDS plan has kept pace with the evolving nature of the epidemic. Subsequently, the number of daily infections is still estimated at 500, and a total of 1.4 million people are currently reported to be HIV-positive.

⁵ Mozambique government official page, <http://www.mozambique.mz/>

Implementation and Management

During FY03, IMPACT established a country office in Maputo, Mozambique's capital, and appointed a full-time Country Director to oversee, implement, and manage the country program. This was soon followed by the establishment of a field office in Quelimane, the capital of Zambezia Province, and the recruitment of local technical, program, and support staff for both offices. The opening of both offices and the presence of resident IMPACT project staff in the country enabled IMPACT to build closer relationships with partners and donors while ensuring the implementation of program activities.

IMPACT partnered with local NGOs, community-based organizations (CBOs), faith-based organizations (FBOs), people living with HIV/AIDS (PLHA), and traditional birth attendants (TBAs) to implement a comprehensive PMTCT program. Funding for project implementation was provided to six implementing agencies (IAs) through subagreements.

Mozambique Activity Timeline

Activities	FY 2003				FY 2004				FY 2005				FY 2006			
	Q1	Q2	Q3	Q4												
Conducting and analyzing formative assessment	x	x	x													
Registering as international NGO in Mozambique		x	x													
Development of program design			x	x												
Recruitment of Country Director and PMTCT Senior Technical Officer					x	x										
Identification of office space and recruitment of staff					x	x	x									
Development of provincial PMTCT plan					x	x										
Establishment of three VCT centers (two in Quelimane and one in Mocuba)						x	x	x								
Training of healthcare providers at the three sites								x	x	x						
Supporting the establishment of provincial PMTCT working group and supporting advocacy/community mobilization initiatives							x	x	x							
Study tour to other PMTCT programs							x									
Training of master trainers in Zambezia								x								
Procurement of necessary test kits and Nevirapine							x	x	x							
BCC formative assessment					x	x	x									
BCC formative assessment data analysis, report writing, and dissemination of findings							x	x	x							
BCC strategy development workshop										x						
Development of subagreements for BCC activities and community mobilization									x	x						
BCC materials development									x	x						
Implementation of BCC strategy through IAs, Community Leaders Councils (CLCs), and Conselho Provincial de Combate ago SIDA										x	x	x				
M&E					x	x	x	x	x	x	x	x	x	x	x	
Commemoration of World AIDS Day 2004						x										
Program management	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Technical support within National PMTCT Task Force and BCC committee								x	x	x							
Support to provincial PMTCT working group to develop a Provincial Plan of activities and establish operationalization systems									x	x	x						
TA to PMTCT working group to establish linkages and adequate referral systems to FP, OI, STI/syphilis services									x	x	x						
TA to strengthen existing mother-to-mother support groups to establish similar groups in all target sites									x	x							
PMTCT orientation training to MCH student nurses									x								
Training on VCT for PMTCT nurses								x	x	x	x	x					
Orientation of PMTCT nurses on how to register and track mothers on ARVs										x							
Orientation of IAs on how to track women on ARVs										x							
Mobilization of mothers to ensure adherence to ARV treatment										x	x	x					
M&E of IAs' work regarding tracking women on ARVs										x	x	x	x	x	x		
Retreat for PMTCT nurses providing VCT counseling												x	x				
Training on OIs in collaboration with CDC										x	x						

Program Objectives, Strategies, and Activities

Program Goals and Objectives

The goal of the IMPACT project in Mozambique was to reduce the incidence of HIV transmission from mothers to their infants and improve the wellbeing of children, mothers, and families within the following comprehensive framework:

- Prong 1: primary prevention of HIV infection among women of childbearing age
- Prong 2: prevention of unintended pregnancies among HIV-infected women
- Prong 3: prevention of perinatal HIV infection
- Prong 4: care and support for mothers, their infants, and families

IMPACT's specific objectives were to

- strengthen the MOH's capacity to articulate, coordinate, and provide oversight for a national PMTCT program
- strengthen the MOH's capacity to coordinate and administer a provincial PMTCT program in Zambezia Province, designed to ensure uptake of interventions and comprehensive follow-up
- improve the quality of maternal and child health services, including antenatal, postnatal, and child healthcare
- improve referrals to and provision of quality family planning services for women (including those who are HIV-positive) and their partners who wish to avoid or delay future pregnancies
- strengthen linkages to care, treatment, and support services and resources in the community for HIV-positive mothers, children, and their families, including mother-to-mother peer support groups
- support an enabling environment for the introduction of HIV testing and counseling (HTC) and PMTCT services, including the implementation of an effective behavior change communication (BCC) strategy
- strengthen the capacity of sites to monitor and evaluate their programs through ongoing technical assistance (TA) and training
- provide TA for optimal HIV care and antiretroviral therapy (ART), as antiretrovirals and other resources become available

