# MCHIP Leader with Associate Award GHS-A-00-08-00002-00, Cooperative Agreement No. 656-A-00-11-00097-00

**FY2013 2nd Year of the Project**

**Quarter 3 Report: April 1 – June 30, 2013**

**July 31, 2013**

2. **Starting Date:** April 12, 2011

3. **Life of project funding:** $29,835,179

4. **Geographic Focus**: National

5. **Program/Project Objectives**

The goal of the MCHIP/Mozambique Associate Award is to reduce maternal, newborn and child mortality in Mozambique through the scale-up of high-impact interventions and increased use of MNCH, FP/RH, and HIV services. The project has eight objectives:

- **Objective 1:** Work with the MOH and all USG partners to create an enabling environment at national level to provide high-impact interventions for integrated MNCH / RH / FP services in the community and Health Facilities
- **Objective 2:** Support efforts of the MOH to increase national coverage of high impact interventions for MNCH through the expansion of the MMI, in collaboration with USG partners in all provinces
- **Objective 3:** Support the MOH to strengthen the development of human resources for the provision of basic health services and comprehensive Emergency Obstetric and Neonatal Care and RH
- **Objective 4:** Support the expansion of activities for prevention of cervical and breast cancer using the single-visit approach and assisting in the implementation of "Action Plan for the Strengthening of and Expansion of Services for Control of Cervical and Breast Cancer" of the MOH
- **Objective 5:** Assist in the development, implementation, and management of FP/RH services for selected health facilities
- **Objective 6:** Promote and test the introduction of neonatal circumcision services in selected health units
- **Objective 7:** Partnerships developed and strengthened (MOH and all USG partners) at the national level to promote high impact integrated MNCH services
- **Objective 8:** Work with the MOH and all USG partners to define, implement and monitor standards of care at the point of service in essential areas

6. **Summary of the reporting period**

**Objective 1: Work with the MOH and all USG partners to create an enabling environment at national level to provide high-impact interventions for integrated MNCH / RH / FP services in the community and Health Facilities**

***IR1.1 Strengthened policies and planning processes for MNCH/RH/FP***

<u>Strategy for the Prevention and Management of Post-Partum Hemorrhage (PPH)</u>
During FY13 Quarter 2, MCHIP provided technical assistance to the MOH, in collaboration with AMOG and the Maternal and Neonatal Health working group, to develop a national strategy for the prevention and management of PPH, which will serve as the basis for implementation of misoprostol initiative at community level. The draft strategy was presented in a meeting of the SR/MNCH Swap Working Group, and was requested to the MNH Sub-Group to develop a general costing plan, before submitting the Strategy for the Minister of Health approval. The costing exercise has been finalized, and the strategy will be send within the next week for approval. The sub-group also started the development of the detailed operational plan, which will be finalized up to the end of August 2013.

### *IR1.2 Implementation of consensus Community Mobilization strategy in support of MNCH/SRH/FP*

To ensure an effective transfer of knowledge regarding community mobilization, MCHIP completed the distribution of guidelines for the establishment and functioning of Health Committees and Co-Management Committees to provinces and their districts. MCHIP also provided technical and financial support to hold provincial Community Mobilization Coordination Meetings in Gaza, Inhambane, Manica, Sofala, Tete, Zambezia, Nampula, Cabo Delgado and Niassa with local NGO partners and community leaders. During these meetings, these guidelines were presented and discussed. Recommendations and guidance was also provided for encouraging greater male involvement in reproductive health consultations, humanized birth (through the Model Maternity Initiative), and utilization of CECAP and Family Planning services.

In order to take the community mobilization model to scale on a national level, the project supported activities to strengthen existing mechanisms for greater community involvement, including conducting orientation and coordination meetings with different community stakeholders at the district level. During these meetings, new approaches and initiatives of the national health system were discussed and disseminated, and health facilities and community stakeholders (Health Committees, traditional birth attendants, and community health workers) were able to discuss their planned contributions to improving key health indicators.

### *IR1.3 Strengthened Health Information System for MNCH/RH/FP*

During FY13 Q3, the MCHIP Monitoring and Evaluation (M&E) Team provided onsite technical assistance at the health facility level in the provinces of Zambézia and Nampula (see Table 1 below) to strengthen each health facility's capacity to use the new MNCH registers and to improve the completeness and quality of data submitted through the national HMIS.

**Table 1. Health facilities provided with Technical Assistance in Monitoring and Evaluation during FY13 Quarter 3**

| Province | District | Name of Health Facility |
|---|---|---|
| Zambézia | Quelimane City | Quelimane Provincial Hospital |
| | | Coalane Health Center |
| | | 17 Setembro Health Center |
| | Alto Molócue | Alto Molócue District Hospital |
| | Mocuba | Mocuba Rural Hospital |
| | Maganja da Costa | Maganja da Costa District Hospital |
| | Nicoadala | Nicoada District Hospital |
| | Namacura | Namacurra District Hospital |
| Nampula | Nampula City | Nampula Central Hospital |
| | | 25 Setembro Health Center |
| | | Muhala Expansão Health Center |
| | Ribaué | Ribaué District Hospital |
| | Meconta | Meconta Health Center |
| | Angoche | Angoche General Hospital |

During the technical assistance visits, the MCHIP M&E team conducted the following activities:

- Reviewed the record books and monthly summaries of daily Maternity services, including admission, family planning services, antenatal, gynecology and emergency consultation postpartum
- Provided support to health facility staff to correctly complete the new registers
- Observed health facility staff completing health records and registers
- Reviewed monthly reports and data with health facility staff, including interpretation of indicators and results
- Reviewed data on high impact interventions to reduce maternal mortality
- Reviewed SBM-R data and results with health facility staff
- Assisted health facility staff to display data in their hospital/health center
- Reviewed the maternal death records

General findings from these technical assistance visits are summarized in Table 2 below.

**Table 2. General Findings and Recommendations from M&E Supportive Supervision Visits at MMI Facilities**

| Findings | Challenges/Gaps |
|---|---|
| MMI data collection and reporting has been slowly improving | Continue to provide technical assistance to health facilities, and train staff in data quality and completion of new registers |
| Filling in the daily summaries book is not routinely performed in health facilities | Continue to encourage teams to fill the daily summaries as to facilitate the compilation of the monthly summary |
| MMI Indicators are not well discussed in the maternity, resulting in poor completion of register books as well as interpretation of results | It is necessary to promote the discussion and presentation of high-impact indicators on a monthly basis and during supportive supervision/ technical assistance visits |
| *Findings related to MCHIP key indicator:* Partographs are still not being completely filled or used to monitor labor and delivery in most health facilities. | Continue to advocate for use of partographs in the labour ward; reinforce the knowledge on the use of partographs; daily revision of the delivery file with the nurses; on-the-job training. |
| *Findings related to MCHIP key indicator:* Screening equipment's for CECAP service are not operational in some important health facilities, resulting in decreasing of cryotherapy treatment performed in the same day of the screening. | CECAP team to review the sites where equipment is not operation and propose concrete solutions. |
| *Findings related to MCHIP key indicator:* Humanized care practices are improving, namely AMTSL, however the institutional maternal deaths is increasing over period of time. | Rapid assessment is need to understand the factors associated with institutional maternal deaths. |

MCHIP will continue to provide technical assistance in this area in Quarter 4.

Data collection tools and registers

MCHIP continued to work with partners during Quarter 3 in the revision and updating of national data collection tools and registers. It is anticipated that the final revisions will be completed in August 2013 and the field test will be conducted in September. Following the

finalization of these registers, MCHIP will support the printing and dissemination of the final versions.

Additional M&E personnel for MOH

Also in Quarter 3, MCHIP supported the MOH to conduct interviews and select personnel to hire for the M&E Unit. Beginning in Quarter 4, the identified candidates will be contracted to work in the positions of the M&E Team Leader, who is reporting to the Director of the National Public Health Directorate, as well as the M&E Advisor for MCH, who will report to the Team Leader and who will work closely with personnel in the Maternal and Child Health department. MCHIP will provide technical support and guidance to these new staff, as requested by the Ministry of Health, in order to strengthen the capacity for monitoring and evaluation within the MOH.

***IR1.4 Strengthened capacity for program learning in MNCH/RH/FP***

In Quarter 3, MCHIP worked with the selected consulting agency to finalize and submit the protocol for the Community Baseline Study to the National Ethics Committee. The protocol is currently being translated for submission to the Johns Hopkins IRB. It is expected that field work will commence in the first half of quarter 4, after receiving approvals from both IRBs.

Also during Quarter 3, MCHIP provided technical assistance to the MOH to continue implementation of the Integrated Services Package Feasibility Study in Zambézia and Inhambane. In Quarter 2, MCHIP finalized the baseline report and submitted the report to the Ministry of Health. During April, MCHIP and the MOH presented the report and findings to the Zambézia DPS and to the health facility teams in Zambézia Province. Travel was also planned to Inhambane to disseminate the report findings, but travel was cancelled due to the health workers' strike. MCHIP worked with the MOH to draft the proposed intervention for the study, which will be the implementation of an Integrated MCH Preventive Consultations Booking System. The intervention is planned to commence in August and will be implemented during a period of six months. MCHIP will present the baseline study results and the proposed intervention to the SWAP group in the Ministry of Health in Quarter 4. Also in next quarter, MCHIP and the MOH will travel to Inhambane and Zambézia to train health care providers and start up the intervention.

During Quarter 3, MCHIP and the MOH also made progress toward implementation of the Post-Partum Family Planning Systematic Screening intervention and study. MCHIP submitted and received approval from the National Ethics Committee, and received conditional approval from the JHU IRB. Training of health care providers and data collectors is planned for July, with implementation of the intervention to commence in August.

Also during the past quarter, MCHIP finalized the report for the Quality of Care study conducted in Mozambique in 2011. The preliminary report had previously been presented to the Ministry of Health within weeks of finalizing data collection, and key recommendations from the study were used in designing the FY13 MCHIP/Mozambique work plan. The report summarizes the findings on antenatal care (ANC) and Labor and Delivery Care from observations of 525 deliveries and 303 ANC consults in 46 facilities (17 facilities currently in the MOH's Model Maternities Initiative and 29 in the future expansion plans for the initiative).

**Objective 2: Support MOH efforts to expand national coverage of high-impact MNCH interventions, through the scaling-up of the MMI, in collaboration with USG partners in every province**

### *IR 2.1 Selected Model Maternities equipped with minimal infrastructure and supplies for humanized and quality MNC services*

During May and June, MCHIP distributed materials for basic maternity and antenatal care for the 70 Model Maternities included in the MOH expansion plan through the end of 2012.

Also During Quarter 3, the MCHIP team, in collaboration with DPS counterparts, conducted needs assessment at the following selected maternities (based on needs identified by the DPS and the facilities' SBM-R performance) to identify minor improvements needed to improve conditions for carrying out humanized care: Lichinga Provincial Hospital (Niassa), Metangula Health Center (Niassa), Jose Macamo General Hospital (Maputo City), Inhambane Provincial Hospital (Inhambane), Chicuque Rural Hospital (Inhambane), Vilankulos Rural Hospital (Inhambane), Quissico District Hospital (Inhambane), Gurúe Rural Hospital (Zambézia), Milange District Hospital (Zambézia), Quelimane Provincial Hospital (Zambézia), and Mocuba Rural Hospital (Zambézia). Proposals are currently being gathered from contractors recommended by the respective Provincial Health Directorates for these minor repairs. Also during Quarter 3, minor repairs were initiated at the maternities in Xai-Xai Provincial Hospital in Gaza and Macarrungo Health Center in Sofala. Works are to commence at 25 de Setembro Health Center in Nampula at the beginning of Quarter 4.

### *IR 2.2 Corps of maternity care workers and trainers up to date on key evidence-based practices*

Helping Babies Breathe

During Quarter 3, MCHIP provided financial and technical support to the MOH to conduct a Training of Trainers (TOT) in Helping Babies Breathe. Forty trainers were trained from all 11 provinces, including MNH nurses and pediatricians from the provincial health services, provincial training institutions, ISCISA, and the Health Sciences Institute. Each participant received a kit for training other health workers in HBB, including a Neonatalie, a suction, ambu, two masks, two cloths (for drying the baby), the HBB manual, and the HBB flow chart. During this training, the provincial trainers developed a series of next steps, including presentation of the HBB methodology to the Provincial Health Directors and Medical Chiefs as a way to improve neonatal mortality indicators, as well as developing a plan for training maternity health workers beginning in Quarter 4. In order to support the rollout of these trainings, MCHIP will recruit a team to support the implementation of on-the-job training in HBB, as well as the monitoring of HBB and KMC initiatives.

### *IR2.3 MOH management and supervision of Model Maternities strengthened*

PMTCT

In Quarter 3, MCHIP provided technical assistance to the MOH, in partnership with UNICEF, to plan and conduct a meeting for the Northern Region to introduce the Mozambique National Plan for Elimination of PMTCT (2012 – 2015), discuss the rollout of Option B+, and provide technical assistance to revise the provincial plans, targets, and indicators in order to be aligned with the national plan. As a result of this meeting, provinces in the Northern region of Mozambique have a road map to work toward the nation's goal of eliminating vertical transmission and saving the lives of mothers and children. Dr. Munira, Chief Provincial Medical Officer of Nampula, "This meeting was an important event. It allowed my province to integrate the key activities of the National Elimination Plan into our provincial plan. After the meeting, I met with our provincial staff, including our clinical advisor and MNCH head nurse, to revise and finalize our Provincial Elimination Plans. At this moment, we have begun training our nurses in Option B+ and are moving forward with expanding comprehensive HIV services in our province."

Also during this quarter, MCHIP provided technical support to develop a PMTCT pocket-guide. The objective of this tool is to provide health care workers with an easy-to use summary of PMTCT guidelines for use during appointments with HIV-positive women and children. The pocket-guide will be finalized over the next quarter. MCHIP also provided technical assistance, through participation in the PMTCT technical working group, to develop PMTCT supervision guides.

Malaria

During Quarter 3, MCHIP provided technical assistance to finalize the guidelines and job aids for treatment of severe malaria with parenteral artesunate, as well as a "Circular" for the Ministry of Health to send to provinces aiming to disseminate the updated MIP guidelines, revised according to the new WHO recommendations. MCHIP also prepared a presentation on these subjects to be disseminated and discussed in the R/MNCH SWAp Working Group before sending to the provinces. This presentation and discussion was supposed to happen in last two SWAp meetings, however, due to agenda constraints it was postponed for the next meeting. With regards to the "Circular," MCHIP is waiting for comments on the document that was sent to USAID and PMI before sending it to Ministry of Health.

Child Health

MCHIP provided support to the Ministry of Health during Quarter 3 to develop key IEC messages for Child Health, as well as to develop and revise posters for neonatal and child health. MCHIP also supported the MOH to quantify the needs for procurement of materials and equipment for IMCI.

Provincial-level Supervision and Technical Assistance Visits

During Quarter 3, the Provincial-Level Mentoring Team (which includes DPS counterparts and MCHIP-supported provincial-level MCH nurses) worked with health facility staff to conduct technical assistance/supportive supervision visits to MMI facilities. During these visits, the following key activities were performed:

- Support for conducting internal SBM-R measurements
- Development and analysis of action plans
- Supervision of newborn care
- Collection, analysis, and discussion of data with members of the health facilities
- Cleaning/re-organization of the maternity wards
- Supervision and technical assistance to complete partographs and Maternity, ANC, and Post-partum registers
- Review of Family Planning services, specifically PPIUCD

A total of 95 maternities were included in the process of the Model Maternities Initiative by the end of Quarter 3 (see Annex 3). The following table provides a summary of the 77 MMI health facilities provided with technical assistance/supportive supervision visits during the quarter, by province.

**Table 3. MMI facilities provided with technical assistance/supportive supervision in Q3**

| Province | Health Facility | Focus of Visit |
|---|---|---|
| Niassa Province | Mecanhelas Health Center | Supportive Supervision/ TA; 3rd internal SBM-R measurement (81.3%) |
| | Mandimba Health Center | Supportive Supervision/ TA |
| | Maúa Health Center | SBM-R baseline measurement (43%) |

| | | |
|---|---|---|
| | Metarica Health Center | SBM-R baseline measurement (59.2%) |
| | Chiuaula Health Center | Supportive Supervision/ TA |
| | Majune Health Center | Supportive Supervision/ TA |
| | Mecula Health Center | Supportive Supervision/ TA |
| | Metarica Health Center | Supportive Supervision/ TA |
| | Maúa Health Center | Supportive Supervision/ TA |
| | Marrupa Health Center | Supportive Supervision/ TA |
| | Cidade de Lichinga Health Center | Supportive Supervision/ TA |
| | Lichinga Provincial Hospital | Supportive Supervision/ TA |
| Cabo Delgado Province | Pemba Provincial Hospital | 6th internal SBM-R measurement (82.1%) |
| | Mueda Rural Hospital | Supportive Supervision/ TA and 4th SBM-R internal measurement (70.1%) |
| | Natite Health Center | Supportive Supervision/ TA |
| | Mocimboa da Praia Rural Hospital | Supportive Supervision/ TA |
| | Balama Health Center | Supportive Supervision/ TA |
| | Montepuez Health Center | Supportive Supervision/ TA |
| | Montepuez Rural Hospital | Supportive Supervision/ TA |
| | Mueda District Hospital | Supportive Supervision/ TA |
| | Chiúre District Hospital | Supportive Supervision/ TA 4th SBM-R internal measurement (79.7%) |
| Nampula Province | Angoche Rural Hospital | 3rd internal SBM-R measurement (51.4%) |
| | Monapo Rural Hospital | Supportive Supervision/ TA |
| | Nampula Central Hospital | 6th internal SBM-R measurement (42.9%) |
| | Meconta Health Center | Baseline SBM-R measurement (25%) |
| | Mossuril Health Center | Baseline SBM-R measurement (24.6%) |
| | 25 de Setembro Health Center | 3rd internal SBM-R measurement (71.7%) |
| | Muhala Expansão Health Center | Baseline SBM-R measurement (30.9%) |
| | Alua Rural Hospital | Supportive Supervision/ TA |

| | | |
|---|---|---|
| Zambézia Province | Gurué Rural Hospital | 6th internal SBM-R measurement (81.9%) |
| | 17 de Setembro Health Center | 2nd internal SBM-R measurement (64.7%) |
| | Alto Molocué District Hospital | Supportive Supervision/ TA |
| | Quelimane Provincial Hospital | 5th internal SBM-R measurement (62%) |
| | Mocuba District Hospital | Supportive Supervision/ TA |

| | | |
|---|---|---|
| | Maganja da Costa Health Center | Supportive Supervision/ TA; 2nd internal SBM-R measurement (51.4%) |
| | Namacurra Health Center | Supportive Supervision/ TA |
| | Nicoadala Health Center | Supportive Supervision/ TA; 2nd internal SBM-R measurement (62.3%) |
| Tete Province | Moatize Health Center | Discussion of maternal and neonatal deaths; 3rd internal SBM-R assessment (58.8%) |
| | No. 2 Matundo Health Center | 6th internal SBM-R assessment (38.3%) |
| | Mutarara Rural Hospital | 3rd internal SBM-R assessment (55.6%) |
| | Songo Rural Hospital | 6th internal SBM-R assessment (69.4%) |
| | Lifidzi Health Center | Baseline SBM-R assessment (21.1%) |
| | Muthemba Health Center | 2nd internal SBM-R assessment (42.6%) |
| | Chitima Health Center | Baseline SBM-R assessment (28.8%) |
| Manica Province | Manica Health Center | 3rd internal SBM-R assessment (61.3%) |
| | Gondola Health Center | 3rd internal SBM-R assessment (54.8%) |
| | Catandica Health Center | 6th internal SBM-R assessment (53.8%) |
| | Sussundenga Health Center | Supportive Supervision/ TA |
| | Espungabeira District Hospital | 3rd internal SBM-R assessment (48.5%) |

| | | |
|---|---|---|
| Sofala Province | Macurungo Health Center | 7th internal SBM-R assessment (64%) |
| | Beira Central Hospital | 7th internal SBM-R assessment (59.5%) |
| | Dondo Health Center | SBM-R baseline assessment (42.6%) |
| | Búzi Rural Hospital | 5th internal SBM-R assessment (51.3%) |
| | Marromeu Rural Hospital | 2nd internal SBM-R assessment (67.1%) |
| | Gorongosa District Hospital | SBM-R baseline assessment (48.6%) |
| | Nhamantada Rural Hospital | Supportive Supervision/ TA |
| | Chingussura Health Center | 2nd internal SBM-R assessment (60%) |
| | Caia District Hospital | 2nd internal SBM-R assessment (68.2%) |

| | | |
|---|---|---|
| | Ponta Gêa Health Center | 2nd internal SBM-R assessment (51.3%) |
| Inhambane Province | Massinga District Hospital | On-the-job training |
| | Homoine Health Center | 7th internal SBM-R assessment (67.1%) |
| | Inhambane Provincial Hospital | 6th internal SBM-R assessment (72.1%) |
| | Massinga District Hospital | 4th internal SBM-R assessment (65.3%) |
| | Vilanculos Rural Hospital | 4th internal SBM-R assessment (68.6%) |
| | Chicuque Rural Hospital | 7th internal SBM-R assessment (65.3%) |
| | Maxixe Health Center | 4th internal SBM-R assessment (69.4%) |
| | Morrumbene Health Center | 4th internal SBM-R assessment (76.7%) |
| Gaza Province | Chókwe Rural Hospital | Supportive Supervision/ TA |
| | Guijá Health Center | Supportive Supervision/ TA |
| | Chicumbane Rural Hospital | Supportive Supervision/ TA; 7th internal SBM-R assessment (54%) |
| | Xai-Xai Provincial Hospital | Supportive Supervision/ TA; 8th internal SBM-R assessment (82.4%) |
| Maputo Province | Moamba Health Center | Supportive Supervision/ TA; Baseline SBM-R assessment (40.2%) |
| | Namaacha Health Center | Supportive Supervision/ TA |
| | Marracuene Health Center | Supportive Supervision/ TA |
| | Xinavane Rural Hospital | 3rd internal SBM-R assessment (19.2%) |
| Maputo City | 1º de Maio Health Center | 2nd internal SBM-R assessment (39.3%) |
| | Jose Macamo General Hospital | 3rd internal SBM-R assessment (78.6%) |

In addition to supporting the provincial-level mentoring team to conduct technical assistance and supportive supervision visits, MCHIP also supported the Provincial Health Directorates to conduct the following MNCH-related activities in Quarter 3:

- All provinces: Financial support for National Children's Week activities
- All provinces: Participation in planning sessions for development of provincial 2014 Social and Economic Plans
- Maputo City - 3S (Sort, Straighten, Sustain) Activity at Mavalane General Hospital: MCHIP and the Jhpiego CDC-funded project teamed up with Mavalane Health Facility and 160 community members to clean and organize the hospital, including the maternity (see success story for additional details).
- Maputo City – MCHIP responded to the Ministry of Health's request to provide clinical support at Mavalane General Hospital, José Macamo General Hospital, and 1º de Maio Health Center during the health workers strike.
- Inhambane Province – contributed financial support for the Provincial Advocacy Meeting for Cervical, Breast, and Prostate Cancer attended by the First Lady

- Zambézia Province - contributed financial support for the Provincial Advocacy Meeting for Cervical, Breast, and Prostate Cancer, organized by the Governor's Wife
- Gaza Province – supported a meeting of Traditional Birth Attendants in Chibuto District. The meeting had the objective of increasing knowledge regarding danger/complication signs and timely referrals to health facilities.
- Gaza Province – technical and financial support for the provincial Consultative Council, where the council assessed the degree to which the recommendations from 2012 were implemented, reviewed activities completed during the first quarter of 2013, and disseminated findings from operational research conducted in the province.
- Gaza Province – MCHIP participated in the first provincial coordination meeting with other partners. During this meeting, priorities for the health sector (in Gaza) for 2013 were presented, and partners were assessed on their performance during 2012 by the DPS.
- Gaza Province – MCHIP participated in the Health Partners Forum, where the following issues were discussed:
    - DPS requests and duplicative requests made by DPS/SDSMAS
    - Standardization of per diems in the province
    - NGOs without a MOU with the DPS-Gaza
    - Monitoring and evaluation at the district level

***IR2.4 Strengthened facility-community link in selected Model Maternities, leading to increased service utilization***

Community Action Cycle

In Quarter 3, MCHIP supported the creation of an additional 30 Community Health Committees in intensive focus areas, for a total of 216 Health Committees currently functioning with the support of the project. These communities have all received an orientation to the objectives of the MCHIP project and have initiated community discussions regarding the principal causes of maternal, neonatal, and child mortality using the "Problem-Tree" methodology as an instrument of organizing priority solutions for the identified problems.

Of the 216 Health Committees, 195 have developed action plans addressing MNCH issues and are in the process of implementing these plans. In other words, 90% of existing Health Committees are actively identifying, analyzing, and proposing solutions for problems in their communities. MCHIP is providing ongoing support to these Committees to adjust their plans to ensure the incorporation of evidence-based strategies for addressing MNCH issues, including support groups (135 Health Committees have created support groups), plans and systems for emergency transportation (12 Health Committees have developed an emergency transportation system/plan), among others.

Health Committees have included various initiatives to improve MNCH in their action plans, including construction of waiting houses, implementation of small fundraising projects to raise funds to provide food for pregnant women at waiting houses, support for vaccination / FP / ANC campaigns in local mobile brigades, digging of wells, support for hygiene campaigns, in addition to the training of Community Health Agents. Because MCHIP is unable to support the implementation of all of these activities, the project is working to create linkages between the Health Committees and other institutions/organizations providing support to the provinces.

During Quarter 3, 135 members of Health Committees from Cabo Delgado, Manica and Sofala were trained in the Community Action Cycle. Training topics included how to manage conflicts, monitoring community mobilization activities, conducting verbal autopsies and

holding discussions regarding maternal and neonatal deaths in the community, creating birth plans and emergency transportation plans, the role of the birth partner in a humanized birth at the health facility, cervical and breast cancer prevention and control, family planning, and other topics included in the basic health package for Health Committees. The themes included were chosen based on identified problems in each community.

Also during this past quarter, MCHIP provided support to DEPROS to supervise a total of 138 community health workers (ACS, TBAs, and APEs), and supported 123 TBAs to participate in refresher trainings held in Nampula and Sofala. Traditional birth attendants in target communities referred 956 pregnant women to facilities for childbirth during the last quarter, for a total of 2,523 pregnant women referred since January 2013.

Partnership-Defined Quality

During Quarter 3, MCHIP supported training for 29 Co-Management Committees (health workers and community members) in intensive focus districts, with the goal of better defining the plans of Co-Management Committees with input from community members. In the districts of Vilanculos, Cuamba, Manjacaze, and Nampula City, MCHIP supported focus group discussions with the community and working sessions with health workers with the objective of exploring their vision of quality, as well as meetings to discuss how to close the gap between the current situation at health facilities and the desired result.

Of the 87 Co-Management Committees that have been created during the life of the project with the support of MCHIP and are linked to 29 Model Maternity facilities, all of the committees have an action plan and 11 have implemented at least one joint activity (health workers and community members) from their action plans. These joint activities were largely geared toward cleaning health facilities to create more hygienic conditions and toward mobilizing resources for the implementation of the action plans. MCHIP's focus in the next quarter will be to support these Co-Management Committees to implement their plans, as well as facilitating communications between health workers and community members and supporting conflict resolution.

**Objective 3: Support MOH to strengthen the development of human resources for the provision of basic health services and comprehensive Emergency Obstetric and Neonatal Care and RH**

***IR3.1 Pre-service education strengthened in MNCH/RH/FP***

During Quarter 3, MCHIP supported the training of 18 ISCISA MNCH nursing finalists in the Model Maternity Initiative and CECAP/Family Planning over a period of two weeks with the objective of strengthening their technical knowledge and skills in these areas prior to their graduation and deployment to health facilities.

Also during this quarter, MCHIP provided technical support to ISCISA students to develop protocols for studies related to the Model Maternity Initiative and National CECAP/FP Program for their theses. The theses being developed by the students include the following:

- Evaluation of the degree of compliance among MNCH nurses in implementing key MMI (evidence-based) interventions at the Nampula Central Hospital Maternity;
- Perceptions of female clients of Xai-Xai Health Center regarding cervical cancer prevention services; and
- Knowledge of MNCH nurses working in health centers of indicators included in the prenatal care registers

MCHIP will continue to support these students in the following quarter to carry out field work for these studies.

### *IR3.2 In-service training strengthened through support of rollout of Integrated Training and Services Packages*

Partners completed their review of the draft Integrated Package 1 (Community Care) and sent all comments in Quarter 3. MCHIP hired a consultant to incorporate all comments during this past quarter, and the finalization of Package 1 is scheduled for July 2013.

## Objective 4: Support the expansion of activities for prevention of cervical and breast cancer using the single-visit approach and assisting in the implementation of "Action Plan for the Strengthening of and Expansion of Services for Control of Cervical and Breast Cancer" of the MOH

### *IR4.1 Intensive focus CECAP facilities equipped*

MCHIP supported the National Cervical and Breast Cancer Prevention and Control Program to expand VIA and cryotherapy services, bringing the total number of health facilities providing integrated CECAP/FP services to 89. In order to support the initiation of services at these facilities, MCHIP provided consumable supplies and materials to newly participating facilities. In Nampula, CECAP/FP integrated services were expanded to Monapo Health Center; in Zambézia, services were initiated at Alto Molócué Health Center; in Tete, services were expanded to Chitima Health Center; in Inhambane, services began at Inharrime and Vilanculo Health Centers; and in Sofala, services were initiated at Munhava Health Center (see Annex 4 for a complete list of CECAP/FP facilities).

MCHIP also conducted technical assistance visits to Provincial Hospitals in Xai-Xai, Inhambane, Tete, and Chimoio with the objective of assessing the conditions of the physical spaces identified within the hospitals for the provision of Colposcopy and LEEP services. These visits produced the findings that only Xai-Xai and Tete offer satisfactory conditions for providing these referral services, while Inhambane and Chimoio will require minor rehabilitations of the identified spaces. MCHIP will work with the DPS in Quarter 4 to conduct a formal needs assessment for the rehabilitation of these spaces.