Strategic Approach

IMPACT offered PMTCT support at both the national and provincial levels in Mozambique. At the national level, IMPACT provided support to the MOH with the following activities:

- development of a national PMTCT plan that contributed to the coordination of PMTCT activities in the country and served as a guide to PMTCT scale-up
- formulation of national PMTCT policies
- development and review of PMTCT training and resource materials
- preparation of master PMTCT trainers
- development of a national PMTCT monitoring and evaluation plan and assistance to ensure data collection in Zambezia Province met the national requirements

At the provincial level, IMPACT worked to strengthen the capacity of the Zambezia Directorate of Provincial Health Services (DPS) to articulate, coordinate, and provide oversight for a comprehensive provincial PMTCT program. This was accomplished through the formulation of a provincial working group and a provincial PMTCT workplan.

Activities

PMTCT Formative Assessment

A qualitative formative assessment was conducted among pregnant women, partners/families of pregnant women, PLHA, healthcare providers, and community members to inform the design and implementation of the proposed PMTCT program. The assessment focused on the collection of qualitative information as well as data processing, which also facilitated monitoring.

Focus group discussions and in-depth interviews were used to

- assess the awareness, understanding, attitudes, barriers, and motivating factors related to HIV/AIDS, PMTCT, HTC, healthcare-seeking behavior, and related interventions
- identify culturally appropriate ways to inform the development of a community mobilization plan and behavior change communication activities
- obtain input from key stakeholders on ways to maximize the acceptability and use of HIV counseling and testing and ARV interventions
- obtain input from key stakeholders on ways to prevent/minimize stigma and discrimination toward those accessing the PMTCT program
- explore local infant feeding practices to guide approaches to infant feeding as part of the PMTCT program

Facility Preparation for Services

In preparation for the proposed PMTCT program, an in-depth participatory inventory of existing maternal and child health (MCH) and maternity services was conducted at selected sites to determine the readiness of the facilities to undertake PMTCT interventions. The participatory inventory was conducted with oriented and trained faculty and MCH service managers and providers to assess antenatal care (ANC) client intake and flow, allocation of counseling space, the ability to transport lab samples and results, and data flow and storage. Based on results from the assessment, appropriate preparations were made at the MCH and maternity facilities to ensure that they were able to provide the proper maternal and childcare services.

Program Design Workshop

IMPACT worked with the DPS and its PMTCT focal person to plan a participatory PMTCT program design workshop for the province. This workshop was used to disseminate and further analyze findings from the formative assessment, as well as undertake detailed planning for PMTCT and behavior change communication activities in the province. Among other activities, this meeting resulted in the proposal and endorsement of initial sites for offering PMTCT services, the proposal of provincial and facility-level management and supervisory structures, and the development of supervisory and reporting mechanisms for the program.

Commemoration of World AIDS Day 2004

IMPACT collaborated with the Conselho Nacional de Combate contra o SIDA (CNCS), the DPS Zambezia, international organizations, and local organizations in developing and implementing a comprehensive plan of activities to commemorate World AIDS Day 2004. The outcomes of more than two weeks of planning and preparations were highly successful.

IMPACT and its implementing partners took advantage of the 2004 World AIDS Day topic, “Women and Girls,” to raise awareness of PMTCT issues. A wide range of information, education, and communication (IEC) activities commemorated the event, including theater performances, lectures, musical shows, films, marches, and the display of banners. The issues addressed included HIV prevention, how to cope with one’s HIV status, the promotion of PMTCT services, and the prevention of domestic violence. Pamphlets, flyers, and condoms were distributed during the activities. The table below, compiled by local implementing partners, demonstrates both the number of IEC activities conducted and the number of people who participated.

Outcomes of World AIDS Day 2004 Activities Supported by IMPACT

# of NGOs involved	# of activists	# of bairros (neighborhoods)	# of IEC activities	Community leaders involved	Estimated participants		
					Female	Male	Total
8	135	17	192	113	8,100	4,800	12,900

The photos below illustrate some of the IEC activities conducted by local implementing partners with support from IMPACT during World AIDS Day 2004.



Display of banners and a musical performance to promote PMTCT services



Staff from the Day Hospital and HIV-positive outpatients at a theater performance

Establishment of a Provincial Working Group

IMPACT supported the creation of a provincial PMTCT working group to respond to the clinical, advocacy, community mobilization, and communication needs of the PMTCT program. This group was led by the Provincial Health Directorate, with IMPACT providing technical

support as requested. The working group reviewed the national operational guidelines for PMTCT and put forth recommendations to adapt the national guidelines to the specific needs of Zambezia Province and to ensure that PMTCT services fit into the overall strategy of the Zambezian Integrated Health Networks (IHN).

BCC Formative Assessment

IMPACT conducted a BCC formative assessment in partnership with World Vision International (WVI). The results of the assessment were positively received by USAID, the MOH, and other national and international NGOs, as little qualitative data had been available previously. A dissemination meeting on the findings of the formative assessment was held in Quelimane in March 2004. Stakeholders including local health authorities, local and international NGOs, and USAID representatives participated in the meeting and provided additional input and recommendations. Feedback from the stakeholders was incorporated into the final version of the BCC formative assessment report, which was finalized in May 2004. The report was then used for the development of IMPACT’s BCC strategy.

The tools and findings from the BCC assessment were also used for a nationwide survey implemented by Population Services International (PSI) in preparation for its national PMTCT communication campaign.

BCC Strategy Development Workshop

Building on the BCC formative assessment, IMPACT facilitated a BCC training workshop to define the BCC strategy for the province. Twenty-two participants who had the potential to play an active role in the implementation of this strategy participated in the workshop. IMPACT collaborated closely with WVI and PSI to ensure synergies and uniformity in BCC activities in the province.

Following the strategy development workshop were a series of BCC campaigns by implementing agents (IAs).

“The community is receiving the PMTCT services positively because they find hope in preventing their babies from becoming infected with HIV. Even the elderly give us good feedback,” a member of the NGO Aro Juvenil said.

The table below gives general details on the number of people reached through IEC activities conducted by IMPACT partners.

Individuals Reached Through IEC Activities During FY05

Partner Organization	Women of Reproductive Age	Pregnant Women	Men	Youth	Couples
Aro Juvenil	1,930	652	697	1,333	101
Promotoras de Saude	582	310	56	478	39

Mozambican Network of Organizations Against HIV/AIDS (MONASO) Consortium (six organizations)	3,672	1,451	2,259	1,671	445
TOTALS	6,184	2,413	3,012	3,482	585

Of the 2,413 pregnant women counseled, 475 reported being referred to the antenatal care sites by IMPACT partner organizations. This is a concrete indicator of behavior change, demonstrating that IMPACT partner organizations are not only informing the community but also persuading target groups to put their knowledge into concrete actions that benefit their health.



Lecture conducted by Aro Juvenil to sensitize women and men on the importance of PMTCT services, specifically on using counseling and testing services

PMTCT Education and Training of Healthcare Providers

In FY04, IMPACT carried out orientation training on PMTCT for 25 healthcare providers working in the areas of HIV/AIDS, reproductive health, and MCH in Zambezia. This training helped to introduce the PMTCT program to key medical providers, as well as expose them to the importance of the program and how it complemented ongoing endeavors to counteract the HIV epidemic.

Additionally, to empower healthcare providers to undertake PMTCT services and activities, IMPACT provided a series of training workshops especially for laboratory staff and others working with MCH. Training focused on ANC, appropriate obstetrical practices, HIV counseling and testing, the use of ARVs for PMTCT, nutrition (especially infant feeding), support of PLHA, referral mechanisms, and universal precautions.

Moreover, IMPACT assisted the DPS to train provincial-level master trainers who were key in scaling up the program to new sites. Following the master training, providers participated in the development, adaptation, and adoption of job aids, tools, and checklists to facilitate service delivery and supervision.

PMTCT Study Tour

IMPACT supported, organized, and financed a PMTCT study tour. The Provincial PMTCT point persons and IMPACT program staff traveled to Kenya September 20–24, 2004. The delegation visited and learned about PMTCT programs implemented by IMPACT/Kenya and the Elizabeth Glaser Pediatric and AIDS Foundation in Kericho and Nakuru districts, as well as in Nairobi.