### *IR4.2 Trained corps of CECAP health workers and trainers in place*

During Quarter 3, MCHIP supported the MOH to conduct five formal (group-based) provincial trainings in VIA and implant insertion/removal. A total of 83 health care providers were trained in support of the MOH's expansion plan for the provision of CECAP/FP services through Reproductive Health Outpatient Services:

- Nampula – 22 MNCH nurses
- Tete – 12 MNCH nurses
- Zambézia – 16 MNCH nurses
- Inhambane – 18 MNCH nurses and 1 physician
- Sofala – 13 MNCH nurses and 1 physician

Also during this quarter, the MCHIP CECAP/FP team provided on-the-job training in select health facilities to address weaknesses identified during supportive supervision visits, specifically in the areas of data collection and registration, operation of cryotherapy units during treatment of pre-cancerous lesions, and procedures for correctly storing and maintaining the cryotherapy equipment. A total of 14 MNCH nurses were trained in the following health facilities: Urbano Health Center (Inhambane), Tete Provincial Hospital, Xai-Xai Health Center, Eduardo Mondlane Health Center (Manica), Namacurra Health Center (Zambézia), Mocuba Health Center and Mocuba Rural Hospital (Zambézia).

### *IR4.3 Increased capacity for CECAP management*

In May, MCHIP conducted its first annual meeting with the Provincial Nurses. During this meeting, the CECAP/FP team conducted a refresher training with these staff members to reinforce key areas for supervision of CECAP/FP facilities and services.

During Quarter 3, MCHIP continued to provide support to Provincial Health Directorates and health facilities to carry out CECAP SBM-R baseline assessments. The Provincial Supervision team (MCHIP-supported Provincial Nurses, and DPS representatives) worked with CECAP/FP Maputo-based technical advisors to support the health facilities listed in Table 4 to conduct baseline/internal assessments.

**Table 4. Results of Quality (SBM-R) Baseline Measurements completed in CECAP/FP facilities in FY13 Quarter 3**

| No | Health Facility | Province | Type of measurement | Score (%) |
|---|---|---|---|---|
| 1 | Nacala Health Center | Nampula | Baseline | 39% |
| 2 | Muhala Expansão Health Center | Nampula | Baseline | 50% |
| 3 | Moatize Health Center | Tete | Baseline | 63.3% |
| 4 | Urbano Health Center | Inhambane | Baseline | 92.5% |
| 5 | Xai-Xai Health Center | Gaza | 3rd measurement | 84.6% |
| 6 | Nº2 Health Center | Tete | Baseline | 46.6% |
| 7 | Nº4 Health Center | Tete | Baseline | 20% |

Also during this quarter, MCHIP provided intensive technical assistance and supportive supervision to CECAP/FP facilities in Maputo City. During these technical assistance visits, the health facilities were provided with additional consumable supplies, including acetic acid, IEC materials, and registration forms. The health facilities listed Table 5 below were included in these supportive supervision visits:

**Table 5. CECAP/FP Technical Assistance Visits Conducted in Quarter 3**

| Province | Health Facilities | Focus of TA visit |
|---|---|---|
| Maputo City | Bagamoyo Health Center | VIA/Cryotherapy/FP |
| | Zimpeto Health Center | VIA/Cryotherapy/FP |
| | 1° de Maio Health Center | VIA/Cryotherapy/FP |
| | Chamanculo Health Center | VIA/Cryotherapy/FP |
| | Jose Macamo Health Center | VIA/Cryotherapy/FP |
| | 1º de Junho Health Center | VIA/Cryotherapy/FP |

MCHIP continues to find frequent problems with cryotherapy units due to misuse and poor storage/maintenance. While MCHIP is providing on-the-job training to health care providers in correct usage of the equipment, MCHIP is also working with maintenance technicians to repair malfunctioning units as quickly as possible.

**Objective 5: Assist in the development, implementation, and management of FP/RH services for selected health facilities**

***IR5.1 Strengthen national level capacity in FP***

Although during the last quarter there were no meetings of the Reproductive Health Commodity Security Task Force, MCHIP has given continuous support to the Head of Family Planning Program on various issues related to the management of the Family Planning Program, including support for the calculation of the target population (by provinces and districts) and contraceptive needs for the National Maternal and Child Health Week.

***IR5.2 Improved FP service capacity in Model Maternity and CECAP facilities, focusing on LAPM***

During Quarter 3, MCHIP supported the MOH to conduct a regional Post-Partum IUD training with participants from the Southern region, resulting in the training of 16 health care workers from the following health facilities: Chamanculo General Hospital, Matola II Health Center, Manjacaze Rural Hospital, Chibuto Rural Hospital, Quissico District Hospital, Inhambane Provincial Hospital, José Macamo General Hospital, Chokwé Rural Hospital, Inhambane Provincial Health Directorate, Machava II Health Center, Ndlavena Health Center, and the Matola District Health and Social Action Services.

Participants demonstrated notable improvement in knowledge in all course objectives between pre- and post-training (see Table 3 below). Trainings in Northern and Central regions will be conducted in Quarter 4.

**Table 2. Southern Regional Post-Partum IUD Training pre- and post-test results**

| Areas | Pre-test (%) | Post-Test (%) |
|---|---|---|
| Healthy spacing of pregnancies and post-partum family planning | 86.2% | 90% |
| Anatomy and physiology – post-partum | 18.75% | 96.8% |
| Post-partum family planning counseling | 90.6% | 100% |
| Infection prevention | 37.7% | 100% |
| Triage of the client | 45.8% | 81.2% |
| Post-partum IUD insertion | 43.7% | 97.9% |
| Follow-up care and management of potential complications | 52% | 93.7% |

Furthermore, during the Quarter 3, the project provided financial and technical support to train 97 health professionals from Nampula, Tete, Zambézia, Inhambane, Gaza, Manica and Sofala in implants, considering the principle of services integration (Reproductive Health Outpatients Services).

Also during Quarter 3, MCHIP provided integrated supportive supervision and technical assistance to a total of 59 MMI and FP/CECAP facilities to strengthen the provision of FP services (see Table 8 below for supported facilities). With regards to Family Planning IEC and Counseling materials, MCHIP supported the MoH to develop job aids (including flowcharts) and IEC materials (posters and pamphlets). Some of these materials have already been put into use during the May National Advocacy Meeting led by the First Lady's Cabinet and the Ministry of Health. It is expected that the full package of Family Planning IEC and Counseling Materials will be finalized at the end of quarter 4. The already-finalized materials will be printed and distributed to Health Facilities during quarter 4.

**Table 8. Health Facilities Provided with Integrated Supportive Supervision for Family Planning**

| Province | Health Facilities | Focus of TA visit |
|---|---|---|
| Maputo City | Bagamoyo Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| | Zimpeto Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| | 1° de Maio Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| | Chamanculo Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| | Jose Macamo Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| | 1º de Junho Health Center | Family Planning, with focus on integration with RH services (including implants, IUD, CECAP) |
| Maputo Province | Moamba Health Center | Family Planning within the MMI |
| | Namaacha Health Center | Family Planning within the MMI |
| | Marracuene Health Center | Family Planning within the MMI |
| Niassa | Chiuaula Health Center | Family Planning within the MMI |
| | Mandimba Health Center | Family Planning within the MMI |
| | Majune Health Center | Family Planning within the MMI |
| | Mecula Health Center | Family Planning within the MMI |
| | Maúa Health Center | Family Planning within the MMI |
| | Marrupa Health Center | Family Planning within the MMI |
| | Cidade de Lichinga Health Center | Family Planning within the MMI |
| | Mecanhelas Health Center | Family Planning within the MMI |
| | Lichinga Provincial Hospital | Family Planning within the MMI |
| Cabo Delgado | Pemba Provincial Hospital | Family Planning within the MMI |
| | Natite Health Center | Family Planning within the MMI |
| | Chiúre District Hospital | Family Planning within the MMI |
| | Montepuez Rural Hospital | Family Planning within the MMI |
| | Mueda Rural Hospital | Family Planning within the MMI |
| | Mocimboa da Praia Rural Hospital | Family Planning within the MMI |
| | Balama Health Center | Family Planning within the MMI |
| | Montepuez Health Center | Family Planning within the MMI |

| | | |
|---|---|---|
| | Mueda District Hospital | Family Planning within the MMI |
| Nampula | Angoche Rural Hospital | Family Planning within the MMI |
| | Nampula Central Hospital | Family Planning within the MMI |
| | Monapo Rural Hospital | Family Planning within the MMI |
| | Meconta Health Center | Family Planning within the MMI |
| | 25 de Setembro Health Center | Family Planning within the MMI |
| | Mossuril Health Center | Family Planning within the MMI |
| | Muhala Expansão Health Center | Family Planning within the MMI |
| | Alua Rural Hospital | Family Planning within the MMI |
| Zambézia | Maganja da Costa Health Center | Family Planning within the MMI |
| | Nicoadala Health Center | Family Planning within the MMI |
| | Namacurra Health Center | Family Planning within the MMI |
| | Gurué Rural Hospital | Family Planning within the MMI |
| | Mocuba Rural Hospital | Family Planning within the MMI |
| | Alto Molócue Rural Hospital | Family Planning within the MMI |
| Tete | Muthemba Health Center | Family Planning within the MMI |
| | Mutarara Rural Hospital | Family Planning within the MMI |
| | Chitima Health Center | Family Planning within the MMI |
| | Lifidzi Health Center | Family Planning within the MMI |
| | Nº 2 Matundo Health Center | Family Planning within the MMI |
| | Moatize Health Center | Family Planning within the MMI |
| | Songo Rural Hospital | Family Planning within the MMI |
| Manica | Gondola District Hospital | Family Planning within the MMI |
| | Catandica Rural Hospital | Family Planning within the MMI |
| | Manica Health Center | Family Planning within the MMI |
| | Espungabeira District Hospital | Family Planning within the MMI |
| | Sussundenga Health Center | Family Planning within the MMI |
| Sofala | Nhamatanda Rural Hospital | Family Planning within the MMI |
| Inhambane | Massinga District Hospital | Family Planning within the MMI |
| Gaza | Chókwe Rural Hospital | Family Planning within the MMI |
| | Chicumbane Rural Hospital | Family Planning within the MMI |
| | Xai-Xai Provincial Hospital | Family Planning within the MMI |
| | Guijá Health Center | Family Planning within the MMI |

***IR5.3 Increased demand for FP services in Model Maternities and CECAP facility catchment areas through community mobilization***

During Quarter 3, MCHIP played a leading role in supporting the Ministry of Health and the First Lady's Cabinet to organize and implement the National Advocacy Meeting, which had the following objectives:

- Create awareness and increase knowledge about Breast, Cervical, and Prostate Cancers in Mozambique, as well as mobilize and form partnerships to support the implementation of the 7th Stop Cervical Cancer in Africa Conference (to be held in Maputo on July 21-23) and to plan for subsequent support for actions/commitments to be adopted at this Conference;
- Understand and discuss the issue of maternal and neonatal mortality, and reaffirm the commitments made during the launch of the National Partnership for the

Promotion of Maternal, Newborn and Child Health, focusing on accelerating the reduction of maternal and neonatal mortality in Mozambique;

- Discuss the importance of family planning for the health of women and children and to reduce maternal and infant mortality, focusing on the establishment of integrated interventions to increase the demand and utilization of services and modern methods of family planning.

Nearly 400 participants attended the advocacy meeting, including spouses of Provincial Governors, community members, national and international non-governmental organizations, civil society organizations, representatives from the Ministry of Health and Provincial Health Directorates, UN agencies, bilateral donor agencies and implementing partners. The support provided by MCHIP included participating in steering committee meetings, preparing presentations and talking points, developing and reproducing IEC materials, and providing financial support for the panels and stands for the conference center. During this conference, MCHIP also set up and staffed an information/demonstration table to provide information and demonstrations to conference participants on VIA, cryotherapy, family planning and interventions implemented within the Model Maternity Initiative. Because of the great success of this initiative at the national advocacy conference and overwhelming positive response, the First Lady's Cabinet and the Ministry of Health requested MCHIP to replicate the information/demonstration displays during provincial advocacy meetings conducted with community members in Tete and Gaza the following months. MCHIP will provide support for three stands during the 7$^{th}$ Stop Cervical Cancer in Africa Conference in July: 1) VIA and Cryotherapy, 2) Family Planning, and 3) LEEP and Colposcopy.

Also in preparation for the National Advocacy Meeting, MCHIP provided support to conduct a training of journalists from all provinces in the area of reproductive health, including MNH, CECAP, and Family Planning. This training aimed at equipping these journalists with basic technical knowledge and the use of common terminology for key aspects of reproductive health. These journalists went on to provide press coverage of the National Advocacy Meeting, and are expected to continue to cover health events and disseminate this information to the public. The desired impact of this training is that more reliable reproductive health information will be disseminated to the public.

Also during Quarter 3, MCHIP supported the airing of 701 radio spots in Niassa, Nampula, Manica, Gaza, and Inhambane province.The radio spots are aired two to three times per week in three languages (Portuguese and two national languages, depending on the languages most frequently spoken in a given province) during two consecutive months. Messages included in the radio spots included: the importance of attending ANC and key messages surrounding a healthy pregnancy; danger signs during pregnancy; benefits of birthing at a health facility; exclusive breastfeeding; vaccination; malaria prevention; the importance and timing of post-partum care visits; healthy spacing and family planning; key messages for prevention of breast cancer and cervical cancer and the importance of screening, among others. In Manica, MCHIP held a coordinating meeting with local authorities and the studio of Radio Community GESSOM, which will work closely with health professionals to disseminate key health messages during their radio programs.

Finally, 379,883 community members (209,950 women and 169,933 men) took part in education sessions in target communities during Quarter 3. Topics covered during these education sessions included: malaria/malaria in pregnancy, development of a birth plan, humanized birth, diarrhea, vaccinations (including the Tetanus Toxoid Vaccine during pregnancy), danger signs/signs of complications that require timely transfer to health facilities for care, and family planning.

**Objective 6: Promote and test the introduction of NMC services in selected health facilities**

No results reported in Quarter 3.