Participants gained significant practical knowledge during their tour and shared it with the Provincial PMTCT Technical Group. Some of the issues that the group advocated for include

- the possibility of giving Nevirapine (NVP) to pregnant women during their first (and perhaps only) ANC visit, especially in areas where home delivery is high and ANC visits rarely exceed more than one visit throughout the pregnancy
- providing NVP syrup for babies in case the mother does not deliver in a health unit
- adding data to clinic registration books, such as whether a woman received counseling but refused HIV testing, and codes that provide information about serostatus and counseling and testing history
- providing pre-counseling in groups of three to five persons while keeping confidential such information as whether an individual wants to take an HIV test, the results of the test, and the post-test counseling
- continuing to encourage HIV-positive mothers to bring their babies within 72 hours of delivery for administration of NVP in the health unit (in case of home delivery), but informing health workers that NVP can still be administered to a baby within the first seven days after birth

HIV Testing and Counseling

Recognizing the importance of HIV testing and counseling (HTC) as a tool for behavior change and an entry point for HIV/AIDS prevention and care, IMPACT staff conducted site assessments to determine needs for implementing HTC services. The outcome of the assessments was a concrete list of recommendations for each site that included

- procurement and management of an adequate stock of commodities and supplies to allow for testing
- improved access and privacy during HTC sessions
- improved referral systems
- definition of staffing needs, taking into consideration the availability and qualifications of the current staff who would be involved in providing PMTCT services

MCH and maternity facilities were supported in introducing HIV counseling and testing to mothers and children in a way that did not disrupt the provision of other health services. For example, HTC was introduced to pregnant women seeking ANC during their first ANC visit to an IMPACT-supported center, and was then systematically offered on subsequent visits.

The IMPACT project was also successful in involving men as part of PMTCT and HTC services, as illustrated by the following success story.

Success Story 1

Men Involved in PMTCT Services: A theater activist practices what he preaches

During the early introduction of PMTCT services in Manica and Sofala provinces, a problem that is commonly observed in other countries of the region was present: gender-based violence against women who decide to undergo HIV testing.

Intent on confronting this problem, IMPACT began addressing gender issues along with the early introduction of PMTCT services in four districts in Zambezia Province. As part of a comprehensive behavior change and communication (BCC) strategy, IMPACT's PMTCT program decided to embrace both women and men during community mobilization activities.

The strategy was to approach men and women via radio; through meetings held by community leaders (including formal, traditional, and religious leaders); and through lectures, home visits, musical shows, and theater. In addition, pregnant women were taught how to persuade their husband/partner to undergo HIV testing as part of the post-test counseling sessions.

Jacinto is one of the theater activists who participated in the IMPACT PMTCT program. He was trained in how to convey basic messages about PMTCT and, together with his theater group, Los Retratistas, develops theater pieces. After each performance, activists facilitate debates using participatory methodologies to persuade the audience, particularly men in this case, to be supportive and encourage their wives/partners to use PMTCT services and to undergo HIV testing themselves.



Jacinto's wife is pregnant, and he was eager to practice what he preaches, so they both went to the 17 de Setembro Health Center to learn their serostatus. After the couple was tested, one of the PMTCT counselors asked Jacinto why he decided to accompany his wife and also be tested. His response was: *"Because I am a theater activist working under a PMTCT program and I have been advised to do so."* He added, *"As a theater activist, I will be able to inform more men if I experience the services myself."*

As of September 2005, the IMPACT PMTCT program in Mozambique has tested 328 men. Many people involved in the program agree with Jacinto, who says, *"I wish the population would adhere more to the PMTCT services."*

Support Groups for Mothers

Women served by healthcare facilities offering PMTCT interventions, especially those who are HIV-positive, were encouraged to establish mother-to-mother groups. These peer support groups offer women opportunities to share experiences on positive living, offer mutual support, and develop and engage in group activities. Women who successfully completed the PMTCT program were invited to play a support role for mothers-to-be. IMPACT facilitated and nurtured these groups, as they had a strong impact on community-level beliefs, attitudes, and practices, including stigma reduction. An example of one such support group is featured next:

Success Story 2

One Woman's Courage Inspires PMTCT Service Providers

Felicia, a 31-year-old HIV-positive primary teacher, is helping to reshape attitudes and beliefs about people living with HIV/AIDS in Zambezia Province. When she first learned about her HIV status four years ago, inadequate counseling and support did little to help her cope with the news. She remained too frightened to disclose her status to her husband, and recalls, *"I thought that my husband would beat me or even kill me. I felt so bad that I even thought about committing suicide."*

It was through her uncle's intervention that her husband agreed to take an HIV test, but after receiving his own positive result, he denied his status. Reasoning that they both looked healthy, he managed to convince Felicia that the health worker had lied to both of them.