**Objective 7: Partnerships developed and strengthened (MOH and all USG partners) at the national level to promote high impact integrated MNCH services**

***IR7.1 Partnerships strengthened with USG implementing partners for key MNCH/SRH/FP activities, including quality improvement and community mobilization***

During Quarter 3, MCHIP provided technical and financial support to conduct three Regional Meetings on Quality and Humanization of Health Care (Northern Region - April 9 – 10 in Pemba; Central Region – April 3 – 5 in Tete; and Southern Region – April 11 – 13 in Xai-Xai). Each meeting had an average of 50 participants, including Presidents and Vice-Presidents of QHC committees, community leaders, religious leaders, traditional medicine practitioners, Human Rights League representatives, Provincial Health Directorates' monitoring and evaluation officials, provincial nursing supervisors, hospital directors, and partners (Pathfinder, EGPAF, FHI-360, Clini-QUAL, FGH, Save the Children, ARIEL, Medicus Mundi, Village Reach, CARE, etc). Key results of the meetings include the following:

- Each province shared progress made in the area of QHC.
- Annual provincial QHC plans were reviewed and harmonized.
- Advocacy meetings with Provincial Governors were conducted with the goal of increasing ownership for QHC activities in their provinces and advocating for increased commitment to QHC in the region. Selected members of provincial QHC committees took part in these meetings, including one community leader, one religious leader, one representative from AMETRAMO, one representative from the Provincial Health Directorate, the National QHC Director, and partners. One notable result from these meetings was the elaboration of an "Advocacy Declaration of Xai-Xai" which will be ratified by the Governor of Gaza, followed by the Minister of Health, in order to increase the resources allocated to the health sector.
- Participants had the opportunity to learn of QHC initiatives being implemented in the Model Maternity Initiative and Model Wards in Tete Provincial Hospital, Pemba Provincial Hospital, and Xai-Xai Provincial Hospital.

Also during this quarter, MCHIP provided technical support to conduct a coordination meeting of the QHC Technical Secretariat with nearly 20 members, including USG implementation partners. During this meeting, participants provided feedback on the regional QHC meetings and next steps, and stated their commitment to disseminating best practices and innovations.

As part of a multisectoral team (MOH-DPC, DNAM, UNICEF, IrishAid), MCHIP participated in and provided technical support during the consultative process with civil society and local governments for the Health Sector Strategic Plan 2013 -2014 in the provinces of Nampula, Tete, and Niassa. The main results of these meetings were: contributions and inputs provided by government and civil society stakeholders for the Health Sector Strategic Plan (PESS), alignment of priorities for the PESS, and agreement on timelines and next steps for completing the PESS. MCHIP also provided technical support to the MOH to elaborate the key QHC activities for the PES 2014 and the PESS (2013 – 2017).

Finally, during this quarter, MCHIP and DNAM worked together to develop the checklist for follow-up of activities conducted by QHC committees. MCHIP and DNAM also shared the preliminary list of indicators for monitoring and evaluation QHC activities.

**Objective 8: Work with the MOH and all USG partners to define, implement and monitor standards of care at the point of service in essential areas**

***IR8.1 Performance standards produced and applied in all areas of integrated MNCH/RH/FP services***

During Quarter 3, MCHIP continued to provide intensified support to the quality and humanization of care improvement process at Model Maternities in five provinces (Tete, Niassa, Inhambane, Gaza and Zambézia), through onsite technical assistance to train Quality Improvement teams at the health facility, district, and provincial levels; clarify roles and responsibilities; carry out internal assessments; develop action plans; monitor the implementation of these action plans; and provide support to resolve issues inhibiting the effective functioning of the QHC committees. During this process MCHIP also conducted meetings with the Provincial Health Directorates (Provincial Director and Medical Chief) to present on the Model Maternity Initiative and quality improvement process in order to strengthen provincial ownership of the process.

**Table 9. Support Provided During Q3 to Strengthen Quality and Humanization of Care Within Model Maternity Facilities**

| Province | Facilities Visited | Dates | Key TA Activities Conducted |
|---|---|---|---|
| Tete | • Tete Provincial Hospital<br>• Nº2 Matundo Health Center<br>• Nº 4 Muthemba Health Center<br>• Songo Rural Hospital | April 15 – 19 | • Presentation of MMI to Provincial Directors and Medical Chiefs; discussion of progress, challenges, and prioritized needs<br>• Meetings with Health Facility QHC Committees<br>• Revitalization of QHC committees, including development of 2013 work plan:<br>  • Matundo and Muthemba Health Centers (Tete)<br>  • Lichinga Provincial Hospital and Metangula Health Center (Niassa)<br>  • Inhambane Provincial Health Directorate<br>  • Chicumbane and Chibuto Rural Hospitals (Gaza)<br>  • Quelimane Provincial Hospital, Gurue Rural Hospital, and Milanga Rural Hospital<br>• Training of QHC committees and clarification of roles and responsibilities<br>• Support for conducting SBM-R measurements, developing action plans, and follow-up of previous |
| Niassa | • Lichinga Provincial Hospital<br>• Metangula Health Center<br>• Mandimba Health Center | May 5 - 9 | |
| Inhambane | • Chicuque Rural Hospital | May 19 – 24 | |
| Gaza | • Xai-Xai Provincial Hospital<br>• Chicumbane Rural Hospital<br>• Chibuto Rural Hospital | June 10 – 13 | |

| | | | |
|---|---|---|---|
| Zambézia | • Quelimane Provincial Hospital<br>• HR Gurué Rural Hospital<br>• Milange Rural Hospital | June 16 – 20 | action plans |

Also during this quarter, MCHIP disseminated SBM-R instruments on Infection Prevention and Control, Model Wards, Child-Friendly Hospital, IMCI, Malaria Case Management, Tuberculosis, Inpatient Care, Model Maternity Initiative, Family Planning, Cervical and Breast Cancer Prevention and Control, and Gender-Based Violence to Provincial Health Directorate managers, District Health Directorate managers, and Health Facility representatives and advocated for their adoption (as applicable) in order to improve quality and humanized care. The Provincial Health Directorates committed to ensuring the availability of these instruments at the health facilities that are involved in implementing QHC activities, to expand the implementation of the QHC process to new facilities, and to negotiate with local partners for financial support to ensure the training of health care workers in participating facilities.

Finally, MCHIP completed the second Model Maternities Initiative Bulletin, which serves as a method of disseminating key progresses made by this national program in the areas of quality and humanization of care. MCHIP and EGPAF also finalized their MOU for collaboration in the area of Performance Based Incentives within select Model Maternity facilities.

## 7. Project Performance Indicators

The Performance Management Plan (PMP) is provided in Annex 1. The PMP has been updated this quarter to reflect cumulative results for indicators.

Below are specific results from selected indicators by thematic “result” areas, as well as discussions on progress/challenges.

The quality of data collected, recorded, and reported has been an ongoing concern for the project (and for the national health system). Both MCHIP Technical teams and the M&E Team, during part of Q2 and throughout Q3, have conducted technical assistance visits to Provincial Health Directorates, as well as to Health Facilities, to work with MCH Nurses in identifying problems with data quality. Specifically, the teams sat with MCH Nurses to review data that has been reported since 2012 and compared this information with the data presented in the register books and individual records. Data quality issues that were identified and addressed during these technical assistance visits include the following:

- Analysis and discussion regarding what constitutes a completed partograph, as well as a review of reported data;
- Discussion of issues of quality surrounding the indicator: “Number and percentage of women with pre-eclampsia/ eclampsia treated with MgSO4 per protocol.” Issues that were identified and discussed included the following: the monthly record forms combine reports of women with non-severe pre-eclampsia who do not need magnesium sulfate and severe pre-eclampsia who need magnesium sulfate, thus inflating the denominator; health workers often register the number of doses given instead of the number of women with this condition who received the drug; and the registering of magnesium sulfate in two rows in the monthly summary report (parenteral administration of anticonvulsants and administration of magnesium sulfate). MCH Nurses were trained in the correct definition and reporting of this indicator and previous monthly reports were revised.

Because of the intensive support provided during these technical assistance visits, the data presented for this quarter is of higher quality and is more reliable. A thorough review of data from previous quarters was conducted and updated where necessary (for example, for the indicator "Number and percentage of women with pre-eclampsia/ eclampsia treated with MgSO4 per protocol").

**Model Maternity Initiative**

As of Quarter 3 there were 95 maternities involved in the process of the Model Maternities Initiative. Annexes 1 (PMP) and 2 (Summary of Key Indicators) present data from these 95 maternities, including the following main results:

- 42.4% of pregnant women attended the 4 ANC visits recommended by national policy, showing an increase from Q1FY13 (25%). MCHIP will continue its support promotion of ANC, both at institutional level to reinforce counseling during ANC for pregnant women to attend at least 4 ANC visits, as well as at community level to encourage women to start ANC as soon as they suspect that they are pregnant and for women to be compliant with the ANC visits schedule.
- Despite only 25.6% of pregnant women having been tested for syphilis, this indicator also shows an improvement compared with the last quarter (15.5%). 4.5% of the pregnant women tested were found to be positive for syphilis. Despite minor improvements in the availability of syphilis tests at facility level, MCHIP is still developing advocacy efforts within Ministry of Health and Reproductive/Maternal Health Partners (USAID and UNFPA) to ensure the acquisition of tests needed in order to reduce stock outs.
- Key PMTCT results include:
  - ✓ 94.9% of women presenting at their first ANC visit did not know their HIV Status;
  - ✓ 95% of pregnant women presenting at their first ANC visit were tested for HIV;
  - ✓ 10% of women were HIV+;
  - ✓ 49.3% of HIV+ women started AZT;
  - ✓ 46% of HIV+ women were in ARV Treatment (TARV); and
  - ✓ 27.8% of HIV+ women received NVP Biprophylaxis.
- With regards to the total number and percentage of HIV positive pregnant women who received ARV Prophylaxis plus HIV positive pregnant women who received ARV Treatment, data sent by Health Facilities still shows a double counting of women. MCHIP, together with other partners that support R/MNCH, are working with the MOH to revise the registers books and the way of reporting (in addition to standard monthly reporting, cohort reporting will be introduced for selected indicators considering comprehensive care during pregnancy). Furthermore, it is anticipated that with the implementation and expansion of Option B+, double counting will be reduced.
- With regards to IPTp Malaria, 51.5% of women received the first dose of IPTp, and only 37.3% and 19.4% of women received the second and third doses, respectively. Efforts have been made by MCHIP during Q3 to support the MOH to update and disseminate the new IPTp and the malaria case management guidelines (please see more information on Objective 2, IR 2.3). MCHIP is requesting support from USAID and the

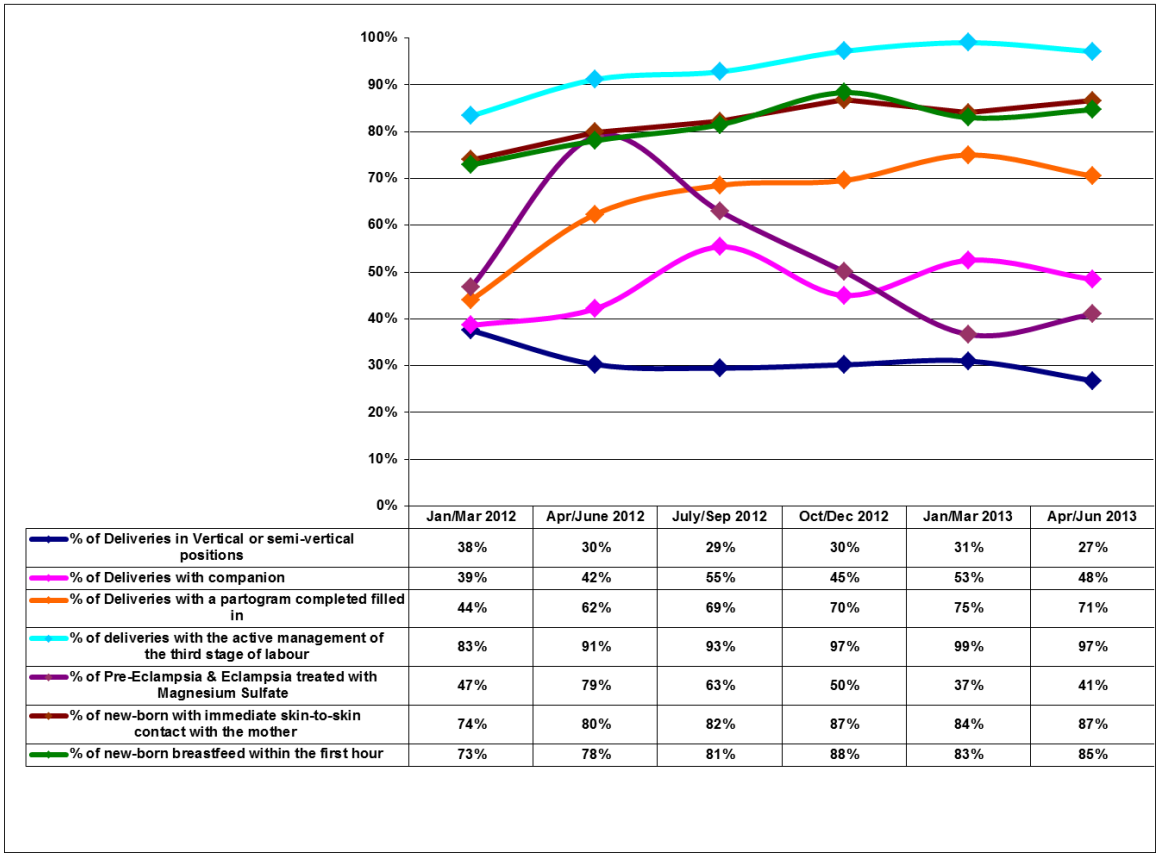
PMI Team in its efforts to accelerate approval for rapid dissemination of the new guidelines.

Data from maternities include the following key findings:

- 84.4% were normal deliveries. From the deliveries with complications, 11.8% were C-Sections;
- 26.8% of women delivered in vertical or semi-vertical positions;
- 48.4% of women had a companion during delivery;
- 70.5% of deliveries had a completed partograph;
- Active management of the third stage of labor was performed in 97.1% of normal deliveries;
- 41% of women with pre-eclampsia and eclampsia were treated with Magnesium Sulfate. It is important to mention that data reported for this indicator in previous quarters have been revised (please see the introduction to this Chapter);
- 86.6% of newborn babies were put in direct skin-to-skin contact with their mother right after birth, and 84.7% were breastfed within the first hour after birth;
- 50 out of every 1000 live births had a delivery outcome of a stillbirth, and 4.7% of all stillbirths were fresh stillbirths. Quarterly data from the past year shows that the proportion of fresh stillbirths reduced from 37.3%, to 27%, to 11%, to 9% and 4.7% in the current quarter. MCHIP will continue working with the maternities and will support the Provincial/Central Maternal & Neonatal Mortality Audit Committees to analyze the fresh stillbirth cases in order to continue decreasing the proportion of fresh stillbirths;
- The Case Fatality Rate for direct obstetric complications was 1.4%; and
- The Institutional Maternal Mortality Ratio was 239 per 100,000 live births.

Figure 1 shows the evolution of selected MMI indicators from January 2012 to June 2013. Data presented for the Q3 is from 95 maternities in the process of MMI.

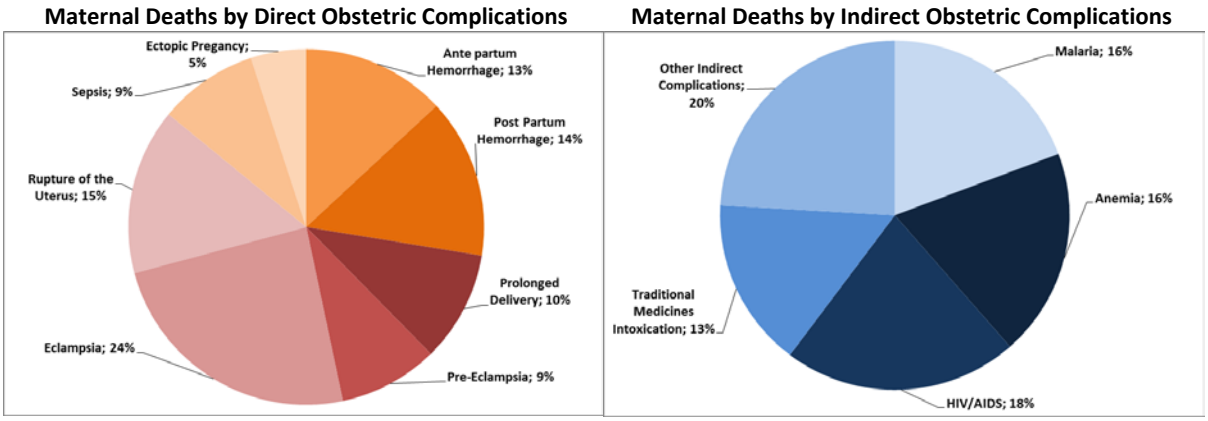
**Figure 1: Trends of MMI Selected Indicators: January 2012 to June 2013**




| | Jan/Mar 2012 | Apr/June 2012 | July/Sep 2012 | Oct/Dec 2012 | Jan/Mar 2013 | Apr/Jun 2013 |
|---|---|---|---|---|---|---|
| % of Deliveries in Vertical or semi-vertical positions | 38% | 30% | 29% | 30% | 31% | 27% |
| % of Deliveries with companion | 39% | 42% | 55% | 45% | 53% | 48% |
| % of Deliveries with a partogram completed filled in | 44% | 62% | 69% | 70% | 75% | 71% |
| % of deliveries with the active management of the third stage of labour | 83% | 91% | 93% | 97% | 99% | 97% |
| % of Pre-Eclampsia & Eclampsia treated with Magnesium Sulfate | 47% | 79% | 63% | 50% | 37% | 41% |
| % of new-born with immediate skin-to-skin contact with the mother | 74% | 80% | 82% | 87% | 84% | 87% |
| % of new-born breastfeed within the first hour | 73% | 78% | 81% | 88% | 83% | 85% |

Figure 2 shows the main causes of maternal deaths from April to June 2013 in the 95 health facilities involved in the MMI. As in the previous quarters, MCHIP will continue providing financial and technical support: 1) to the National Maternal and Newborn Mortality Committee to conduct supportive supervision visits to Provincial, District and Health Facilities Committees; 2) to Provincial Committees for the analysis of maternal and neonatal deaths; 3) to implement working meetings between the referral level facilities with the network of peripheral facilities which refer women to them, with the purpose of studying maternal and newborn deaths, as well as the constraints surrounding timely referrals for complications.

**Figure 2: Maternal Deaths by Type of Complication**




Data from 95 reporting Maternities show the following main results for the PMTCT program:

- 27.4% of pregnant women did not know their HIV Status;
- 14% of deliveries were in HIV+ women;
- 104% of women were tested for HIV at maternity entrance (includes women with unknown HIV status at maternity entrance, as well as women who had the last test more than 3 months before);
- Out of the women tested in the maternity, 3% were HIV+;
- 80% of HIV+ women received ARV in ANC;
- 96% HIV+ women received ARV at delivery for PMTCT (33.6% were in ART).

Regarding Post-Partum Care, data from 89 Health Facilities show that:

- A total of 44,253 women presented for the first post-partum (PP) visit. Of these women, 36.2% had their first PP visit 3 days after delivery; 29.9% had their first PP visit between the 4$^{th}$ and 7$^{th}$ days after delivery; 23.2% had their first PP visit between the 8$^{th}$ and 21$^{st}$ days after delivery, and 10.7% had their first PP visit after 22 days after delivery.

MCHIP is working with Provincial Health Directorates and Health Facilities with the aim of collecting more complete data on other Post-Partum Care Indicators to present and discuss in the next quarter report.

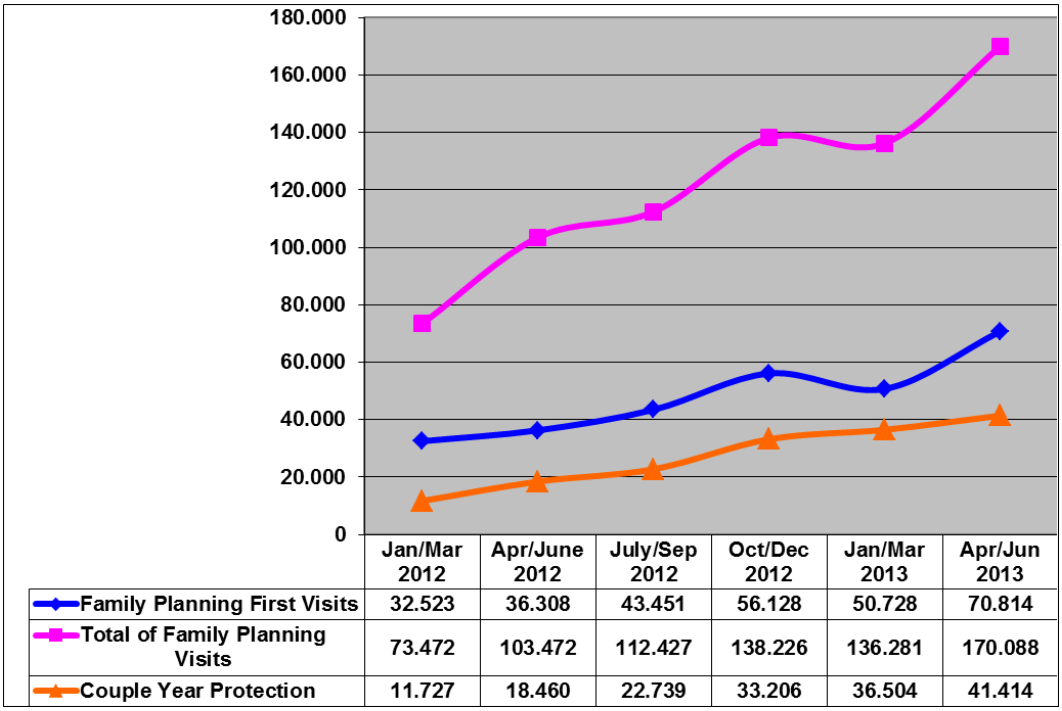
**Family Planning and Cervical Cancer Prevention:**

Annex 1 (PMP) and 2 (Summary of Key Indicators) present CECAP data from 82 Health Facilities that submitted completed data in Q3 (out of 87 Health facilities providing CECAP services) and 111 Health Facilities providing Family Planning (out of 124 Health Facilities providing Family Services, either through the CECAP or MMI), that have sent complete data for Quarter 3 of FY13. The following results are listed below.

***Family Planning***

Figure 3 shows an increase for the three key family planning indicators in Q3 (Total Number of Family Planning First Visits, Total Number of Family Planning Visits, and Couple Year Protection). The current Health Information Register Book and Monthly Summary Reports do not include Implants, and monthly reports do not include the total number of Depo-Provera Doses administrated. Therefore, the information provided was calculated without the CYP for Implants and the CYP for Depo-Provera is a rough estimate using the information available regarding new and following clients for this family planning method.

**Figure 3: Trends of Family Planning Indicators from January 2012 to June 2013 in 95 Health Facilities**




| | Jan/Mar 2012 | Apr/June 2012 | July/Sep 2012 | Oct/Dec 2012 | Jan/Mar 2013 | Apr/Jun 2013 |
|---|---|---|---|---|---|---|
| Family Planning First Visits | 32.523 | 36.308 | 43.451 | 56.128 | 50.728 | 70.814 |
| Total of Family Planning Visits | 73.472 | 103.472 | 112.427 | 138.226 | 136.281 | 170.088 |
| Couple Year Protection | 11.727 | 18.460 | 22.739 | 33.206 | 36.504 | 41.414 |

***Cervical Cancer Prevention and Treatment (CECAP)***

Summary data from 82 health facilities providing CECAP services (82 out of 87 Health Facilities that are currently providing CECAP services and submitted complete data), show the following results:

- 64% of women who attended their first visit at reproductive health outpatient services did not know their HIV status;
- 67% of women with unknown HIV Status were tested;
- 7% of women tested were HIV+;
- 11% of HIV+ Women were sent for TARV;
- 52.8% of women ≥ 25 years old attending their first reproductive health outpatient services visit were screened with VIA for cervical precancerous lesions;
- 7.5% of women screened were VIA positive;
- Regarding the Percentage of Women HIV + and VIA +, it is important to note that this indicator is not included in the current HIS monthly summary. To date, MCHIP has been requesting Health Facilities and Provinces to report this indicator in a parallel fashion. In Quarter 3, health facilities did not submit their data on this indicator on time to include in this report. In the revised HIS Tools (register book and monthly summary forms), information for the calculation of this indicator has been included. However, the regular reporting of this indicator through the national HIS will only be possible when the revised tools are put into use.

- 62% of VIA+ women were treated with cryotherapy in the same day of the screening (single visit approach);
- 8% of VIA+ women were treated with cryotherapy after the day of screening;
- 19% of VIA+ women were referred with lesions more than 75% or suspicious for cervical cancer;
- For 11% of VIA + women there is no information if cryotherapy was or was not performed.

Aiming to implement the "single visit approach" within the CECAP program (all women tested VIA positive should receive treatment for pre-cancerous lesions with Cryotherapy in the same day as the screening), MCHIP is still working with Ministry of Health and partners to purchase a reserve stock of cryotherapy units for each province, so that when a cryotherapy unit needs to be repaired, it can be replaced by a "loaner" until the health facility receives the repaired unit. MCHIP is also working with the MOH to ensure a stock of replacement pieces for the cryotherapy units so that repairs can be made more quickly. Furthermore, MCHIP is supporting provincial trainers/supervisors to carry out on-site training of MCH Nurses, aiming to increase the number of MCH Nurses who are able to provide VIA and Cryotherapy to overcome the frequent rotation of MCH nurses for other MCH Services or other Health Facilities.

## 8. Major Implementation Issues

During the past quarter, implementation of trainings and supervisions suffered significantly as a result of the health workers' strike, as MCHIP followed the Ministry of Health guidance to cancel all trainings during the strike. MCHIP is currently working to reschedule all training and activities that were cancelled due to the strike.

## 9. Collaboration with other donor projects

MCHIP actively collaborates with other USG partners and other donor funded programs under each of its eight objectives. Under Objective 1, MCHIP has been working with partners (USAID, CDC, WHO, UNFPA, ICAP, EGPAF, I-TECH, and FHI) to support the MOH to revise the national MNCH registers for data collection. This coordination will continue into Quarter 4.

MCHIP also actively collaborates with WHO, UNFPA, ICAP, EGPAF, I-TECH, FHI, CCS, Pathfinder and other partners to support the finalization of the Integrated In-Service Training Packages. During the past quarter, MCHIP worked closely with partners on Integrated Package 1 (Community Mobilization) to receive comments and incorporate feedback into the draft document.

In the area of PMTCT, MCHIP collaborated with UNICEF to provide financial and technical support for a regional meeting (in the Northern Region) to discuss improved integration of services for prevention, diagnosis and treatment of HIV, including Option B+.

In the area of newborn health, MCHIP participated in the Global Newborn Health Conference 2013 in Johannesburg, South Africa from April 15 to 18. The objective of the conference was to accelerate the scale-up of high-impact interventions that address the three major causes of newborn mortality: prematurity, intrapartum-related complications (birth asphyxia), and infection. Participants included Ministry of Health representatives, national NGO representatives, UN agencies, USAID Missions, and USAID bilateral and other donor-funded project representatives. MCHIP will work with the Ministry of Health and USAID to identify key priorities for the project and will incorporate these activities into the FY14 work plan.

In the area of Community Mobilization, MCHIP participated in harmonization meetings with Health Committees and NGOs supporting community work in Zambézia Province. In order to facilitate the work of Community Health Workers in the province, World Vision will purchase 387 bicycles and will train volunteers in their maintenance. MCHIP also participated in a Partners' Coordination Meeting in Angoche (Nampula) with the Malaria Consortium, SCIP, Pathfinder, TBAs, community health workers, district representatives, and Health Committee members, during which partners coordinated activities to ensure a complementary approach to responding to problems identified by communities.

**10. Upcoming Plans:**

**Objective 1**

- MCHIP will provide technical and financial support to conduct a National Community Mobilization Meeting
- MCHIP will provide support to DEPROS to develop a database for key community mobilization indicators
- MCHIP will continue to work closely with the MOH, UNFPA, AMOG, and WHO to finalize the draft of the National Strategy and Action Plan for Prevention and Management of PPH, including facility-based and community-based distribution of misoprostol and to submit the plan for approval by the Minister of Health.
- MCHIP will continue to provide on-site technical assistance to health facilities in data collection and reporting using the new MNCH integrated registers. Technical assistance visits will focus on data completeness and quality and will be conducted in partnership with MCHIP-supported Provincial Nurses and DPS counterparts.
- MCHIP will provide financial and technical support to the MOH to conduct a refresher training on data quality with participants from DNSP, DIS, and provincial representatives
- MCHIP will conduct a technical update for 30 statisticians and M&E Officials from the Provincial Health Directorates, DDS, and the MOH for monitoring the implementation of SBM-R standards.
- MCHIP will continue to work with the selected consulting agency to commence data collection for the *Community Baseline Study for Knowledge, Attitudes and Practices related to MNCH* study upon approval from the National Ethics Board and JHSPH IRB.
- MCHIP and the MOH will travel to Inhambane and Zambézia to train health care providers and start up the selected intervention for the *Implementation of Integrated Service Packages for Reproductive, Maternal, Newborn, Child and Adolescent Health.*
- MCHIP and the MOH will conduct training of health care providers and data collectors for the Post-Partum Family Planning Systematic Screening intervention and study. Implementation of the intervention and study is planned to begin in August.
- The project will submit a protocol to study to assess whether SMS reinforcements are an effective mechanism for knowledge and skills improvement and retention in the context of Maputo and Tete provinces, and to compare health worker knowledge and attitudes when receiving reinforcements via SMS versus not receiving SMS support.

**Objective 2**

- In Quarter 4, MCHIP will complete minor repairs at Xai Xai Provincial Hospital (Gaza), Macurrungo Health Center (Sofala), and 25 de Setembro Health Center (Nampula). In addition, MCHIP is planning on initiating minor improvements at Jose Macamo General Hospital, Matola II Health Center, Marracuene Hospital, Chimoio Provincial Hospital, Tete Provincial Hospital, and Pemba Provincial Hospital in Quarter 4. MCHIP will continue to conduct needs assessments at intensive focus

Model Maternities with the respective Provincial Health Directorates and analyze proposals sent by local contractors.