A few months later, Felicia became pregnant and decided to take the test a second time. Once again, the test was positive. The health worker promptly told her she should not have the baby, but she made up her mind to continue her pregnancy. Shortly thereafter, her husband abandoned her. Her delivery was not any easier, due to the discriminatory attitudes of the health worker who attended her. *"While I was in labor the health worker said, 'This room stinks!' But it was those words that gave me courage to push harder,"* Felicia remembers.

Although Felicia and her baby did not receive Nevirapine three years ago to help prevent transmission of HIV, they are both on ARV treatment today and leading healthy and productive lives. *"Before I was on ARV treatment I was 38 kilograms (she is 1.70 meters tall) and my son was really sick. We both suffered from all sorts of stigma from our family, neighbors, and my colleagues from the school."*

Wanting to do something about the stigma prevalent in her community, Felicia speaks openly about her experiences and often shares her personal story at provincial PMTCT training courses organized by IMPACT. Her fortitude has inspired healthcare workers and MCH student nurses, who say that her perspective as an HIV-positive mother and patient has helped them to overcome their own prejudices toward people living with HIV/AIDS and to recognize the impact of their role as health professionals.

Felicia has also become an active volunteer providing emotional support to HIV-positive mothers who participate in the mother-to-mother peer groups in Quelimane. Today, Felicia is teaching again, but at another school, where she has found caring colleagues. She supports 10 members of her extended family and plans to continue contributing to her community.

Procurement and Distribution of HIV Test Kits, ARVs, NVP, and Clinical and Lab Materials

IMPACT, in collaboration with the PMTCT working group, advocated for the donation of HIV test kits, ARVs, NVP, and clinical lab materials. Although the supply of these materials was inadequate in some sites, IMPACT staff did their best to provide services with limited supplies.

Success Story 3

A Functional Partnership Is the Key to Meeting and Exceeding Our Targets

IMPACT's PMTCT program in Zambezia completed its first midterm plan of activities funded by the President's Emergency Plan for AIDS Relief in the third and fourth quarters of FY05. The IMPACT team in Mozambique and our counterparts at the Directorate of Provincial Health Services (DPS) were delighted with the results achieved in the reporting period.

Based on 2004 data available in the Statistics Department at the DPS on the number of women attending their first antenatal care visit in five sites supported by IMPACT, and considering that three of the five sites were fully operational for only three months, our the PMTCT program calculated a "realistically achievable" target of 4,157 pregnant women receiving counseling and testing (CT) services. However, this target underestimated the need and demand for CT services in Quelimane City, Nicoadala, Mocuba, and Ile districts. In particular, the communities of Nicoadala and Ile, where PMTCT services were recently introduced, demonstrated their willingness to make CT available and provide PMTCT services, which they consider "good services for the people." In fact, 97 percent of women offered CT services were tested, and in total 6,193 women underwent CT within PMTCT services. As a result, IMPACT exceeded its target by 49 percent.

A combination of key factors has been critical to the tremendous success of the PMTCT project. These include

- building a separate space for CT in three of the five sites that provide antenatal care
- involving PLHA in group pre-counseling sessions, as they can provide powerful and encouraging testimonies on how to live positive lives
- implementing an effective behavior change communication (BCC) strategy that involves faith-based organizations, associations of PLHA, and respected community leaders
- involving men in program activities, including CT, as a way to reduce gender-based violence and support wives in using PMTCT services
- effective collaboration between health providers and community representatives, who have arrived at a consensus on the improvement of the quality of services
- effective coordination of activities, planning, and advocacy, namely the Provincial PMTCT Technical Group
- introducing CT services within the maternity wards of two referral hospitals, the Quelimane Provincial Hospital and the Mocuba Rural Hospital
- collaborating with the DPS on establishing a referral and monitoring and evaluation system
- the enthusiasm, commitment, compassion, and hard work of the people involved in this program, particularly the nurses and counselors at sites where PMTCT has been implemented

Monitoring and Evaluation

IMPACT spearheaded a review of existing MOH information-gathering processes and tools and provided technical assistance in the revision, testing, and training needed to use the improved data collection tools. IMPACT's M&E officer worked with the DPS's Statistics Department to develop a sample form for PMTCT nurses to use to collect information about the PMTCT program. Throughout the project life, IMPACT regularly collected data on the beneficiaries of the program and the activities developed by the community leaders councils. This information can be used to inform the development of future PMTCT programs both within Zambezia Province and throughout Mozambique.