- MCHIP will support the MOH to conduct a regional MMI training in the Southern region in Quarter 4 to further expand the health workforce trained in MMI (this training was originally planned for Quarter 3 but was delayed due to the health workers' strike).
- MCHIP will conduct a 3-day training for the MOH and representatives from partnering organizations to be members of the external evaluation team for SBM-R; this team will conduct external evaluations of health facilities reporting achievement of at least 80% of performance standards.
- MCHIP will support a meeting between the MOH, AMOG, and the Maternal and Neonatal Mortality Committee to review MMR at the institutional level and review/discuss trends in order to identify priority interventions to reduce MMR.
- MCHIP will also continue to provide financial support to the Committee to conduct provincial-level technical assistance visits to conduct Maternal and Newborn death audits.
- MCHIP will provide technical support to the MOH to implement a national meeting in MNCH in order to review program accomplishments, challenges, and priorities for the coming year.
- Pending IRB approval, MCHIP will develop a technology platform for mMentoring, in order to reinforce critical messages/knowledge and address provider attitudes for evidence-based MNH practices and humanization of care.
- The project will work with the MOH to disseminate update MIP guidelines to all provinces, and will provide technical facilities at Model Maternity facilities to update staff in the new guidelines.
- MCHIP will support provincial and district-level meetings with local partners and DPS/SDSMAS to coordinate and monitor Community Mobilization activities.
- MCHIP will support training/refresher training of TBAs and Community Health Workers in IMCI and Reproductive Health
- MCHIP will support training of Health Committee members and Community-Based Organizations in the Community Action Cycle
- MCHIP will provide support to Co-Management Committees to implement their action plans
- MCHIP will conduct an assessment of the situation regarding Kangaroo Mother Care in select Model Maternity facilities
- The project will contract a Newborn Health Advisor to oversee HBB and KMC activities

**Objective 3**

- MCHIP will support the MOH to finalize and test Integrated Package 1 (Community Care), as well as to finalize harmonized IEC materials. After the finalization, MCHIP will support training of activists and community health workers on the Integrated Package 1.
- MCHIP will support ISCISA to conduct a training of professors in teaching/training skills in the areas of MNCH and CECAP/FP.
- MCHIP will support the MOH/DEPROS to finalize the draft of Integrated Package 1 (Community Health).
- MCHIP will work with the MOH and other partners to finalize Integrated In-Service Training Packages 2, 3, 4, 5, and 6, and will submit to the Minister of Health for approval.

**Objective 4**

- In Quarter 4, MCHIP will conduct training LEEP/Colposcopy at Jose Macamo General Hospital with three MNCH nurses and five physicians from Jose Macamo General Hospital, Mavalane General Hospital, and Xai-Xai Provincial Hospital.
- MCHIP will support minor renovations for Manica and Inhambane to ensure adequate conditions for providing LEEP/Colposcopy services as well as sufficient security for LEEP/Colposcopy equipment in these facilities.
- MCHIP will provide technical and financial support to the the MOH to host the 7th Stop Cervical Cancer in Africa Meeting from July 21 to 23 at the Joaquim Chissano Conference Center.
- MCHIP will provide financial and technical support to the MOH to conduct formal and on-the-job trainings on VIA and Implants in Gaza, Maputo City and Maputo Province, in line with the MOH Expansion plan, and will support rollout of on-the-job training in Colposcopy and LEEP services Xai-Xai Provincial Hospital.

**Objective 5**

- MCHIP will provide financial and technical support to the MOH to conduct formal trainings on implants in Maputo City and Maputo Province.
- The project will support two regional trainings (in Northern and Central regions) on Post-Partum IUD Insertion, in partnership with the Ministry of Health and Pathfinder (for the Northern Region).
- MCHIP will continue to work with the DPS at the provincial level to strengthen supportive supervision of FP services at MMI and CECAP/FP facilities, with a focus on strengthening balanced family planning counseling.
- MCHIP will support the MOH to conduct a training of health care providers and will support implementation of the Post-Partum Systematic Screening tool at three pilot sites in Maputo City (Health Center Polana Caniço, Health Center Bagamoyo, and Health Center Xipanmanine). The intervention and study will commence in August, with support from MCHIP Core funds.
- MCHIP will support a training of trainers training in contraceptive logistics, and will support 1-day provincial trainings of nurses and pharmacy personnel (for requesting contraceptives)
- MCHIP will expand its radio messaging program to promote demand for family planning and MNH services

**Objective 7**

- MCHIP will support APARMO to organize a 2-day meeting to discuss matters related to MNCH /RH/ FP, and inclusion of these issues in their work agendas.
- In collaboration with DNAM, MCHIP will support the organization and implementation of three regional meetings (Northern, Central, and Southern regions) for sharing of best practices and innovative approaches in Quality and Humanization of Care.
- The project will conduct technical assistance visits to Inhambane, Gaza, Manica and Sofala, in collaboration with DNAM to strengthen provincial Quality and Humanization of Care activities.

**Objective 8**

- In July, MCHIP will support a training program in SBM-R for supervisors, administrators, program heads, and partners to review newly developed/revised performance standards.
- MCHIP will continue providing support to revitalize quality and humanization committees in MMI facilities, as well as to carry out internal measurements, conduct gap analyses, and develop action plans.

- MCHIP will continue to work in collaboration with the MOH to produce quarterly MMI newsletters in order to disseminate program progress and achievements and lessons learned.

### 11. Evaluation/Assessment Update

| Underway during the reporting period: | |
|---|---|
| **Implementation of Integrated Service Packages for Reproductive, Maternal, Newborn, Child and Adolescent Health** | Estimated completion date **November 2013** |

MCHIP is supporting the MOH to conduct *formative research* to monitor and evaluate implementation of Integrated Service Packages for Reproductive, Maternal, Newborn, Child and Adolescent Health, in order to identify opportunities, challenges, and lessons learned to inform the expansion integrated services in the country. The overall program aim is to implement rapid quality improvement cycles over a six-month period to improve integration of Reproductive, Maternal, Newborn, Child and Adolescent (RMNCA) Health. The specific formative research objectives are to:

- Assess integration flows and scenarios, taking into consideration opinions of key informants and conditions at different levels of service provision.
- Identify key issues, challenges, successes and lessons learned during the QI cycles to improve RMNCA integration and make recommendations for the consolidation and expansion of interventions defined in a care/service integration framework.
- Assess content of services delivered and the level of client satisfaction with the provision of integrated facility-based maternal child and reproductive health services.

During Quarter 3 of FY13, MCHIP provided technical assistance to the MOH to continue implementation of the Integrated Services Package Feasibility Study in Zambézia and Inhambane. In Quarter 2, MCHIP finalized the baseline report and submitted the report to the Ministry of Health. During April, MCHIP and the MOH presented the report and findings to the Zambézia DPS and to the teams in Zambézia Province. Travel was also planned to Inhambane to disseminate the report findings, but was cancelled due to the health workers' strike. MCHIP worked with the MOH to draft the proposed intervention for the study, which will be the implementation of an Integrated MCH Preventive Consultations Booking System. The intervention is planned to commence in August and will be implemented during a period of six months. MCHIP will present the baseline study results and the proposed intervention to the SWAP group in the Ministry of Health in Quarter 4. Also in next quarter, MCHIP and the MOH will travel to Inhambane and Zambézia to train health care providers and start up the intervention.

| Underway during the reporting period: | |
|---|---|
| **Community Baseline Study** | Estimated completion date **September 2013** |

MCHIP is supporting the MOH to conduct a community baseline study to determine the value of community mobilization on increased appropriate utilization of ANC and maternity services (use of antenatal care, skilled birth attendance, use of Malaria in Pregnancy services, use of PMTCT services, etc.) and increased community health behaviors. During Quarter 3, MCHIP worked with the selected consulting agency to finalize and submit the protocol for the Community Baseline Study to the National Ethics Committee. The protocol is currently being translated for submission to the Johns Hopkins IRB. It is expected that field work will commence in the first half of quarter 4, after receiving approvals from both IRBs.

| Planned: | |
|---|---|
| Evaluation of a Postpartum Systematic Screening Tool in Maputo, Mozambique | Dates planned: July – December 2013 |

| | |
|---|---|
| (MCHIP Core Funds) - pending IRB approval | |

| Planned: | |
|---|---|
| Using SMS reinforcements to improve health worker knowledge & attitudes in Mozambique | Dates planned: September 2013 – August 2014 |

**12. Success Story and photos:**
See following page

**Health Workers and Community Members Unite to Improve Conditions at Mavalane General Hospital**

*The Community giving its best for the improvement of its own health services*

**Summary:** In the spirit of the Infection Prevention and Control (IPC) and the Model Maternity Initiative (MMI) programs, a team of MCHIP workers, community members and Jhpiego/MCHIP staff joined forces to clean and organize the maternity ward at Mavalane General Hospital.

**Before Photos**

Bathroom

Birthing Room

Community members with healthcare workers

**After Photos**

In the spirit of the Infection Prevention and Control (IPC) and Model Maternity Initiative (MMI) Programs, a team of hospital workers at the Mavalane General Hospital (HGM) stepped away from their usual duties during three days in June (June 26 – 28, 2013) with the goal of assisting custodial staff with cleaning and organization based on the "3S" (Sort, Strengthen, Sustain) System, in order to improve the quality and humanization of services provided in the maternity ward at HGM. The cleaning and organization team consisted of the healthcare professionals from the hospital (doctors, nurses and support/cleaning staff), roughly 150 community members, students from ISCISA, and the MCHIP/Jhpiego team.

Mavalane General Hospital is a tertiary-level hospital that offers integrated Maternal, Newborn, and Child Health services, and was one of the pioneers in the implementation of the Model Maternity Initiatives (MMI). The hospital serves a large population and has a great demand for gynecological and obstetric services, leading to very crowded conditions in the maternity and puerperal rooms. It is common practice to have to place extra mattresses on the floor of the birthing room and in the busy infirmary in order to accommodate all

patients. In addition to the shortage of beds, the volume of work is a heavy burden, given the shortage of human resources and materials available. Despite these challenging conditions, the health workers remain focused on trying to provide the best maternal and newborn health care services possible.

The situation at the hospital worsened in the months of May and June with the health workers' strike, which included cleaning and support staff. Due to the nature of the birthing process, regular and thorough cleaning, as well as proper organization of the maternity ward, is essential for prevention of infections and quality maternal and newborn health care services.

To respond to this dire situation, Jhpiego and MCHIP teamed up with the health care workers and hospital staff to commit to several days of thorough cleaning and organizing of the maternity. Community members, in recognition of the importance of this facility for their own health and well-being, volunteered en mass in numbers of close to 150 to assist in this activity. Jhpiego/MCHIP provided infection prevention materials and supplies and the team worked tirelessly to clean and organize the maternity. After three days of concentrated work, the maternity had a new face and was in an improved state to provide maternal and newborn health services.

The head of the maternity thanked the community members and Jhpiego/MCHIP for the assistance provided:

*"Many thanks for the work done (at Mavalane). We are motivated and will continue to do maintenance and cleaning in the maternity sector."*

**13. Financial Information**:

Actual expenditures for April through June 2013 were $1,868,652.56. Cumulative project expenditures through June 2013 were $15,873,383.35 Projected expenditures for next quarter (July through September 2013) are $1,978,545.21. These projections are based on the January – June 2013 6-month average burn rate.

# ANNEX 1: MCHIP PMP Indicator Matrix

***Investing in People/Operational Plan Indicator;**WHO EmONC Indicator;***PEPFAR indicator, ****USAID Mission PMP indicator**

| Indicator | Annual Target | Q1 Results | % Annual Target Achieved - Q1 | Q1 + Q2 Results | % Annual Target Achieved – Q1 +Q2 | Q1 +Q2 +Q3 Results | % Annual Target Achieved – Q1+ Q2+ Q3 | Annual (Q1 + Q2 + Q3 + Q4) Results | % Annual Target Achieved - (Q1 + Q2 + Q3 + Q4) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| **Objective 1: Work with the MOH and all USG partners to create an enabling environment to support quality nation-wide integrated community and facility-based delivery of high impact MNCH and FP/RH interventions. Support and lead national effort to update and disseminate key MNCH and associated FP/RH policies, strategies, guidelines and training materials [MCH, FP/RH]** | | | | | | | | | | |
| Number of (national) policies drafted with USG support* | 1 | 1 | 100% | 1 | 100% | 1 | 100% | | | |
| Percent of target health facilities utilizing updated/ revised MOH forms and registers | 100% of Y2 MM facilities | 100% (76) | 100% (76/76) | 100% (94) | 100% (94/94) | 100% (95) | 100% (95/95) | | | |
| Percent of target health facilities analyzing and displaying data | 80% (74 MMI HF and 66 CECAP HFs) | 76/80 MMI HF (95%) and 58/74 CECAP HFs (78.3%) | 100% (76/74) of target MMI facilities; 87.8% (58/66) of target CECAP/FP facilities | 95.7% (90/94) MMI HFs and 70/82 (85.3%) CECAP HFs | 100% (90/74) of target MMI facilities; 100% (70/66) of target CECAP/ FP facilities | 100% (95/95) MMI HFs and 90.8% (79/87) CECAP HFs | 100% (MMI); and (CECAP) | | | |
| Number of community groups developed and implementing action plans addressing MNCH issues with MCHIP support | 150 | 26 | 17.3% (26/150) | 125 | 125/150 (83.3%) | 194 | 129.3% (194/150) | | | |

| Indicator | Annual Target | Q1 Results | % Annual Target Achieved - Q1 | Q1 + Q2 Results | % Annual Target Achieved – Q1 +Q2 | Q1 +Q2 +Q3 Results | % Annual Target Achieved – Q1+ Q2+ Q3 | Annual (Q1 + Q2 + Q3 + Q4) Results | % Annual Target Achieved - (Q1 + Q2 + Q3 + Q4) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of communities using data for decision making to improve MNCH | 30% (45 Communities) | 0 | 0% | 70 | 156% (70/45) | 113 | 251.1% (113/45) | | | |
| Number of HC with action plans based on prioritized solutions to *addressing MNCH issues* in these respective communities | 150 | 26 | 17.3% (26/150) | 115 | 76.6% (115/150) | 195 | 130% (195/150) | | | |
| **Objective 2: Support MOH efforts to expand national coverage of high impact MNCH interventions, through the scaling-up of the Model Maternity Initiative, in collaboration with USG partners in every province [MCH, PMTCT, PMI].** | | | | | | | | | | |
| Direct Obstetric Case Fatality Rate** | TBD | 1.2% | NA | 2.0% | NA | 1.4% | NA | | | |
| Number and Percentage of MCHIP-supported health facilities demonstrating improved compliance with quality standards at least 50% compared to base line | 47 US (50% of 93 facilities in Y2 MMI expansion plan) | 6% (5/80) | 10.6% (5/47) | 35% (33/94) | 70% (33/47) | (14.7%) 14/95 | 29.8% (14/47) | | | |
| Number and percentage of health facilities that reach 80% achievement of all standards | 6 HF (6% of 93 MMI facilities) | 0 | 0% | 6% (6/94) | 100% (6/6) | 3/95 (3%) | 50% (3/6) | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Number and percentage of pregnant women receiving at least two doses of IPTp in USG-assisted health facilities***** | 112,746 (25%) | 47.1% (24,220/ 51,323) | 21.5% (24,220/ 112,746) | 43.6% (53,101 /121,727) | 47.1% (53,101/ 112,746) | 41.5% (76,214/ 183,623) | 67.5% (76,214/ 112,746) | | | |
| Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs*[1] | 270,591 | - | - | - | - | 25.286 | 9% | | | Does not include data from Maputo Province and Maputo City; postpartum data only available starting in Q3 |
| Number of antenatal (ANC) care visits by skilled providers from USG-assisted facilities* | 250,880 | 165,412 | 56.4% (165,412/ 250,880) | 389,869 | 164.2% (389,869/ 250,880) | 591,250 | 233.8% (591,250/ 250,880) | | | |
| Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs* | 148,874 | 51,496 | 34.5% (51,496/ 148,874) | 113,385 | 76.1% (113,385/ 148,874) | 177,568 | 119.3% (177,568/ 148,874) | | | |
| Percentage of women receiving active management of the third stage of labor (AMSTL) through USG-supported | 80% | 97.1% (42,366/ 43,651) | 100% | 98.3% (94.633/ 96.220) | 100% | 98.9% (148,898/ 150,448 | 100% | | | |

[1] The data submitted by facilities for this indicator is incomplete. MCHIP-contracted provincial nurses have been provided with a supplementary data collection form to collect this information from Model Maternity facilities and will begin reporting on this indicator in Q3.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| programs | | | | | | | | | | |
| Number and percentage of women with pre-eclampsia/ eclampsia treated with MgSO4 per protocol | 80% (11,910) | 50.1% (1,029 / 2,054) | 62.6% (50.1/80) | 43.1% (1,866/ 4.333) | 53.8% (43.1/80) | 42.3% (2,783/ 6.570) | 52.8% (42.3/80) | | | Percentage is under-estimated as register form does not separate severe pre-eclampsia from moderate. |
| Percentage of health facilities with at least one provider trained and equipped for neonatal resuscitation**** | 33% (MCHIP will support this result in Y2 for 31 intensive focus MM health facilities out of the total 93 Y2 MMI facilities) | 100% (80/ 80) | 100% | 100% (94/94) | 100% | 100% (95/95) | 100% | | | |
| Fresh Stillbirth Rate | - | - | 10% | NA | 8.1% | NA | 4.7% | | | |
| Percentage of deliveries with partograph completely filled | 80% | 68.9% (35,520/ 51,496) | 86.3% (69/80) | 72.6% (78.475/ 113.385) | 90.7% (72.6/80) | 69.7% (123.723/ 177.568) | 87.1% (69.7/80) | | | |
| Percentage of newborns with skin-to-skin contact immediately after birth | 80% | 85.8% (42,453/ 49,471) | 100% | 84.8% (92.613/ 109.172) | 100% | 85.4% (145.413/ 170.164) | 100% | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Percentage of newborns breastfed within one hour of birth | 80% | 87.5% (43,279/ 49471) | 100% | 84.4% (92.235/ 109.172) | 100% | 84.5% (143.886/ 170.164) | 100% | | | |
| Percent of pregnant women and children who slept under LLIN night before | TBD | * | * | * | * | * | * | | | |
| Percent of household with a pregnant woman and/or child less than 5 years of age with at least one ITN | TBD | * | * | * | * | * | * | | | |
| Number of services outlet providing counseling and testing according to national and international standards (for pregnant women)*** | 93 | 80 | 86% (80/93) | 94 | 101% (94/93) | 95 | 102.2% (95/93) | | | |
| Number and percentage of pregnant women who received HIV counseling and testing for PMTCT and received their test results*** | 95% (238,336) | 20.1% (50,342/ 238,336) | 21.2% (20.1/95) | 50.5% (120,456/ 238,336) | 53.2% (50.5/95) | 77.5% (184,734/ 238,336) | 81.6% (77.5/95) | | | |
| Number of HIV-positive pregnant women who received antiretroviral therapy to reduce risk of mother-to-child transmission | 10,386 (Assumes 11.5% HIV prevalence among ANC clients & 60% coverage | 7,757 | 74.6% (7,757/ 10,386) | 11,503 | 110.7% (11,503/ 10,386) | 15,882 | 152.9% (15,882/ 10,386) | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | of these with ARVs) | | | | | | | | | |
| Number and percentage of KMC sites established/ operational, by type of facility | 80% (of 93 HF MMI (74 HF) | - | - | - | - | - | - | | | |
| Proportion of babies who graduated from KMC[2] | 60% (of babies born at 74 HF) | - | - | - | - | - | - | | | |
| Number of Individuals reached through USG-funded community health activities (HIV/AIDS, Malaria, FP/RH) | 443,301 | 121,580 | 27.4% (121,580/ 443,3010 | 577,241 | 130.2% (577,241/ 443,301) | 698,821 | 157,6% (698,821/ 443,301) | | | |
| Number of Community Health Agents trained in providing MCH/FP including PPFP/CECAP prevention messages at community level | 180 | 88 | 48.9% (88/180) | 301 | 167.2 % (301/180) | 439 | 243.8% (439/180) | | | |
| Number of Co-management Committees formed/strengthened with active participation of | 22 | 21 | (21/22) 94.4% | 51 | 231.8% (51/22) | 80 | 363.6% (80/22) | | | |

[2] The current HMIS registers do not collect this information; with MCHIP support, the new registers have been revised to collect this data. It is expected that the new registers will be rolled out in the next year.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| community & health providers | | | | | | | | | | |
| Number of Community support Groups Developed and Supported with assistance from USG | 150 | 26 | 17.3% | 125 | 83% (125/150) | 194 | 129.3% (194/150) | | | |
| **Objective 3:** Support the MOH to strengthen the development of human resources for health service delivery in basic and comprehensive EmONC and Reproductive Health [**MCH, FP/RH, PMTCT**]. | | | | | | | | | | |
| Number of health workers who successfully complete an in-service training program | 1,175 | 504 | 44.3% | 607 | 51.6% (607/ 1,175) | 744 | 63.3% (744/ 1,175) | | | |
| Total number of health workers trained to deliver ART services, according to national and/ or international standards (includes PMTCT+)* | 75 | 295 | 393.3% | 360 | 480% (360/75) | 360 | 480% (360/75) | | | |
| Number of people trained in maternal/newborn health through USG-supported programs* | 355 | 295 | 83% | 360 | 101.4% | 400 | 117.2% (416/355) | | | |
| Number of people trained in malaria treatment or prevention with USG funds* | 75 | 504 | 672.% | 569 | 758.6% | 569 | 758.6% | | | |
| Number of people trained in child health and nutrition through USG-supported health area programs* | 425 | 295 | 69.4% | 360 | 84.7% | 360 | 84.7% | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of people trained in strategic information (includes M&E, surveillance, and/ or HMIS)** | 300 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Total number of individuals trained to provide cervical cancer prevention practices at primary level (VIA & cryotherapy) and at the referral level (colposcopy, biopsy and LEEP)* | 58 | 0 | 0 | 38 | 65.5% (38/58) | 135 | 232.7% (135/58) | | | |
| **Objective 4**: Support the expansion of cervical cancer activities using the single visit approach (SVA) and assist in the implementation of the MOH "Action Plan to Strengthen and Scale-up Breast and Cervical Cancer Prevention and Control Services" [**HTXS, PMTCT**]. | | | | | | | | | | |
| Number and percentage of MCHIP-supported health facilities demonstrating improvement of SBM-R standards at least 50% compared to base line | 42 US (50% of 83 US of MOH CECAP Y2 expansion plan) | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Number and percentage of health facilities that reach 80% achievement of all CECAP standards | 6 HF (7% of 83 Y2 CECAP facilities) | 0 | 0 | 0 | 0 | 10.3% (9/87) | 150% (9/6) | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Total number of service outlets providing HIV-related palliative care[3] | 83 | 80 | 96.3% | 82 | 98.8% (82/83) | 87 | 104.8% (87/83) | | | |
| Number of women who received VIA screening | 23,920 | 11,813 | 49.3% (11,813/ 23920) | 25,517 | 106.6% (25,517/ 23,920) | 39,089 | 163.4% (39,089/ 23,920) | | | |
| Total number of individuals provided with HIV-related palliative care (PEPFAR), disaggregated by HIV status* (Alias: Number of women who received VIA screening) | 23,920 | 11,813 | 49.3% (11,813/ 23,920) | 25,517 | 106.6% (25,517/ 23,920) | 39,089 | 163.4% (39,089/ 23,920) | | | |
| Number of women with positive VIA result | 1,914 | 726 | 37.9% (726/1,194) | 1,495 | 78.1% (1,495/ 1,914) | 2,512 | 131.2% (2,512/ 1,914) | | | |
| Percentage of women screened with VIA with a positive result | 8% | 6.1% | - | 5.6% | - | - | 7.5% | | | |
| Number of screened women with VIA positive results treated with cryotherapy on the same day as screening | 1,532 | 398 | 25.9% (398/1,532) | 766 | 50% (766/ 1,532) | 1,396 | 91.1% (1,396/ 1,532) | | | |
| Percentage of eligible cervical cancer screened women with VIA positive results receiving immediate cryotherapy | 80% | 54.8% | 68.5% (54.8/80) | 51.2% | 64% (51.2/80) | 55.6% | 69.5% (55.6/80) | | | |

[3] Cervical cancer screening and treatment fall under PEPFAR's definition of "HIV-related palliative care"

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of VIA positive women receiving LEEP for treatment of large lesions | 19 | 100 | 526% (100/19) | 233 | 1226% (233/19) | - | - | | | *Facilities have not submitted this information in a timely fashion in Q3; this information will be updated within one week* |
| Percentage of VIA+ women receiving LEEP or colposcopy for treatment of large lesions | 1% | 17% | - | 29% | - | | | | | |
| **Objective 5:** Assist in the development and implementation of preventive FP/RH services, management and referral to appropriate facilities in selected healthcare facilities | | | | | | | | | | |
| Number of MCHIP-supported service delivery points providing integrated FP counseling or services** | 83 | 77 | 92.7% (77/83) | 124[4] | 149% (124/83) | 124 | 149.3% | | | |
| Couple Year Protection (CYP) in USG-supported programs | National CYP estimated at 364,149 | 33,206 | 9.1% (33,206/364,149) | 69,436 | 19.0% (69,436/ 364,149) | 110,850 | 30.4% (110,850/ 364,149) | | | |
| Number and percentage of MCHIP-supported health facilities demonstrating improved compliance with FP/RH standards | 42 (50% of Y2 CECAP/ FP HF) | - | - | - | - | - | - | | | |

[4] Includes MMI and CECAP/FP facilities

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of people trained in FP/RH, including PPFP | 53 | 0 | 0% | 103 | 194% (103/53) | 216 | 407.5% (216/53) | | | |
| Number of women who received integrated package of FP counseling and cervical and breast cancer screening | 130,000 | 56,128 | 43.1% (56,128/ 130,000) | 108.836 | 83.7% (108.836/ 130,000) | 179.578 | 138.1% (179.578/ 130,000) | | | Includes first and return visits |
| **Objective 6:** Promote and test the introduction on neonatal male circumcision (MC) services in selected health facilities [**MCH**]. | | | | | | | | | | |
| Number of males circumcised as part of the minimum package of MC for HIV prevention services* (NEWBORNS) | TBD | - | - | - | - | | | | | |
| Number of clients circumcised who experienced one or more moderate or severe adverse event(s) within the reporting period* | < 2% | - | - | - | - | | | | | |
| Number of males circumcised within the reporting period who return at least once for postoperative follow-up care (routine or emergent) within 14 days of surgery* | TBD | - | - | - | - | | | | | |
| Number and percentage of target MCHIP-supported health facilities demonstrating improved compliance from baseline with neonatal MC | TBD | - | - | - | - | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| standards | | | | | | | | | | |
| **Objective 7:** Partnerships developed and strengthened to promote nation-wide integrated, quality, community and facility-based delivery of high impact MNCH interventions through MOH and all USG partners [**MCH, FP/RH, PMTCT, PMI, HTXS**]. | | | | | | | | | | |
| Number of target partners staff trained in state-of-the-art community mobilization tools/methods/approaches | 110 | 129 | 117.2% (129/110) | 129 | 117.2% (129/110) | 129 | 117.2% (129/110) | | | |
| Number of target partners trained in modular integrated in-service training package for MNCH and SRH | 26 | 31 | 119.2% (31/26) | 31 | 119.2% (31/26) | 31 | 119.2% (31/26) | | | |
| **Objective 8:** Work with MOH and all USG partners to define, implement and monitor standards of care at the point of delivery in key service areas [**MCH, FP/RH, PMTCT, PMI, HTXS**] | | | | | | | | | | |
| Number of target technical areas for which performance standards have been developed and approved | 3 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Number of staff trained in quality of care standards and guidelines | 115 | 129* | 112.2% (129/115) | 167 | 145.2% (167/115) | 167 | 145.2% (167/115) | | | |

# ANNEX 2: Summary of Key MNCH and RH/FP Selected Indicators

**Table 1. Antenatal Care Selected Indicators from 95 Health Facilities**

| Data from ANTENATAL CARE (Data from 95 Health Facilities) | |
|---|---|
| **Data/Indicator** | **April to June 2013** |
| Total # of First ANC Visits | 61,896 |
| # of Pregnant Women who had 4 ANC Visits | 26,249 |
| % of Pregnant Women who had 4 ANC Visits | 42.4% |
| # of Pregnant Women screened for Syphilis | 15,830 |
| % of Pregnant Women screened for Syphilis | 25.6% |
| # of Pregnant Women positive for Syphilis | 706 |
| % of Pregnant Women positive for Syphilis | 4.5% |
| # of Pregnant Women with Unknown HIV Status at the First ANC Visit | 58,751 |
| % of Pregnant Women with Unknown HIV Status at the First ANC Visit | 94.9% |
| # of Pregnant Women tested for HIV at ANC (first test) | 55,670 |
| # of Pregnant Women tested for HIV at ANC (following tests) | 8,607 |
| % of Pregnant Women who did the first test HIV at ANC | 95% |
| # of Pregnant Women tested positive for HIV at ANC | 6,406 |
| % of Pregnant Women tested positive for HIV at ANC | 10.0% |
| Total # of HIV + Pregnant Women (Women with known HIV+ status plus Women with unknown HIV status tested HIV + at first ANC visit) | 9,507 |
| # of Pregnant Women HIV + who started AZT | 4,685 |
| % of Pregnant Women HIV + who started AZT | 49.3% |
| # of Pregnant Women HIV+ in ARV Treatment | 4,379 |
| % of Pregnant Women HIV+ in ARV Treatment | 46.1% |
| # of Pregnant Women HIV+ who received NVP Bi-prophylaxis | 2,639 |
| % of Pregnant Women HIV+ who received NVP Bi-prophylaxis | 27.8% |
| # of Pregnant Women who receive the first dose of IPTp Malaria | 31,867 |
| % of Pregnant Women who received the first dose of IPTp Malaria | 51.5% |
| # of Pregnant Women who received the second dose of IPTp Malaria | 23,113 |
| % of Pregnant Women who receive the second dose of IPTp Malaria | 37.3% |
| # of Pregnant Women who receive the third dose of IPTp Malaria | 11,979 |
| % of Pregnant Women who receive the third dose of IPTp Malaria | 19.4% |
| # of Pregnant Women who received a bed net in the first ANC visit | 49,340 |
| % of Pregnant Women who received a bed net in the first ANC visit | 80% |