LESSONS LEARNED AND RECOMMENDATIONS

An understanding of the contextual underlying factors is critical.

Particularly for PMTCT programs, a strong understanding of contextual factors is essential to the success of a program. Contextual factors include existing patterns of use of antenatal care and maternity services; involvement of men in pregnancy and delivery care; infant feeding practices; response and demand for HTC services; organization and capacity of PLHA groups; and the level of stigma around HIV/AIDS. Understanding these factors enables more realistic program design, which in turn facilitates adoption of program services and activities by the population served.

Involvement of key stakeholders is essential for a comprehensive approach.

PMTCT programs in Zambezia involved an alliance of ministries, provincial government, local and international NGOs, and FBOs. This community-based teamwork was essential for creation of an effective model that could be duplicated to help prevent HIV/AIDS throughout the country.

The incorporation of CT into maternity services was a great achievement.

IMPACT introduced the concept of incorporating HIV testing and counseling into maternity services in Mozambique. This was facilitated by offering counseling lectures to mothers during their visits to centers providing ANC services. The concept was well received by pregnant women and adopted by the MOH. Although it was preferred that the staff providing routine ANC and maternity services also would provide HIV counseling, this option was not feasible in some facilities due to understaffing issues. In such instances, referral systems were put in place.

Male involvement is an important component of success.

IMPACT was proactive in the involvement of men in the PMTCT program. This initiative realized a positive response—at least 13 percent of men whose female partners received some IMPACT PMTCT service were involved in the program. The initiative also facilitated disclosure of HIV/AIDS status among couples, male testing, and early enrollment to ART, as well as an increased acceptance of formula feeding.

Human resources are currently inadequate.

Inadequate human resources, especially in rural areas, is a huge drawback to HIV/AIDS interventions in Mozambique in general. There are very few trained health practitioners, and the ratio of health providers to patients is almost unmanageable.

Appendix: Implementing Partners

IMPACT partnered with five local IAs and one international NGO to implement a comprehensive PMTCT program in Zambezia Province. The organizations included

- Associação Esperança (PLHA)
- Associação Kewa (PLHA)
- Promotoras de Saude (FBO)
- Aro Juvenil
- MONASO (Mozambican Network of Organizations Against HIV/AIDS)
- World Vision International (international NGO)

ATTACHMENTS

Attachment A: Implementing Partner Matrix

Name	Organization Type	Geographic Location	Target Population	Budget (US\$)	Intervention	Project Dates
Associação KEWA	Local nonprofit organization and PLHA	Quelimane City and Mocuba District in Zambezia Province	Pregnant women and non-pregnant women of reproductive age	17,000	PMTCT	September 1, 2005– March 31, 2006
Associação Esperança	Local nonprofit organization and PLHA	Quelimane City and Mocuba and Ile districts in Zambezia Province	Pregnant women and couples and non-pregnant women of reproductive age	12,000	PMTCT	September 1, 2005– March 31, 2006
Aro Juvenil	Nonprofit organization	Quelimane City and Nicoadala, Mocuba, and Ile districts in Zambezia Province	Youth and young pregnant women	21,923	PMTCT	December 1, 2005– March 31, 2006
MONASO (Mozambican Network of Organizations Against HIV/AIDS)	Nonprofit organization that supports rural communities	Quelimane City and Mocuba and Ile districts in Zambezia Province	Pregnant women and couples and non-pregnant women of reproductive age	17,268	PMTCT	December 1, 2005– March 31, 2006
Promotoras de Saude	Faith-based organization	Mocuba District, Zambezia Province	Pregnant women and couples and non-pregnant women of reproductive age	5,000	PMTCT	December 1, 2005– March 30, 2006

Name	Organization Type	Geographic Location	Target Population	Budget (US\$)	Intervention	Project Dates
World Vision International	International relief and development organization	Zambezia Province	Diverse groups interviewed under a formative assessment on PMTCT	84,667	Formative assessment for PMTCT	October 10, 2003–December 31, 2003

Attachment B: Budget Summary

Budget	Period	Amount (US\$)
PMTCT Presidential Initiative Modified Acquisition and Assistance Request Document (MAARD)	October 2002–May 2006	1,109,000
MAARD	October 2003–September 2004	600,000
MAARD	October 2004–September 2005	80,000
PEPFAR (Country Operational Plan 05)	April 2005–March 2006	1,340,000
	Total	3,129,000