**Table 2. Delivery Care Selected Indicators from 95 Health Facilities**

| Data from DELIVERY CARE (Data from 95 Maternities) | |
|---|---|
| **Data/Indicator** | **April to June 2013** |
| Total # of Deliveries | 64,183 |
| # of Normal Deliveries | 54,228 |
| # of Instrumental assisted deliveries (Vacuum extraction) | 387 |
| % of Instrumental assisted deliveries (Vacuum extraction) | 0.6% |
| # of C-Section Deliveries | 7,558 |
| % of C-Section Deliveries | 11.8% |
| # of Deliveries in Vertical or semi-vertical positions | 14,517 |
| % of Deliveries in Vertical or semi-vertical positions (in relation to normal deliveries) | 27% |
| # Women delivering with companion | 26,267 |
| % of Women delivering with companion (in relation to normal deliveries) | 48.4% |
| # of Deliveries with a partograph completed filled in | 45,248 |
| % of Deliveries with a partograph completely filled in (in relation to the total # of Deliveries) | 70.5% |
| # of deliveries with active management of the third stage of labour | 52,666 |
| % of deliveries with active management of the third stage of labour (in relation to normal deliveries) | 97% |
| # of Pre-Eclampsia | 1,649 |
| # of Eclampsia | 588 |
| Total # of Pre-Eclampsia & Eclampsia | 2,237 |
| # of Pre-Eclampsia & Eclampsia treated with Magnesium Sulphate | 917 |
| % of Pre-Eclampsia & Eclampsia treated with Magnesium Sulphate | 41% |
| # of Live Births | 60,992 |
| # of newborns with immediate skin-to-skin contact with the mother | 52,800 |
| % of newborns with immediate skin-to-skin contact with the mother | 86.6% |
| # of newborns breastfed within the first hour | 51,651 |
| % of newborns breastfed within the first hour | 84.7% |
| # of Stillbirths | 3,191 |
| Stillbirth Rate | 49.7/1000 |
| # of Fresh Stillbirths (with fetal heart beat at maternity entrance) | 159 |
| Proportion of Fresh Stillbirths to the Total # of Stillbirths | 4.7% |
| Total of Direct Obstetric Complications | 6548 |
| # of Maternal Deaths by Direct Obstetric Complications | 91 |
| Case Fatality Rate for Direct Obstetric Complications | 1.4% |

| | |
|---|---|
| % of Direct Obstetric Complications (in relation to all deliveries) | 10% |
| Total # of Indirect Obstetric Complications | 6,580 |
| # of Maternal Deaths by Indirect Obstetric Complications | 55 |
| Case Fatality Rate for Direct Obstetric Complications | 0.8% |
| Total # of Maternal Deaths (Direct plus indirect) | 146 |
| Institutional Maternal Mortality Ratio | 239/100,000 live births |

**Table 3. PMTCT Selected Indicators from 95 Maternities**

| PMTCT (Data From 95 Maternities) | |
|---|---|
| **Data/Indicator** | **April to June 2013** |
| # of Pregnant women with unknown HIV status at maternity entrance | 17,600 |
| # of Pregnant Women with known HIV+ status at maternity entrance | 8,541 |
| Total # of Pregnant Women tested for HIV at the Maternity Entrance | 18,321 |
| # of HIV+ women identified in the maternity | 567 |
| % of Women tested HIV + in the Maternity | 3.1% |
| Pregnant women HIV+ who started ARV Prophylaxis in ANC | 6,838 |
| % of HIV+ Pregnant women with Known HIV+ at maternity entrance who received ARV in ANC | 80.1% |
| # of Pregnant women who received Monoprophylaxis in the Maternity | 433 |
| # of Pregnant Women who received Biprophylaxis in the Maternity | 336 |
| # of Pregnant Women who received Triprophylaxis in the Maternity | 4,889 |
| # of Pregnant Women in TARV | 3,058 |
| Total # of Pregnant Women who received ARV at delivery | 8,716 |
| % of Pregnant Women HIV + who received ARV at delivery | 96% |

**Table 4. CECAP and FP selected Indicators**

| Cervical Cancer Prevention & Treatment Program (Data from 81 Health Facilities) | |
|---|---|
| **Indicator** | **April to June 2013** |
| Total # of women attending their first visit at the Reproductive Health Outpatient Services in CECAP Facilities (all ages) | 52,549 |
| Total # of Women with ≥ 25 years old attending their first visit at the Reproductive Health Outpatient Services in CECAP Facilities | 25,723 |
| Total # of women attended at Reproductive Health Outpatient Services (including first and following visits) at CECAP facilities | 133,207 |
| Total # of women with unknown HIV status | 33,873 |
| Nº Women with unknown status tested for HIV | 22,683 |

| | |
|---|---|
| % of Women with unknown status tested for HIV | 67% |
| # of Women Tested HIV+ at Reproductive Health Outpatients Services | 1512 |
| % of Women tested HIV + | 6.7% |
| Total # of Women HIV + (women with previously known HIV + status plus women tested HIV+ in their first RH outpatient services visit) | 7,686 |
| # of Women HIV who initiated TARV | 815 |
| % of HIV + Women sent for TARV | 11% |
| # of VIA performed | 13,572 |
| % of VIA performed (of women presenting for their first visit) | 52.8% |
| # of Women with VIA positive | 1017 |
| % de VIA positives | 7.5% |
| % of Cryotherapy treatment performed in the same day of the screening | 61.9% |
| % of Cryotherapy treatment performed after the day of the screening | 8% |
| % of Women referred for lesions > 75% or Cervical Cancer Suspicion | 19.0% |
| **Family Planning (Data from 111 Health Facilities)** | |
| Total # of women attending their first visit at the Reproductive Health Outpatient Services in MMI plus CECAP Facilities | 70,814 |
| Total # of women attended at Reproductive Health Outpatient Services (including first and following visits) in MMI plus CECAP facilities | 170,088 |
| Couple Year Protection | 41,414 |

# ANNEX 3: MCHIP Support for MoH Model Maternities Initiative Expansion Plan

**Basic Package of MCHIP Support:** Clinical training in EMNC, BEmONC, ANC (including PMTCT and Malaria in Pregnancy), clinical supervision, basic materials and supplies for maternal and newborn care, support for implementation of QI system for MNCH/RH/FP, leadership of other USG health partners in support of MNCH/RH/FP activities. HEALTH FACILITIES CURRENTLY INCORPORATED IN THE PROCESS of MMI

**Intensive Package of MCHIP Support: Basic Package plus minor repairs for improving privacy and basic hygiene and intensive supportive supervision**

**INTENSIVE COMMUNITY FOCUS: BASIC PACKAGE PLUS DIRECT SUPPORT FOR COMMUNITY MOBILIZATION (HEALTH AND CO-MANAGEMENT COMMITTEES)**

| Province | HF that entered in 2010 (34 HF) | HF that started in 2011 (23 HF) | HF for expansion in 2012 (July - Dec) (23 HF) | HF for expansion in 2013 (22 HF) | HF for expansion in 2014 (22 HF) |
|---|---|---|---|---|---|
| **Niassa** | • **HP Lichinga**<br>• **HR CUAMBA**<br>• CS Chiuaula | • **CS Metangula** | • CS Mecanhelas<br>• **CS MANDIMBA** | • CS Maúa<br>• CS Metarica | • CS Marrupa<br>• CS Massangulo |
| **Cabo Delgado** | • HP Pemba<br>• HR Montepuez<br>• **CS NATITE** | • HR Mocimboa da Praia | • **HR MUEDA**<br>• **CS Chiure** | • CS Balama<br>• CS Pemba Metuge | • CS Palma<br>• **CS Namuno** |
| **Nampula** | • HC Nampula<br>• **HG NACALA**<br>• HR Monapo | • HG Marere<br>• HR Ribaue<br>• **CS 25 DE SETEMBRO** | • **HR ANGOCHE**<br>• HR Alua<br>• CS Ilha de Moçambique | • **CS Meconta**<br>• CS Mossuril<br>• **CS Muhala Expansão** | • CS Anchilo<br>• CS Iapala |
| **Zambézia** | • **HP Quelimane**<br>• HR Mocuba<br>• **HD GURUE** | • HR Alto Molócuè<br>• HD Namacurra<br>• **CS 17 DE SETEMBRO** | • HD Maganja da Costa<br>• **HD MILANGE**<br>• HD Nicoadala | • CS Coalane | • CS Lugela<br>• CS Licuare<br>• CS Inhassunge |
| **Tete** | • HP Tete<br>• **HR Songo**<br>• **CS NO. 2 MATUNDO** | • **HR ULONGUE**<br>• CS Moatize | • HR Mutarara<br>• **CS Nº 4 MUTHEMEBA** | • CS Lifidzi<br>• **CS Chitima** | • **CS Changara**<br>• CS Macanga |
| **Manica** | • **HP Chimoio**<br>• HR Catandica<br>• **CS 1º DE MAIO** | • HR Gondola<br>• **CS MANICA** | • HD Espungabeira<br>• **CS Vanduzi** | • CS Guro Sede<br>• CS Sussundenga | • CS Nhamahonha<br>• CS Marera<br>• CS Catandica |
| **Sofala** | • **HC Beira**<br>• HR Buzi<br>• CS Macurungo | • **HR NHAMATANDA SEDE**<br>• **HR MUXUNGUE**<br>• CS Ponta Gêa | • HR Marromeu<br>• **CS Chingussura** | • CS Caia<br>• CS Dondo Sede<br>• CS Gorongosa | • **CS Munhava**<br>• CS Mafambisse<br>• CS Tica |
| **Inhambane** | • HP Inhambane<br>• **HR Chicuque**<br>• **CS HOMOINE** | • HD Massinga<br>• **HR VILANCULO** | • CS Maxixe<br>• CS Morrumbene. | • CS Inhassoro<br>• **CS Quissico** | • CS Panda<br>• CS Inharrime |
| **Gaza** | • **HP Xai-Xai**<br>• **HR MANJACAZE**<br>• **HR CHICUMBANE** | • HR Chókwè<br>• CS Macia | • HR Chibuto | • **CS Chigubo**<br>• CS Massingir | • CS Maciene |
| **Maputo Province** | • CS Manhiça<br>• **CS BOANE**<br>• **CS MATOLA II** | • HR Xinavane<br>• **CS MACHAVA II** | • **CS Marracuene**<br>• CS Namaacha | • CS Bedene<br>• CS Moamba | • **CS Magude**<br>• CS Ressano Garcia |
| **Maputo City** | • HC Maputo<br>• **HG José Macamo**<br>• **HG Chamanculo**<br>• HG Mavalane | • **CS Polana Caniço**<br>• **CS 1º de Junho** | • CS 1º de Maio<br>• CS Bagamoio | • **CS Catembe** | |

# ANNEX 4: MCHIP Support for MoH Cervical and Breast Cancer Prevention and Control Program

**BASIC PACKAGE OF MCHIP SUPPORT: Clinical training, supervision, equipment maintenance, SIS. All health facilities provide VIA and cryo services. Only "+LEEP" facilities provide treatment for serious lesions. INTENSIVE PACKAGE OF MCHIP SUPPORT: Basic Package plus equipment donation** HEALTH FACILITIES CURRENTLY PROVIDING CECAP SERVICES

| Province | HF entering in 2009/10 (16 HF) | HF entering in 2011 (28 HF) | Facilities for expansion in 2012 (31 HF) | Facilities for expansion in 2013 (16 HF) | Facilities for expansion in 2014 (15 HF) |
|---|---|---|---|---|---|
| **Niassa** | | • **HP Lichinga**<br>• **CS Lichinga**<br>• **CS Metangula** | • HR Cuamba<br>• CS Mecanhelas<br>• CS Mandimba | • CS Metanica<br>• CS Marrupa | • CS Marrupa |
| **Cabo Delgado** | | • **HP Pemba**<br>• **CS Natite**<br>• **CS Chiúre** | • HR Montepuez | • CS Balama<br>• CS Mueda<br>• CS Mocimboa da Praia | • **CS Palma** |
| **Nampula** | • **HC Nampula (+LEEP)**<br>• **CS 25 de Setembro**<br>• **CS 1º de Maio** | • HR Ribáue<br>• CS Muhala Expansão | • HG Nacala Porto<br>• HR Angoche<br>• CS Mossuril<br>• CS Ilha de Moçambique | • **CS Monapo** | • CS Anchilo<br>• CS Iapala |
| **Zambézia** | • **HP Quelimane (+LEEP)**<br>• **CS 17 de Setembro**<br>• **CS Coalane**<br>• CS Namacurra<br>• CS Inhassunge | • HR Mocuba<br>• CS Mocuba<br>• CS Mopeia<br>• CS de Maganja da Costa<br>• CS Morrumbala* | • CS Milange | • HR Alto Molócuè | • CS Lugela<br>• CS Licuare |
| **Tete** | | • HP Tete<br>• CS nº 2 - Bairro Matundo<br>• CS Moatize | • CS Lifidzi<br>• **CS Nº 4 - Bairro Muthemba** | • **CS Chitima** | • **CS Changara**<br>• CS Macanga |
| **Manica** | | • HP Chimoio<br>• **HR Catandica**<br>• **CS 1º de Maio** | • CS Manica<br>• CS Vanduzi | • CS Guro Sede<br>• CS Eduardo Mondlane | • CS Nhamahonha<br>• CS Marera |
| **Sofala** | • **HC Beira (+LEEP)**<br>• **CS Ponta Gêa**<br>• **CS Macurungo** | | • **CS Chingussura**<br>• **CS Dondo**<br>• CS Gorongosa | • CS Munhava | • CS Munhava<br>• CS Mafambisse |
| **Inhambane** | | • HP Inhambane<br>• CS Maxixe<br>• CS Homoine | • HR Massinga<br>• CS Inhassoro<br>• CS Urbano<br>• CS Morrumbene | • CS Inharrime<br>• CS Vilankulo | • CS Panda |
| **Gaza** | | • HP Xai-Xai<br>• CS Xai-Xai<br>• CS Manjacaze | • CS Guijá<br>• CS Chokwe<br>• CS Macia | • CS Chibuto | • CS Maciene |

| Province | HF entering in 2009/10 (16 HF) | HF entering in 2011 (28 HF) | Facilities for expansion in 2012 (31 HF) | Facilities for expansion in 2013 (16 HF) | Facilities for expansion in 2014 (15 HF) |
|---|---|---|---|---|---|
| **Maputo Province** | • **CS Boane**<br>• **CS Matola II** | • HR Xinavane | • HD Manhiça<br>• CS Marracuene<br>• **CS Moamba**<br>• CS Ressano Garcia<br>• CS Machava II | • CS Bedene / Ndavela | • **CS Magude** |
| **Maputo City** | • **HC Maputo (+LEEP)**<br>• **HG José Macamo* (+LEEP)**<br>• **HG Mavalane ***<br>• **CS Polana Caniço** | • CS Bagamoio<br>• CS Zimpeto<br>• CS Jose Macamo | • HG Chamanculo<br>• CS 1º de Maio<br>• CS 1º de Junho | • **CS Catembe**<br>• **Inhaca** | |

*Not attending patients because of inadequate security conditions for equipment.